





KPMG LLP Suite 400 300 North Greene Street Greensboro, NC 27401 Telephone Fax kpmg.com +1 336 275 3394 +1 336 217 8494

PRIVATE

Ms. Lori Gaston Controller and Director of Business Services Davidson College Business Services Post Office Box 7162 Davidson, North Carolina 28035-7162

Dear Lori:

We are enclosing the original and two copies of the following return indicated below for Davidson College for the year ended June 30, 2018:

• 2017 Exempt Organization Business Income Tax Return (Form 990-T)

The original should be filed in accordance with the filing instructions included with your copy of the return. The bound copy is for your files. The unbound copy is to be made available for public inspection upon request.

In addition, we are enclosing two copies of the return indicated below for Davidson College for the year ended June 30, 2018:

- 2017 California Exempt Organization Business Income Tax Return (Form 109)
- 2017 Georgia Exempt Organization Unrelated Business Income Tax Return (Form 600-T)
- 2017 Illinois Exempt Organization Income and Replacement Tax Return (Form IL-990-T)
- 2017 Massachusetts Unrelated Business Income Tax Return (Form M-990-T)
- 2017 North Carolina Corporate Income and Franchise Tax Return (Form CD-405).

The originals should be filed in accordance with the filing instructions included with your copy of the returns. The bound copies are for your files.

In addition, we are enclosing one copy of the return indicated below for Davidson College for the year ended June 30, 2018:

- 2017 California Exempt Organization Annual Information Return (Form 199)
- 2017 New York Unrelated Business Income Tax Return (Form CT-13)

The originals will be filed electronically once the e-file authorization is signed and returned in accordance with the filing instructions included with the returns. The bound copies are for your files.

The Hawaii state return was previously filed.



Davidson is required to make each Form 990-T available for public inspection for a period of three years beginning with the due date, including extensions (e.g., the inspection period for Form 990 for the year ended June 30, 2018 will run from May 15, 2019 through May 15, 2022). Any organization that fails to comply with this provision is subject to penalties.

A tax-exempt organization is required to provide <u>copies</u> of Form 990-T if it receives such a request. A reasonable fee for providing such copies may be charged. Note that if an organization makes Form 990-T "widely available" an organization is not required to provide copies at any time. An example of "widely available" is posting the Form 990-T to an organization's internet address so that the general public can freely access and download it to print a copy. If someone visits an organization to inspect Form 990-T in person, the organization must still allow inspection at the office; however, if the person requests a copy of Form 990-T, the organization can disclose the internet address from which he/she can print a copy of the Form 990-T.

Upon an audit of the returns, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

These returns were prepared from information provided by you or your representative. We did not audit or independently verify the data you submitted with the workpapers and returns, nor did we review all workpapers for mathematically accuracy. Therefore, we recommend you review the returns before signing to ensure there are no omissions or misstatements. If you note anything that may require a change to the returns, please contact us before filing.

We sincerely appreciate the opportunity to serve you. Please contact us at (336) 275-3394 if you have any questions concerning the returns or if we may be of further assistance.

Very truly yours,

KPMG LLP

David Stark Managing Director



DAVIDSON COLLEGE Instructions for Filing Form 990-T 990-T - Exempt Organization Business Income Tax Return For the year ended June 30, 2018

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the organization.

File the signed return by May 15, 2019 with:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

There is no tax due with the filing of this return.

The return shows a \$5,083 overpayment. Of this amount, \$0 will be refunded to you. Also, \$5,083 has been applied to your 2018 estimated tax.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

No estimated tax payments for 2018 will be required, nor will you be subject to underpayment penalties because you have no 2017 tax liability.

Form	990-T	Ex	cempt Organization (and proxy tax		siness Income der section 6033('n	OMB No	o. 1545-0687		
		For cale	ndar year 2017 or other tax year begin	20	ງ17						
Depart	ment of the Treasury	► Go to www.irs.gov/Form9907 for instructions and the latest information.									
Interna	Revenue Service	Do 🕨	not enter SSN numbers on this form a					501(c)(3) O	rganizations Only		
A	Check box if address changed		Name of organization (Check bo	ox if nai	me changed and see instruction	s.)		yer identific: yees' trust, see	ation number instructions.)		
		-	DAVIDGON COLLECE								
	mpt under section	Print	DAVIDSON COLLEGE Number, street, and room or suite no. I	foRO	hov soo instructions		56-04	529961			
21	501(C)(3) 408(e) 220(e)	or	Number, street, and four of suite no. I	141.0					s activity codes		
	408(e) 220(e) 408A 530(a)	Туре	POST OFFICE BOX 7162	2				structions.)	· · · · · · · · · · · · · · · · · · ·		
	529(a)		City or town, state or province, country		ZIP or foreign postal code						
C Boo	ok value of all assets	-	DAVIDSON, NC 28036-	7162			52599	90			
at e	nd of year	F Gro	up exemption number (See instructi	ions.)	•						
	1242551720				rporation 501(c)		401(a)		Other trust		
H De	escribe the organiz	zation's p	rimary unrelated business activity. 🕨	▶ FL	OW THROUGH ACTIV	ITIES FROM	PARTN	IERSHIPS	3		
I Du	uring the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a parent-subsidiary o	controlled group?			Yes X No		
			identifying number of the parent cor	rporati							
			LORI B GASTON		Telephon	e number ▶ 70	4-894-	-2210			
			or Business Income	1	(A) Income	(B) Expen	ses	(C) Net		
	Gross receipts or s										
b	Less returns and allowa		c Balance ►	1c							
2			ule A, line 7)	2							
3			2 from line 1c	3	816,677.				816,677.		
4a b			ttach Schedule D) Part II, line 17) (attach Form 4797)	4a 4b	010,011.				010,077.		
c			rusts	40 4c							
5			ps and S corporations (attach statement)	5	-2,965,210.	ATCH 1		-2	2,965,210.		
6				6		111 011 1			<u> </u>		
7			come (Schedule E)	7							
8			nts from controlled organizations (Schedule F)	8							
9	Investment income of a	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9							
10	Exploited exempt	activity i	ncome (Schedule I)	10							
11	Advertising incom	ne (Scheo	lule J)	11							
12			tions; attach schedule)	12	48,770.	ATCH 2			48,770.		
13	Total. Combine li	nes 3 thr	ough 12	13	-2,099,763.				2,099,763.		
Par			Taken Elsewhere (See instr				Except f	or contrib	utions,		
			be directly connected with t			,					
14			directors, and trustees (Schedule K)								
15											
16 17											
18											
19							. 19		2,251.		
20	Charitable contrib	outions (S	See instructions for limitation rules)		ATTACH	MENT 4	20				
21			4562)			10,48	9.				
22	Less depreciation	n claimed	on Schedule A and elsewhere on re	eturn	22a		22b		10,489.		
23	Depletion						23				
24	Contributions to o	deferred	compensation plans				24				
25			³								
26			Schedule I)								
27			chedule J)						12 420		
28			chedule)						<u>13,439.</u> 26,179.		
29 20			s 14 through 28						26,179.		
30 31			le income before net operating on (limited to the amount on line 30			_			.,,,,		
31			e income before specific deduction					-2	2,125,942.		
32			ally \$1,000, but see line 33 instruct						1,000.		
34			ble income. Subtract line 33 fro								
			line 32		0		·	-2	2,125,942.		
			lotice, see instructions.	-	· · · · ·			Forr	m 990-T (2017)		

