

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020
Open to Public
Inspection

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
SOUTHEAST COMMUNITY CAPITAL CORPORATION
D/B/A PATHWAY LENDING
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
201 VENTURE CIRCLE
City or town, state or province, country, and ZIP or foreign postal code
NASHVILLE, TN 37228
F Name and address of principal officer: **CLINT GWIN**
SAME AS C ABOVE

D Employer identification number
62-1823596
E Telephone number
615-425-7171
G Gross receipts \$ **20,538,342.**

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **WWW.PATHWAYLENDING.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: **1999** **M** State of legal domicile: **TN**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE LENDING AND EDUCATIONAL SERVICES TO UNDERSERVED SMALL BUSINESSES.
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 8
	4	Number of independent voting members of the governing body (Part VI, line 1b) 6
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) 51
	6	Total number of volunteers (estimate if necessary) 25
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 27,647.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.
Revenue	8	Contributions and grants (Part VIII, line 1h) 6,533,706.
	9	Program service revenue (Part VIII, line 2g) 6,849,204.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 682,455.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 36,204.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14,001,356.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,172,364.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,838.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,007,480.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,179,844.
	19	Revenue less expenses. Subtract line 18 from line 12 3,821,512.
	20	Total assets (Part X, line 16) 188,207,333.
	21	Total liabilities (Part X, line 26) 155,844,196.
	22	Net assets or fund balances. Subtract line 21 from line 20 32,363,137.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	CLINT GWIN, PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	FRANCES E. LEAHY	FRANCES E. LEAHY	05/14/21		P00713593
Firm's Name and Address	Firm's name ▶ KRAFTCPAS PLLC		Firm's EIN ▶ 62-0713250		
	Firm's address ▶ 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228		Phone no. 615-242-7351		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE LENDING SOLUTIONS AND EDUCATIONAL SERVICES THAT SUPPORTS
THE DEVELOPMENT, GROWTH, AND PRESERVATION OF UNDERSERVED SMALL
BUSINESSES, AFFORDABLE HOUSING, AND SUSTAINABLE COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

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, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 16,199,404. including grants of \$ 5,972,746.) (Revenue \$ 7,966,504.)

LENDING PROGRAM: AS A COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION
(CDFI) CERTIFIED BY THE U.S. DEPARTMENT OF THE TREASURY, SOUTHEAST
COMMUNITY CAPITAL DBA PATHWAY LENDING PROVIDES SMALL BUSINESS LOANS TO
QUALIFIED SMALL AND DISADVANTAGED BUSINESSES THROUGH VARIOUS GOVERNMENT
AND NON-PROFIT LENDING PROGRAMS, INCLUDING: U.S. SMALL BUSINESS
ADMINISTRATION (SBA), U.S. TREASURY DEPARTMENT CERTIFIED COMMUNITY
DEVELOPMENT FINANCIAL INSTITUTION (CDFI), THE APPALACHIAN REGIONAL
COMMISSION (ARC), THE TENNESSEE RURAL OPPORTUNITY FUND, THE TENNESSEE
ENERGY EFFICIENCY LOAN PROGRAM, THE TENNESSEE SMALL BUSINESS JOB
OPPORTUNITY FUND AND THE ALABAMA SMALL BUSINESS JOB OPPORTUNITY FUND,
ETC.

4b (Code:) (Expenses \$ 1,758,395. including grants of \$) (Revenue \$ 25,012.)

EDUCATIONAL PROGRAM: SOUTHEAST COMMUNITY CAPITAL CORPORATION PROVIDES
BUSINESS EDUCATION AND TECHNICAL ASSISTANCE TO SMALL AND DISADVANTAGED
BUSINESSES THROUGH VARIOUS GOVERNMENT AND NON-PROFIT SUPPORT PROGRAMS,
INCLUDING: THE U.S. SMALL BUSINESS ADMINISTRATION, THE METROPOLITAN
DEVELOPMENT HOUSING AGENCY AND VARIOUS FOUNDATIONS. SOUTHEAST
COMMUNITY CAPITAL CORPORATION PROVIDES THIS THROUGH VARIOUS INTERNAL
PROGRAMS, SUCH AS THE PATHWAY LENDING BUSINESS ADVISORY SERVICES TEAM,
WOMEN'S BUSINESS CENTER, AND VETERANS BUSINESS OUTREACH CENTER. THE
ASSISTANCE INCLUDES ACCESS TO FINANCIAL SERVICES, ACCESS TO CAPITAL
NEEDS AND INCLUDES CLASSROOM EDUCATION, 1-ON-1 ASSISTANCE AND PEER
LEARNING.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 17,957,799.

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

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Part IV Checklist of Required Schedules (continued)

	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
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 employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b 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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 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 of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26 X	
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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 92	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 51		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒ X

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	8		
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.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	6		
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
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
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			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 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			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No	
10a Did the organization have local chapters, branches, or affiliates?	10a		X	
b 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?	10b			
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		
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X		
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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		
13 Did the organization have a written whistleblower policy?	13	X		
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a	X		
b Other officers or key employees of the organization	15b	X		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X	
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 organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **► TN**

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 **►**
BARBARA HARRIS - 615-425-7171
201 VENTURE CIRCLE, NASHVILLE, TN 37228

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Part VII 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.

- 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 and/or Box 7 of Form 1099-MISC) 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CLINT GWIN PRESIDENT AND CEO	60.00			X				443,549.	0.	9,991.
(2) HANK HELTON EXECUTIVE VICE PRESIDENT	60.00			X				270,436.	0.	21,998.
(3) BARBARA HARRIS EXECUTIVE VICE PRESIDENT AND CFO	60.00			X				269,865.	0.	19,012.
(4) AMY BUNTON EXECUTIVE VICE PRESIDENT AND COO	60.00			X				266,225.	0.	18,359.
(5) JOE AGNETTA SVP, CHIEF CREDIT OFFICER	50.00				X			189,871.	0.	13,401.
(6) DANIEL WILSON SVP OF LENDING OPERATIONS	50.00					X		147,584.	0.	8,209.
(7) KEITH HICKEY REGIONAL LENDER	50.00					X		140,814.	0.	8,659.
(8) ROBERT LANCASTER DIRECTOR OF ADVISORY SERVICES	50.00					X		131,626.	0.	5,825.
(9) LORI ROCHELLE SVP OF CORPORATE OPERATIONS	50.00					X		125,613.	0.	16,049.
(10) PAUL HOFFMANN SVP, DIRECTOR OF POLICY AND IMPACTS	50.00					X		124,379.	0.	10,665.
(11) TOM HUNTER CHAIRMAN	1.50	X		X				0.	0.	0.
(12) JON DAVIES VICE CHAIRMAN	1.50	X		X				0.	0.	0.
(13) DAVE BEREZOV DIRECTOR	1.50	X						0.	0.	0.
(14) HERB BYRD, III DIRECTOR	1.50	X						0.	0.	0.
(15) IVANETTA DAVIS-SAMUELS DIRECTOR	1.50	X						0.	0.	0.
(16) ANDRE GIST DIRECTOR	1.50	X						0.	0.	0.
(17) CINDY HERRON DIRECTOR	1.50	X						0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HUGH QUEENER DIRECTOR	1.50	X						0.	0.	0.
1b Subtotal								2,109,962.	0.	132,168.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,109,962.	0.	132,168.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 16

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ACUMEN TECHNOLOGY, 2699 FESSEY COURT, STE 200, NASHVILLE, TN 37204	TECHNOLOGY SUPPORT AND EQUIPMENT	177,953.
BAKER, DONELSON, BEARMAN, CALDWELL & BERKOW 165 MADISON AV, STE 2000, MEMPHIS, TN 38103	LEGAL SERVICES	141,874.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2

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Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	7,840,875.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,547,505.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		12,388,380.			
Program Service Revenue	2 a	LOAN INTEREST	Business Code	900099	7,039,240.	7,039,240.	
	b	FINANCING FEES AND CHARGES		900099	419,332.	419,332.	
	c	FEE INCOME		900099	182,446.	182,446.	
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		7,641,018.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		350,498.	350,498.	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	157,194.			
b		Less: rental expenses ...	(ii) Personal	120,990.			
c		Rental income or (loss)		36,204.			
d		Net rental income or (loss)		36,204.		27,647.	8,557.
7 a		Gross amount from sales of assets other than inventory	(i) Securities		1,252.		
b		Less: cost or other basis and sales expenses	(ii) Other		3,383.		
c		Gain or (loss)		-2,131.			
d		Net gain or (loss)		-2,131.			-2,131.
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		20,413,969.	7,991,516.	27,647.	6,426.