(Rev. January 2017)

Department of the Treasury Internal Revenue Service Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use F	form 7004 to request an extension of time to f	ile income	tax returns.			
				Enter filer's identifying number, se	e instructions	
Type or	Name of exempt organization or other filer, see instructions.			Employer identification number (EIN)	or	
print						
-	DAVIDSON COLLEGE			56-0529961		
File by the due date for	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions.	Social security number (SSN)		
filing your	POST OFFICE BOX 7162					
return. See instructions.	City, town or post office, state, and ZIP code. For	r a foreign ad	ldress, see instructions.			
	DAVIDSON NC 28035-7162					
Enter the R	eturn Code for the return that this application	is for (file	a separate application f	or each return)	0 7	
Application	1	Return	Application		Return	
Is For		Code	Is For		Code	
Form 990 c	or Form 990-EZ	01	Form 990-T (corporat	tion)	07	
Form 990-E	3L	02	Form 1041-A		08	
Form 4720 (individual)		03	Form 4720 (other that	rm 4720 (other than individual)		
Form 990-F	PF	04	Form 5227		10	
Form 990-1	T (sec. 401(a) or 408(a) trust)	05	Form 6069	11		
Form 990-1	T (trust other than above)	06	Form 8870			
• The bool	ks are in the care of ▶ LORI GASTON					
Telephor	ne No. ▶ 704-894-2210		Fax No. ▶			
 If the org 	ganization does not have an office or place of	business ir	n the United States, che	ck this box		
 If this is f 	for a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number	(GEN) If th	is is	
for the who	ole group, check this box ▶ I	f it is for pa	art of the group, check t	this box ▶ and att	ach	
	ne names and EINs of all members the extens					
1 I requ	est an automatic 6-month extension of time u	ntil <u>MAY</u> 1	.5, 20_	<u>19</u> _, to file the exempt organizati	on return	
for the	organization named above. The extension is	for the org	anization's return for:			
	calendar year 20 or					
► X	tax year beginning 07/01	, 20_1	$7_{, and ending 06/3}$	0, 20_18		
2 If the	tax year entered in line 1 is for less than 12 m	onths, che	ck reason: 📃 Initial r	eturn 🔄 Final return		

Change in accounting period
 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.
 c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS

 C Balance due. Subtract line 35 from line 32. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.
 3c \$ NONE

 Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

NONE

3a |\$

KPMG LLP EIN: 13-5565207 300 N. GREENE ST., STE 400 GREENSBORO, NC 27401

Form	990-T (20	17) DAVIDSON COLLEGE	56-0529961	Pag	ge 2
Par	t III	Tax Computation			-
35		zations Taxable as Corporations. See instructions for tax computation. Controlled group			
	-	rs (sections 1561 and 1563) check here ► See instructions and:			
а		our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
	(1) \$	(2) \$ (3) \$			
b	Enter or	rganization's share of: (1) Additional 5% tax (not more than \$11,750)			
	(2) Addi	tional 3% tax (not more than \$100,000)			
С		tax on the amount on line 34	35c		
36	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on			
	the amo	ount on line 34 from: 🔄 Tax rate schedule or 🔄 Schedule D (Form 1041)	36		
37	Proxy ta	ax. See instructions \ldots	37		
38		ive minimum tax	38		
39		Non-Compliant Facility Income. See instructions	39		
40		dd lines 37, 38 and 39 to line 35c or 36, whichever applies	40		
		Tax and Payments			
	-	tax credit (corporations attach Form 1118; trusts attach Form 1116)			
		redits (see instructions).			
		business credit. Attach Form 3800 (see instructions)			
		or prior year minimum tax (attach Form 8801 or 8827)	44.0		
е 42			41e 42		
43		t line 41e from line 40. xes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	43		
44		x. Add lines 42 and 43.	44		0.
		tts: A 2016 overpayment credited to 2017			
		timated tax payments			
		osited with Form 8868			
		organizations: Tax paid or withheld at source (see instructions)			
		withholding (see instructions)			
		or small employer health insurance premiums (Attach Form 8941) 45f			
		redits and payments:			
•	F.	orm 4136 Other Total ► 45g			
46	Total pa	ayments. Add lines 45a through 45g	46	5,08	3.
47	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached ▶	47		
48	Tax due	. If line 46 is less than the total of lines 44 and 47, enter amount owed	48		
49		yment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	5,08	3.
50		e amount of line 49 you want: Credited to 2018 estimated tax > 5,083. Refunded >	50		
Par		Statements Regarding Certain Activities and Other Information (see instructions			
51		time during the 2017 calendar year, did the organization have an interest in or a signature or			No
		financial account (bank, securities, or other) in a foreign country? If YES, the organization may	5		
		Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the f	foreign country		
	-	CYPRUS, FRANCE, UK		X	x
52	Ũ	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	gn trust?	•	~
E 2	,	we instructions for other forms the organization may have to file.			
53		ne amount of tax-exempt interest received or accrued during the tax year ▶ \$119,187. Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	est of my knowledge	and belief.	it is
Sigr	tri	e, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	, ,		_
Her			y the IRS discus ۱ the preparer s		
					No
		Print/Type preparer's name Preparer's signature Date Check	PTIN		
Paid				048557	
Prep			EIN 13-556	5207	
USe	Only	Firm's address ▶ 300 NORTH GREENE STREET, SUITE 400, GREENSBORO, NC 2740 Phone			
			Form S	990-T (2	017)

DAVIDSON COLLEGE

Form 990-T (2017)						-				F	Page 3
Schedule A - Cost of Go		ter method	d of invent						1		
1 Inventory at beginning of y							ar				
2 Purchases				7 0	Cost of	goods so	ld. Subtract line	•			
3 Cost of labor	3			6	6 from I	ine 5. En	iter here and in	1			
4a Additional section 263A co				F	Part I, line	2		. 7			
(attach schedule)	4a			8 [Do the	rules of	section 263A (with r	espect to	Yes	No
b Other costs (attach schedu	/ -						or acquired for		/		
5 Total. Add lines 1 through				t	o the orga	anization?	<u></u>				
Schedule C - Rent Income (see instructions)	e (From Real P	roperty a	nd Perso	onal P	roperty	Leased V	Vith Real Prope	erty)			
1. Description of property											
(1)											
(2)											
(3)											
(4)											
	2. Rent recei	ved or accru	ed				_				
for personal property is more than 10% but not percentage of rent for			or perso				ns directly connected with the income is 2(a) and 2(b) (attach schedule)				
(1)											
(2)											
(3)											
(4)											
Total		Total									
(c) Total income. Add totals of contract of the provided to the provided total of the pr	()	,					(b) Total deduct Enter here and c Part I, line 6, colu	on page '			
Schedule E - Unrelated D			e instructi	ions)				(_)	-		
			2. Gross	income		3. [Deductions directly c debt-finar			ole to	
1. Description of deb	ot-financed property		allocable p	to debt- property		(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)		
(1)											
(2)											
(3)											
(4)											
4. Amount of average 5. Average adjusted basis acquisition debt on or of or allocable to 6. allocable to debt-financed debt-financed property 4			4	. Columr divided column			income reportable n 2 x column 6)	1	. Allocable dec umn 6 x total o 3(a) and 3(of colum	
(1)					%						
(2)					%						
(3)			1		%						
(4)					%						
						Enter her Part I, lin	e and on page 1, ne 7, column (A).		er here and c t I, line 7, col		
Totals Total dividends-received deduct					►	<u>.</u> .					

Form **990-T** (2017)

Form 990-T (2017)	DAVIDSON	COI	LEGE						Ę	56-0	529961 Page 4
Schedule F - Interest, Annu	ities, Royalties	, and	Rents	s Fro	m Contro	lled Or	ganiza	tions (see	e instructio	ons)	
Exempt Controlled Organizations											
1. Name of controlled organization	2. Employer identification number	er	3. Net unrelated income (loss) (see instructions)				of specifients made	ed included	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations										
7. Taxable Income	 Net unrelated in (loss) (see instruct 				Total of specifie ayments made		inclu	Part of column uded in the co nization's gros	ntrolling		1. Deductions directly nnected with income in column 10
(1)											
(2)											
(3)											
(4)											
							Ente	d columns 5 a er here and on t I, line 8, colu	page 1,	En	dd columns 6 and 11. ter here and on page 1, art I, line 8, column (B).
	<u></u>					<u></u>					
Schedule G - Investment In	icome of a Sec	tion	501(c)	<u>)(7),</u>			nizatio	n (see ins	tructions)		
1. Description of income	2. Amount of	income	9		 Deduction directly cordinated attach scheduction 	nected			et-asides n schedule)		 Total deductions and set-asides (col. 3 plus col. 4)
<u>(1)</u>											
(2)											
(3)											
(4)	Enter here and a		. 1								Enter have and an name 4
Totals	Enter here and o Part I, line 9, co										Enter here and on page 1, Part I, line 9, column (B).
Schedule I - Exploited Exe	empt Activity Inc	come	, Othe	r Th	an Adverti	sing In	ncome	(see instru	ctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	con pro	3. Expenses directly connected with production of unrelated usiness income		A. Net income (loss) rectly beted with uction of related 5. Gross income from activity that is not unrelated trade from activity that is not unrelated business income from activity that business income 6. Expent attributa column		able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).			
(1)											
(2)											
(3)											
(4)											
Totals	Enter here and on page 1, Part I, line 10, col. (A).	pa	r here an ge 1, Par 10, col.	tI,						Enter here and on page 1, Part II, line 26.	
Schedule J - Advertising In	come (see instru	uction	s)								
Part I Income From Per				nsol	idated Bas	sis					
											7 European de se bin
1. Name of periodical	2. Gross advertising income		3. Direct ertising co		4. Advert gain or (los 2 minus co a gain, co cols. 5 thro	ss) (col. bl. 3). If mpute		Circulation ncome	6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))											

Form **990-T** (2017)

DAVIDSON COLLEGE

Page 5 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 7. Excess readership 4. Advertising gain or (loss) (col. costs (column 6 2. Gross 3. Direct 5. Circulation 6. Readership 2 minus col. 3). If minus column 5, but 1. Name of periodical advertising advertising costs income costs not more than income a gain, compute column 4). cols. 5 through 7. (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 27. line 11, col (A). line 11, col (B). Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4. Compensation attributable to 2. Title time devoted to 1. Name unrelated business

	business	
(1)	%	
(2)	%	
(3)	%	
(4)	%	
	· · ·	

Total. Enter here and on page 1, Part II, line 14

Form 990-T (2017)

SCHED	OULE D
(Form	1120)

Capital Gains and Losses

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service Name

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

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

Employer identification number

DAV	IDSON COLLEGE				Ę	56-0529961
Part	I Short-Term Capital Gains and Losses	s - Assets Held Or	e Year or Less	·		
	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments t or loss from Form 8949, Part I, line column (g)	ı(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	25,195.			_	25,195.
4	Short-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kind exchange	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	()
7 Part	Net short-term capital gain or (loss). Combine lines 1 II Long-Term Capital Gains and Losses				7	25,195.
	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments t or loss from Form 8949, Part II, line column (g)	ı(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8 b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	227,798.				227,798.
11	Enter gain from Form 4797, line 7 or 9				11	563,684.
12	Long-term capital gain from installment sales from F	orm 6252, line 26 or 37	,		12	
13	Long-term capital gain or (loss) from like-kind exchar	iges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15 Part	Net long-term capital gain or (loss). Combine lines 8 Summary of Parts I and II	a through 14 in column	h	<u></u>	15	791,482.
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capita	l loss (line 15)		16	25,195.
17	Net capital gain. Enter excess of net long-term capit			ss (line 7)	17	791,482.
18	Add lines 16 and 17. Enter here and on Form 1120, the corporation has qualified timber gain, also complete	page 1, line 8, or the p		urns. If	18	816,677.
	Note: If losses exceed gains, see Capital losses in the					010,077.

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

Schedule D (Form 1120) 2017

orm 89	94	9
. X		9

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
DAVIDSON COLLEGE	56-0529961

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

Part I

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

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

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

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

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

X (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	Cost or other basis. See the Note below	Adjustment, if If you enter an a enter a co See the sepa	Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
STCG FROM PARTNERSHIP INVESTMENTS							25,195.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C abo	here and incl is checked), lin	lude on your e 2 (if Box B					25,195.

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

450612

OMB No. 1545-0074

Form 8949 (2017)	Attachment Sequence No. 12A	Page 2
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number	

DAVIDSON COLLEGE

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

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

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

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

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

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

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

1 (a) Description of property	Date acquired disposed ()	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	and see <i>Column (e)</i> in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LTCG FROM PARTNERSHIP INVESTMENTS							227,798.
2 Totals. Add the amounts in columns (negative amounts). Enter each total Schedule D, line 8b (if Box D above i above is checked), or line 10 (if Box	here and incluc is checked), line	le on your 9 (if Box E					227,798.

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

JSA 7X2616 2.000 Form 8949 (2017)

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For Paperwork Reduction Act Notice, see separate	i	nst

Department of the Treasury Internal Revenue Service

4626

Form

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

► Go to www.irs.gov/Form4626 for instructions and the latest information.

Name		Emplo	yer ider	ntification number
DAVI	DSON COLLEGE	56-	-052	9961
	Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).			
1	Taxable income or (loss) before net operating loss deduction	• –	1	(2,125,942)
2	Adjustments and preferences:			
а	Depreciation of post-1986 property	• –	2a	5,560
b	Amortization of certified pollution control facilities	• –	2b	
С	Amortization of mining exploration and development costs	•	2c	
d	Amortization of circulation expenditures (personal holding companies only)	-	2d	
е	Adjusted gain or loss	• –	e	(1,306)
f	Long-term contracts	• _	2f	
g	Merchant marine capital construction funds.		2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	• –	2h	
i	Tax shelter farm activities (personal service corporations only)		2i	
j	Passive activities (closely held corporations and personal service corporations only)		2j	
k	Loss limitations	•	2k	
I	Depletion	• –	21	4,353
m	Tax-exempt interest income from specified private activity bonds	• –	m	
n	Intangible drilling costs	• –	2n	388,597
0	Other adjustments and preferences	• –	20	(1 500 500)
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20	• 🖃	3	(1,728,738)
4	Adjusted current earnings (ACE) adjustment:			
а	ACE from line 10 of the ACE worksheet in the instructions	<u>)</u>		
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference			
	as a negative amount. See instructions	_		
С	Multiply line 4b by 75% (0.75). Enter the result as a positive amount 4c	_		
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)			
е	 If line 4b is zero or more, enter the amount from line 4c 	4	e	
	 If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 	• –		
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT		5	(1,728,738)
6	Alternative tax net operating loss deduction. See instructions		6	(
•		• –	-	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residu	al		
	interest in a REMIC, see instructions		7	
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):			
а	Subtract \$150,000 from line 7. If completing this line for a member of a			
	controlled group, see instructions. If zero or less, enter -0-			
b	Multiply line 8a by 25% (0.25)			
с	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled grou	р,		
	see instructions. If zero or less, enter -0-	. 8	Bc	40,000
9	Subtract line 8c from line 7. If zero or less, enter -0		9	
10	Multiply line 9 by 20% (0.20)	. 1	0	
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	. 1	1	
12	Tentative minimum tax. Subtract line 11 from line 10		2	
13	Regular tax liability before applying all credits except the foreign tax credit	•	3	
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter here and o			
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	. 1	4	4000
For Pa	perwork Reduction Act Notice, see separate instructions.			Form 4626 (2017)

OMB No. 1545-0123

2017

Adjusted Current Earnings (ACE) Worksheet

See ACE Worksheet Instructions.

1	Pre-adjustment AMTI . Enter the amount from line 3 of Form 4626	. 1	(1,728,738)
2	ACE depreciation adjustment:	•	(-,,,
-	a AMT depreciation 2a		
	b ACE depreciation:	-	
	(1) Post-1993 property		
	(2) Post-1989, pre-1994 property		
	(3) Pre-1990 MACRS property		
	(4) Pre-1990 original ACRS property 2b(4)		
	(5) Property described in sections 168(f)(1) through		
	(4)		
	(6) Other property		
	(7) Total ACE depreciation. Add lines 2b(1) through 2b(6) 2b(7)		
	c ACE depreciation adjustment. Subtract line 2b(7) from line 2a	. 2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):		
	a Tax-exempt interest income 3a	_	
	b Death benefits from life insurance contracts	_	
	c All other distributions from life insurance contracts (including surrenders) 3c		
	d Inside buildup of undistributed income in life insurance contracts		
	e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial		
	list)		
	f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e	. 3f	
4	Disallowance of items not deductible from E&P:		
	a Certain dividends received		
	b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 2014,		
	128 Stat. 4043)		
	c Dividends paid to an ESOP that are deductible under section 404(k) 4c		
	d Nonpatronage dividends that are paid and deductible under section 1382(c) 4d		
	e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)		
	f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e	_ 4f	
5	Other adjustments based on rules for figuring E&P:		
	a Intangible drilling costs		
	b Circulation expenditures		
	c Organizational expenditures		
	d LIFO inventory adjustments		
	e Installment sales		
	f Total other E&P adjustments. Combine lines 5a through 5e	. 5f	
6	Disallowance of loss on exchange of debt pools		
7	Acquisition expenses of life insurance companies for qualified foreign contracts		
8	Depletion		
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of		
	Form 4626	. 10	(1,728,738)
			(=, = = = = = = = = = = = = = = = = = =

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Form	J	U	U	U

Department of the Treasury

General Business Credit

► Go to www.irs.gov/Form3800 for instructions and the latest information. > You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return. OMB No. 1545-0895 20 7 Attachment Sequence No. 22

Internal Re	evenue Service (99)	▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.		Sequence No. 22
. ,	shown on return			ntifying number
	DSON COLLE			-0529961
Part I		Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)	
	,	ructions and complete Part(s) III before Parts I and II)		
1		ess credit from line 2 of all Parts III with box A checked	1	14,486
2	Passive activity	y credits from line 2 of all Parts III with box B checked 2		
3		icable passive activity credits allowed for 2017. See instructions	3	
4	-	of general business credit to 2017. Enter the amount from line 2 of Part III with		
		I. See instructions for statement to attach	4	
5		general business credit from 2018. Enter the amount from line 2 of Part III with		
		I. See instructions	5	
6		4, and 5	6	14,486
Part I				
7	Regular tax be	fore credits:		
	 Individuals. 	Enter the sum of the amounts from Form 1040, lines 44 and 46, or the γ		
		mounts from Form 1040NR, lines 42 and 44		
	•	s. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the		
		ne of your return	7	
		trusts. Enter the sum of the amounts from Form 1041, Schedule G,		
		1b; or the amount from the applicable line of your return \ldots \ldots \mathcal{I}		
8	Alternative mi			
		Enter the amount from Form 6251, line 35		
	•	s. Enter the amount from Form 4626, line 14	8	
_		trusts. Enter the amount from Schedule I (Form 1041), line 56		
9	Add lines 7 an	d 8	9	
10a	-	edit		
b		ble credits (see instructions).	100	
С	Add lines 10a	and 10b	10c	
			11	
11	Net income ta	ax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16		
40		x. Subtract line 10c from line 7. If zero or less, enter -0-		
12	Net regular ta	x. Subtract line 10c from line 7. If zero or less, enter -0-		
42	Entor 25% (0	25) of the evenes if any of line 12 ever \$25,000 (see		
13		25) of the excess, if any, of line 12 over \$25,000 (see 13		
14	Tentative mini			
14		Enter the amount from Form 6251, line 33		
		s. Enter the amount from Form 4626, line 12		
	•	trusts. Enter the amount from Schedule I		
), line 54		
15		ter of line 13 or line 14	15	
	-	5 from line 11. If zero or less, enter -0-	16	
16 17		ller of line 6 or line 16 · · · · · · · · · · · · · · · · · ·	17	
17		s : See the line 17 instructions if there has been an ownership change, acquisition,		
	or reorganizat			

For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2017)

Part	Allowable Credit (Continued)		
		1 O	
Note:	If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and en	ter -0-	on line 26.
18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
	5		
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
20			
04	Culture at line 47 from line 20. If some on loss outer 0	21	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23	-	
24	Enter the applicable passive activity credit allowed for 2017. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of		
	line 21 or line 25	26	
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	
27		21	
		20	
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2017. See instructions	33	
34	Carryforward of business credit to 2017. Enter the amount from line 5 of Part III with box C		
•	checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2018. Enter the amount from line 5 of Part III with box D		
55	checked. See instructions	35	
~~		36	
36	Add lines 30, 33, 34, and 35	50	
0 -	Factor the second line of the operation of	27	
37	Enter the smaller of line 29 or line 36	37	
20	Credit ellowed for the surrent year Add lines 00 and 07		
38	Credit allowed for the current year. Add lines 28 and 37.		
	Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and		
	36, see instructions) as indicated below or on the applicable line of your return.		
	 Individuals. Form 1040, line 54, or Form 1040NR, line 51 		
	• Corporations. Form 1120, Schedule J, Part I, line 5c		
	• Estates and trusts. Form 1041, Schedule G, line 2b \ldots	38	

Form **3800** (2017)

Form	3800 (2017)			Page 3
Name	(s) shown on return		Identifying number	
DA	VIDSON COLLEGE		56-0529962	1
Par	t III General Business Credits or Eligible Small Business Credits (see ins	structio	ons)	
Com	plete a separate Part III for each box checked below (see instructions).			
Α	X General Business Credit From a Non-Passive Activity E Reserved			
в	General Business Credit From a Passive Activity F Reserved			
с		Busi	ness Credit Carryforw	vards
D	General Business Credit Carrybacks H Reserved	20.01.		
	If you are filing more than one Part III with box A or B checked, complete and attach first an a	additio	nal Part III combining a	amounts from all Parts
	III with box A or B checked. Check here if this is the consolidated Part III			
	(a) Description of credit		(b)	(c)
Note	: On any line where the credit is from more than one source, a separate Part III is needed for e	ach	If claiming the credit	Enter the appropriate
	through entity.	acii	from a pass-through entity, enter the EIN	amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	ondig, ontor the Ent	
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c	ATTACHMENT 6	14,486
о Ь	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
1				
g	Indian employment (Form 8845)	1g		
- n -	Orphan drug (Form 8820)	1h ₄:		
	New markets (Form 8874)	1i		
1	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
K	Employer-provided child care facilities and services (Form 8882) (see			
	instructions for limitation)	1k		
I	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
n	Low sulfur diesel fuel production (Form 8896)	1m		
n		1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1р		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
S	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1у		
z		1z		
а	a Employee retention (Form 5884-A)	1aa		
b	b General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
Z	z Other. Oil and gas production from marginal wells (Form 8904) and certain			
	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		14,486
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
i	Reserved	4j		
z	Other	4z	ATTACHMENT 6	105
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		105
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		14,591

Form 4797

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

Attach to your tax return.

Attachment		
	2	7

2

	artment of the Treasury nal Revenue Service	o to www.irs.go	ov/Form4797 fo	or instructions ar	nd the latest info	rmation.		Sequence No. 27
Nar	ne(s) shown on return					l.	dentify	/ing number
DA	VIDSON COLLEGE						56-0	0529961
1	Enter the gross proceeds from sa	ales or exchange	s reported to y	ou for 2017 on Fo	orm(s) 1099-B or ²	1099-S (or		
	substitute statement) that you are in						1	
Pa	art I Sales or Exchanges of						ns Fro	om Other
	Than Casualty or The							
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, plu improvemen expense of	us ts and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
1	231 GAIN FROM PART	NERSHIP	INVESTME	NTS				563,684.
3	Gain, if any, from Form 4684, line 3	39					3	
4	Section 1231 gain from installmen						4	
5	Section 1231 gain or (loss) from li						5	
6	Gain, if any, from line 32, from oth	0					6	
7							7	563,684.
	Partnerships (except electing lar	o ()						
	instructions for Form 1065, Schedu							
	Individuals, partners, S corporation line 7 on line 11 below and skip I losses, or they were recaptured in Schedule D filed with your return and	ines 8 and 9. If I n an earlier year,	ine 7 is a gain a enter the gain	and you didn't have from line 7 as a l	e any prior year sec	tion 1231		
8	Nonrecaptured net section 1231 lo	osses from prior ye	ears. See instruct	ions			8	
9	Subtract line 8 from line 7. If zero o	or less, enter -0 I	f line 9 is zero, e	enter the gain from I	line 7 on line 12 be	low. If line		
	9 is more than zero, enter the am			Ŭ		0		
_	capital gain on the Schedule D filed	-		3			9	
Pa	art II Ordinary Gains and Lo		/					
10	Ordinary gains and losses not incl	uded on lines 11	through 16 (inclu	ude property held 1 y	ear or less):			
11	Loss, if any, from line 7						11	()
12	Gain, if any, from line 7 or amount	from line 8, if app	licable				12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684,						14	
15	Ordinary gain from installment sale						15	
16	Ordinary gain or (loss) from like-kir	nd exchanges from	n Form 8824				16	
17	Combine lines 10 through 16						17	
18	For all except individual returns, er and b below. For individual returns, a If the loss on line 11 includes a los	complete lines a	and b below:		-			
c	part of the loss from income-produce property used as an employee o See instructions	ucing property on n Schedule A (F	Schedule A (Fo Form 1040), lin	orm 1040), line 28, e 23. Identify as f	and the part of the rom "Form 4797,	e loss from line 18a."	18a	
k	• Redetermine the gain or (loss) on li						18b	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2017)

Part III

(see instructions) (b) Date acquired (c) Date sold (mo., (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: 19 <u>(mo., day, yr.)</u> day, yr.) Α в С D **Property A Property B Property C Property D** These columns relate to the properties on lines 19A through 19D. 20 Gross sales price (**Note**: See line 1 before completing.) 20 21 Cost or other basis plus expense of sale 21 Depreciation (or depletion) allowed or allowable. 22 22 23 Adjusted basis. Subtract line 22 from line 21. 23 24 Total gain. Subtract line 23 from line 20. 24 25 If section 1245 property: a Depreciation allowed or allowable from line 22 25a b Enter the smaller of line 24 or 25a 25b 26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. a Additional depreciation after 1975. See instructions 26a b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions 26b c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e 26c d Additional depreciation after 1969 and before 1976 26d e Enter the smaller of line 26c or 26d 26e f Section 291 amount (corporations only) 26f g Add lines 26b, 26e, and 26f. 26g If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a 27 partnership (other than an electing large partnership). a Soil, water, and land clearing expenses 27a b Line 27a multiplied by applicable percentage. See instructions 27b c Enter the smaller of line 24 or 27b 27c 28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions. 28a b Enter the smaller of line 24 or 28a 28b 29 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions 29a b Enter the smaller of line 24 or 29a. See instructions 29b Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30. 30 Total gains for all properties. Add property columns A through D, line 24 30 31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from 32 other than casualty or theft on Form 4797, line 6 32 Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions) (a) Section (b) Section 179 280F(b)(2) 33 33 Section 179 expense deduction or depreciation allowable in prior years 34 34

Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255

 34
 34

 35
 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report
 35

Form 4797 (2017)

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.
 Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172 20 Attachment Sequence No. **179** Identifying number 56-0529961

DAVIDSON COLLEGE Business or activity to which this form relates

(99)

G	ENERAL DEPRECIATION						
Pai	rt I Election To Expense C Note: If you have any lis			you comp	lete Part I.		
1	Maximum amount (see instructions)					1	
2	Total cost of section 179 property pla	aced in service (see in	structions)			2	
3	Threshold cost of section 179 proper	ty before reduction in	n limitation (see instructio	ns)		3	
5	Reduction in limitation. Subtract line Dollar limitation for tax year. Subtract line 4 from separately, see instructions	line 1. If zero or less, enter -	0 If married filing			4	
6	(a) Description			isiness use only			
							-
							-
7	Listed property. Enter the amount fro	m line 29		7			-
	Total elected cost of section 179 pro					8	-
	Tentative deduction. Enter the smalle						
0	Carryover of disallowed deduction from	om line 13 of your 20	16 Form 4562			10	D
	Business income limitation. Enter th						1
12	Section 179 expense deduction. Add	lines 9 and 10, but o	don't enter more than line	. 11		12	2
	Carryover of disallowed deduction to						
	: Don't use Part II or Part III below fo						
Pa	rt II Special Depreciation A	llowance and Ot	her Depreciation (D	on't include	listed propert	ty.) (See	instructions.)
4	Special depreciation allowance for	r qualified property	y (other than listed	property) pla	aced in servic	e	
	during the tax year (see instructions)						4
	Property subject to section 168(f)(1)						
	Other depreciation (including ACRS)						10 40
	rt III MACRS Depreciation (I	Don't include listed	property.) (See instru	ctions.)			
			Section A				
	asset accounts, check here Section B - Assets		During 2017 Tax Yea			reciation	System
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Metho	d (g) Depreciation deductio
9a	3-year property						
	5-year property						
С	7-year property						
	10-year property						
	15-year property						
	20-year property	-					
g	25-year property			25 yrs.		S/L	
h	Residential rental			27.5 yrs.	MM	S/L	
	property			27.5 yrs.	MM	S/L	
i	Nonresidential real			39 yrs.	MM	S/L	
	property				MM	S/L	
		laced in Service D	ouring 2017 Tax Year	Using the A	Iternative De	Ĩ.	on System
	Class life	_				S/L	
	12-year			12 yrs.		S/L	
	40-year			40 yrs.	MM	S/L	
	rt IV Summary (See instructi	· · · · · · · · · · · · · · · · · · ·					
	Listed property. Enter amount from lin					2'	1
	Total. Add amounts from line 12,						
	here and on the appropriate lines of y				s <u></u>	22	10,48
	For assets shown above and place portion of the basis attributable to se						
For F	Paperwork Reduction Act Notice, se			- 1 -			Form 4562 (20
00 3.0	⁰⁰⁰ 2501IZ 1985		V 17-7.10	4	50612		(

_												56	-0529	961	- 0
	n 4562 (2017) art V Listed Pro	perty (Include a	automobile	s. cei	rtain o	ther v	ehicles	ce	rtain air	craft. c	ertain	comp	uters.	and r	Page 2 property
10	used for en	tertainment, recr	eation, or a	muse	ement.))									
	24b, column	ny vehicle for wh s (a) through (c) of	Section A, a	all of S	Section	B, and	Section	Cifa	pplicable						nly 24a,
0.4		Depreciation and													V
248	a Do you have evidenc			ent use	claimed	? Y	res X (e)	No	24b lf "	1				Yes	X No
	(a) Type of property (list	(b) Date placed	(c) Business/		(d)		sis for depr	eciation	(f) Recovery		g) hod/		h) ciation		(i) section 179
	vehicles first)	in service	investment use percentage	Cost	or other b	asis (bu	usiness/inve use only		period		ention		iction		ost
25	Special depreciation	on allowance for	1 0	ed pr	operty	placed		,	luring						
	the tax year and us	ed more than 50%	in a qualifie	d busi	iness us	se (see	instruct	ions)			. 25				
26	Property used mor	e than 50% in a qu	ualified busin	ess us	e:										
			9												
			9	-											
07	Deserved 500		9												
27	Property used 50%	or less in a qualifi		1						S/L -					
			9							S/L -				-	
			9							S/L -					
28	Add amounts in co	lumn (h), lines 25			here ar	nd on li	ne 21. p	ade 1	1		28			-	
	Add amounts in co												. 29		
			Sectio												
	mplete this section fo													rovided	vehicles
to y	our employees, first an	swer the questions ir	n Section C to	see if y	ou mee	t an exce	eption to	comp	leting this	section	for those	e vehicles	S.		
				•	a) icle 1	1	(b) nicle 2		(c) ehicle 3		d) icle 4		e) icle 5		(f) nicle 6
30	Total business/inve			Von										101	
~	the year (don't include commuting miles) Total commuting miles driven during the year														
	•	•	mmuting)												
32	miles driven	`	ininuting)												
33	Total miles drive		ear Add												
00	lines 30 through 32														
34	Was the vehicle			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	use during off-duty														
35	Was the vehicle	used primarily by	/ a more												
	than 5% owner or r	elated person?													
36	ls another vehic														
	use?					<u> </u>				· _	. <u> </u>				
Δng	Se swer these question	ction C - Questic												who a	ron't
	re than 5% owners o				eption	0 0011	pleting	0000		venicies	3 u3eu	by emp	Jioyees	who c	ii eii t
	Do you maintain				ohibits	all per	sonal u	se of	vehicles	. incluc	tina ca	mmutin	a by	Yes	No
38	your employees? Do you maintain											ting, by	your		
	employees? See th						rs, direc	ctors,	or 1% or	more o	wners				
39	Do you treat all use	e of vehicles by em	iployees as p	erson	al use?			••••							
40	Do you provide n use of the vehicles														
11	Do you meet the re					a domo	netratio	 n uso	2 (See in	struction	· · · ·		• • • •		
	Note: If your answ												• • • •		
Ра	art VI Amortizat		0, 01 11 10	,											
			(b)								(e			(5	
	(a) Description o	of costs	Date amortiz	zation	An	(C) nortizable	e amount		(d) Code se		Amorti perio		Amortiz	(f) ation for f	his vear
			begins								perce				
42	Amortization of cos	sts that begins duri	ing your 201	7 tax	year (se	ee instr	uctions)	:			1				
43	Amortization of cos	ate that began haf		7 tox	Vear							40			
	Total. Add amoun					ere to re	eport	• • •	• • • • •	• • • •	• • • •	43			
	····· / iss amount						r								

JSA

Form 4562 (2017)

С	redit	for	Increasing	g Resea	arch	Activities

Attach to your tax return.

► Go to www.irs.gov/Form6765 for instructions and the latest information.

Name(s) shown on return DAVIDSON COLLEGE

Department of the Treasury

Internal Revenue Service

6765

Form

(Rev. March 2018)

Section A - Regular Credit. Skip this section and go to Section B if you are electing or previously elected (and are not revoking) the alternative simplified credit.

	1				
1	Certain amounts paid or incurred to energy consortia (see instructions)			1	
2	Basic research payments to qualified organizations (see instructions)	2			
3	Qualified organization base period amount	3			
4	Subtract line 3 from line 2. If zero or less, enter -0-			4	
5	Wages for qualified services (do not include wages used in figuring the				
	work opportunity credit)	5			
6	Cost of supplies	6			
7	Rental or lease costs of computers (see instructions)	7			
8	Enter the applicable percentage of contract research expenses. See				
	instructions	8			
9	Total qualified research expenses. Add lines 5 through 8	9			
10	Enter fixed-base percentage, but not more than 16% (0.16) (see instructions)	10	%		
11	Enter average annual gross receipts. See instructions	11			
12	Multiply line 11 by the percentage on line 10	12			
13		13			
14	Multiply line 9 by 50% (0.50)	14			
15	Enter the smaller of line 13 or line 14			15	
16	Add lines 1, 4, and 15			16	
17	Are you electing the reduced credit under section 280C? ► Yes	N			
	If "Yes," multiply line 16 by 13% (0.13). If "No," multiply line 16 by 20% (0	.20) ;	and see the instructions for the		
	statement that must be attached. Fiscal year filers: see instructions.				
	businesses under common control: see instructions for the statement that r		ι.	17	

Section B - Alternative Simplified Credit. Skip this section if you are completing Section A.

18	Certain amounts paid or incurred to energy consortia (see the line 1 instruct	ctions)	18	
19	Basic research payments to qualified organizations (see the line 2			
	instructions).	19		
20	Qualified organization base period amount (see the line 3 instructions).	20		
21	Subtract line 20 from line 19. If zero or less, enter -0-		21	
22	Add lines 18 and 21		22	
23	Multiply line 22 by 20% (0.20)		23	
24	Wages for qualified services (do not include wages used in figuring the			
	work opportunity credit)	24		
25	Cost of supplies]	
26	Rental or lease costs of computers (see the line 7 instructions)	26]	
27	Enter the applicable percentage of contract research expenses. See the]	
	line 8 instructions	27		
28	Total qualified research expenses. Add lines 24 through 27	28	1	
29	Enter your total qualified research expenses for the prior 3 tax years. If]	
	you had no qualified research expenses in any one of those years, skip			
	lines 30 and 31	29		
30	Divide line 29 by 6.0.		1	
31	Subtract line 30 from line 28. If zero or less, enter -0-		1	
32	Multiply line 31 by 14% (0.14). If you skipped lines 30 and 31, multiply line		32	
For	Paperwork Reduction Act Notice, see separate instructions.			Form 6765 (Rev. 3-2018)

OMB No. 1545-0619

Attachment Sequence No. **81**

Identifying number 56-0529961

Section B - Alternative Simplified Credit (continued)

33	Add lines 23 and 32	33	
34	Are you electing the reduced credit under section 280C? ► Yes No		
	If "Yes," multiply line 33 by 65% (0.65). If "No," enter the amount from line 33 and see the line 17		
	instructions for the statement that must be attached. Fiscal year filers: see instructions. Members		
	of controlled groups or businesses under common control: see instructions for the statement that		
	must be attached	34	

Section C - Current Year Credit

35	Enter the portion of the credit from Form 8932, line 2, that is attributable to wages that were also used to figure the credit on line 17 or line 34 (whichever applies)	35	
26		36	
36	Subtract line 35 from line 17 or line 34 (whichever applies). If zero or less, enter -0-	37	14 496
37	Credit for increasing research activities from partnerships, S corporations, estates, and trusts		14,486
38	Add lines 36 and 37	38	14,486
	• Estates and trusts, go to line 39.		
	• Partnerships and S corporations not electing the payroll tax credit, stop here and report this		
	amount on Schedule K.		
	• Partnerships and S corporations electing the payroll tax credit, complete Section D and report		
	on Schedule K the amount on this line reduced by the amount on line 44.		
	• Eligible small businesses, stop here and report the credit on Form 3800, Part III, line 4i. See		
	instructions for the definition of eligible small business.		
	• Filers other than eligible small businesses, stop here and report the credit on Form 3800, Part III,		
	line 1c.		
	Note: Qualified small business filers, other than partnerships and S corporations, electing the		
	payroll tax credit must complete Form 3800 before completing Section D.		
39	Amount allocated to beneficiaries of the estate or trust (see instructions)	39	
40	Estates and trusts, subtract line 39 from line 38. For eligible small businesses, report the credit		
40	· · · · · · · · · · · · · · · · · · ·		
	on Form 3800, Part III, line 4i. See instructions. For filers other than eligible small businesses,		
	report the credit on Form 3800, Part III, line 1c	40	
Sec	tion D - Qualified Small Business Payroll Tax Election and Payroll Tax Credit. Skip this se	ction	if the payroll tax election

does not apply. See instructions.

41	Check this box if you are a qualified small business electing the payroll tax credit. See instructions		
42	Enter the portion of line 36 elected as a payroll tax credit (do not enter more than \$250,000). See		
	instructions	42	14,486
43	General business credit carryforward from the current year (see instructions). Partnerships and		
	S corporations skip this line and go to line 44	43	
44	Partnerships and S corporations, enter the smaller of line 36 or line 42. All others, enter the smallest		
	of line 36, line 42, or line 43. Enter here and on the applicable line of Form 8974, Part 1, column (e).		
	Members of controlled groups or businesses under common control: see instructions for the		
	statement that must be attached.	44	
			E

Form 6765 (Rev. 3-2018)

56-0529961

ATTACHMENT 1

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

FROM FLOW-THROUGH PARTNERSHIP INVESTMENTS	-2,965,210.
INCOME (LOSS) FROM PARTNERSHIPS	-2,965,210.

56-0529961

ATTACHMENT 2

	PART	Ι	-	LINE	12	-	OTHER	INCOME	
--	------	---	---	------	----	---	-------	--------	--

CATERING

CATERING	17,513.
DEEMED UBTI FROM QUALIFIED PARKING FRINGE BENEFIT	31,257.
PART I - LINE 12 - OTHER INCOME	48,770.

ATTACHMENT 3

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

PROFESSIONAL FEES

13,439.

PART II - LINE 28 - OTHER DEDUCTIONS 13,439.

DAVIDSON COLLEGE EIN: 56-0529961 FOR THE YEAR ENDED 6/30/2018 FORM 990-T SUPPLEMENTAL INFORMATION

CHARITABLE CONTRIBUTIONS

GENERATED FOR THE YEAR ENDED 06/30/2013	62,894
GENERATED FOR THE YEAR ENDED 06/30/2014	293
GENERATED FOR THE YEAR ENDED 06/30/2015	83,110
GENERATED FOR THE YEAR ENDED 06/30/2016	63,646
GENERATED FOR THE YEAR ENDED 06/30/2017	131,711
TOTAL AVAILABLE FOR THE YEAR ENDED 06/30/2018	341,654
GENERATED FOR THE YEAR ENDED 06/30/2018	66,658
EXPIRED FOR THE YEAR ENDED 06/30/2018	(62,894)
CHARITABLE CONTRIBUTIONS CARRIED OVER TO 06/30/2019	345,418

DAVIDSON COLLEGE EIN: 56-0529961 FOR THE YEAR ENDED 6/30/2018 FORM 990-T SUPPLEMENTAL INFORMATION

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

GENERATED FOR THE YEAR ENDED 06/30/2009	607,850
GENERATED FOR THE YEAR ENDED 06/30/2010	712,346
GENERATED FOR THE YEAR ENDED 06/30/2011	481,259
GENERATED FOR THE YEAR ENDED 06/30/2012	45,690
GENERATED FOR THE YEAR ENDED 06/30/2013	277,089
GENERATED FOR THE YEAR ENDED 06/30/2014	39,270
GENERATED FOR THE YEAR ENDED 06/30/2015	259,304
GENERATED FOR THE YEAR ENDED 06/30/2016	865,378
GENERATED FOR THE YEAR ENDED 06/30/2017	1,315,727
TOTAL AVAILABLE FOR THE YEAR ENDED 06/30/2018	4,603,913
GENERATED FOR THE YEAR ENDED 06/30/2018	2,125,942
TOTAL AVAILABLE FOR THE YEAR ENDED 06/30/2019	6,729,855

FORM 4626, LINE 6 - ALTERNATIVE MINIMUM NET OPERATING LOSS SCHEDULE

GENERATED FOR THE YEAR ENDED 06/30/2009	395,014
GENERATED FOR THE YEAR ENDED 06/30/2010	651,215
GENERATED FOR THE YEAR ENDED 06/30/2011	457,746
GENERATED FOR THE YEAR ENDED 06/30/2012	66,499
GENERATED FOR THE YEAR ENDED 06/30/2013	302,145
GENERATED FOR THE YEAR ENDED 06/30/2014	23,947
GENERATED FOR THE YEAR ENDED 06/30/2016	459,294
GENERATED FOR THE YEAR ENDED 06/30/2017	1,108,456
TOTAL AVAILABLE FOR THE YEAR ENDED 06/30/2017	3,464,316
GENERATED FOR THE YEAR ENDED 06/30/2018	1,728,738
TOTAL AVAILABLE FOR THE YEAR ENDED 06/30/2019	5,193,054

DAVIDSON COLLEGE EIN: 56-0529961 FOR THE YEAR ENDED 6/30/2018 FORM 990-T SUPPLEMENTAL INFORMATION

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

YORKTOWN ENERGY PARTNERS X, L.P GENERATED IN TAX YEAR 2017(FY ENDED 6/30/2018)	46-2445852	14,486	14,486
CREDIT AVAILABLE FOR TAX YEAR 06/30/2018			14,486
AMOUNT OF CREDIT UTILIZED IN TAX YEAR 06/30/2018			-
CREDIT CARRYFORWARD TO 06/30/2019		_	14,486
FORM 3800, PART III, LINE 4Z, OTHER CREDIT			
YORKTOWN ENERGY PARTNERS X, L.P YORKTOWN ENERGY PARTNERS XI, L.P GENERATED IN TAX YEAR 2017(FY ENDED 6/30/2018)	46-2445852 81-1279864	65 40	105
CREDIT AVAILABLE FOR TAX YEAR 06/30/2018			105
AMOUNT OF CREDIT UTILIZED IN TAX YEAR 06/30/2018			-
CREDIT CARRYFORWARD TO 06/30/2019			105

DESCRIPTION: ELECTION NOT TO CLAIM SPECIAL DEPRECIATION

REGULATION REFERENCE: SECTION 168(K)(2)(D)(III)

ELECTION STATEMENT FOR TAXPAYER NOT CLAIMING 50 PERCENT AND 100 PERCENT ADDITIONAL DEPRECIATION DEDUCTION FOR 50 PERCENT BONUS DEPRECIATION PROPERTY

DAVIDSON COLLEGE POST OFFICE BOX 7162 DAVIDSON, NC 28036-7162 IDENTIFICATION NUMBER: 56-0529961 FOR THE TAX YEAR ENDING: 06/30/2018

THE TAXPAYER ELECTS NOT TO CLAIM THE 50 PERCENT AND 100 PERCENT ADDITIONAL FIRST YEAR DEPRECIATION ALLOWED BY CODE SEC. 168(K) (4) FOR FURNITURE, FIXTURES, AND EQUIPMENT. ADDITIONALLY, TAXPAYER ELECTS OUT OF ANY ADDITIONAL FIRST YEAR DEPRECIATION FOR THIS CLASS OF PROPERTY.

SEE ATTACHED FORM 4562.

DESCRIPTION: ELECTION TO DEPRECIATE PROPERTY USING THE STRAIGHT LINE METHOD

REGULATION REFERENCE: SECTION 168(B)(3)

ELECTION STATEMENT FOR TAXPAYER TO DEPRECIATE PROPERTY USING THE STRAIGHT LINE METHOD

DAVIDSON COLLEGE POST OFFICE BOX 7162 DAVIDSON, NC 28036-7162 IDENTIFICATION NUMBER: 56-0529961 FOR THE TAX YEAR ENDING: 06/30/2018

THE TAXPAYER ELECTS UNDER IRC SEC. 168(B)(5) TO HAVE THE PROVISIONS OF IRC SEC. 168(B)(2) APPLY TO ALL TANGIBLE PERSONAL PROPERTY PLACED IN SERVICE.

SEE ATTACHED FORM 4562.

DESCRIPTION: DE MINIMIS SAFE HARBOR ELECTION

REGULATION REFERENCE: TREA. REG. SEC. 1.263(A)-1(F)

DAVIDSON COLLEGE POST OFFICE BOX 7162 DAVIDSON, NC 28036-7162 IDENTIFICATION NUMBER: 56-0529961 FOR THE TAX YEAR ENDING: 06/30/2018

THE TAXPAYER ELECTS THE DE MINIMIS SAFE HARBOR ELECTION UNDER TREA. REG. SEC.1.263(A)-1(F) FOR THE TAXABLE YEAR ENDED June 30, 2018. DESCRIPTION: BOOK CONFORMITY CAPITALIZATION ELECTION

REGULATION REFERENCE: TREA. REG. SEC. 1.263(A)-3(N)

DAVIDSON COLLEGE POST OFFICE BOX 7162 DAVIDSON, NC 28036-7162 IDENTIFICATION NUMBER: 56-0529961 FOR THE TAX YEAR ENDING: 06/30/2018

THE TAXPAYER ELECTS THE BOOK CONFORMITY CAPITALIZATION ELECTION UNDER TREA. REG. SEC. 1.263(A)-3(N) FOR THE TAXABLE YEAR ENDED June 30, 2018.