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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, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,496,233.	5,496,233.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	476,513.	476,513.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,522,706.	1,071,229.	451,374.	103.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,627,655.	3,531,966.	94,464.	1,225.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	81,888.	80,088.	1,770.	30.
9 Other employee benefits	286,472.	261,086.	25,304.	82.
10 Payroll taxes	337,180.	301,628.	35,464.	88.
11 Fees for services (nonemployees):				
a Management				
b Legal	168,465.	161,432.	7,033.	
c Accounting	37,000.	33,300.	3,700.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	769,196.	736,519.	32,677.	
12 Advertising and promotion	2,290.	2,130.	160.	
13 Office expenses	164,438.	156,446.	7,992.	
14 Information technology				
15 Royalties				
16 Occupancy	107,403.	97,628.	9,775.	
17 Travel	41,673.	40,819.	544.	310.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	67,961.	67,041.	920.	
20 Interest	2,041,306.	2,041,101.	205.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	93,597.	84,266.	9,331.	
23 Insurance	81,904.	73,725.	8,179.	
24 Other expenses. Itemize 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.)				
a LOAN LOSS PROVISION REC	2,682,615.	2,682,615.		
b FORECLOSURE CARRYING CO	465,010.	465,010.		
c MISCELLANEOUS	67,469.	65,847.	1,622.	
d DUES, LICENSES & PERMIT	32,390.	30,258.	2,132.	
e All other expenses	1,021.	919.	102.	
25 Total functional expenses. Add lines 1 through 24e	18,652,385.	17,957,799.	692,748.	1,838.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,959,654.	1	899,706.
	2 Savings and temporary cash investments	65,832,932.	2	53,996,826.
	3 Pledges and grants receivable, net	1,101,697.	3	955,007.
	4 Accounts receivable, net	625,677.	4	1,965,864.
	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	163,614.
	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	108,899,230.	7	128,688,744.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	167,467.	9	342,251.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,945,060.		
	b Less: accumulated depreciation	831,277.		
		3,216,211.	10c	3,113,783.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	249,000.	12	301,200.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,155,465.	15	265,668.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	188,207,333.	16	190,692,663.	
Liabilities	17 Accounts payable and accrued expenses	1,467,215.	17	2,323,342.
	18 Grants payable		18	
	19 Deferred revenue	100,821.	19	2,698,934.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		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	14,078,955.	23	13,567,383.
	24 Unsecured notes and loans payable to unrelated third parties	103,655,576.	24	100,554,924.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	36,541,629.	25	37,423,359.
	26 Total liabilities. Add lines 17 through 25	155,844,196.	26	156,567,942.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	30,523,935.	27	32,114,010.
	28 Net assets with donor restrictions	1,839,202.	28	2,010,711.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	32,363,137.	32	34,124,721.
	33 Total liabilities and net assets/fund balances	188,207,333.	33	190,692,663.

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,413,969.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,652,385.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,761,584.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32,363,137.
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	34,124,721.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
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
b	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	X

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Schedule A (Form 990 or 990-EZ) 2020 D/B/A PATHWAY LENDING

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Part II 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1439642.	9866564.	6037623.	6533706.	12388380.	36265915.
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	1439642.	9866564.	6037623.	6533706.	12388380.	36265915.
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)						2823092.
6 Public support. Subtract line 5 from line 4.						33442823.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1439642.	9866564.	6037623.	6533706.	12388380.	36265915.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						36265915.
12 Gross receipts from related activities, etc. (see instructions)					12	32,861,379.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	92.22	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	90.96	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 D/B/A PATHWAY LENDING

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Part III 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

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
6 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
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) 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled 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.		
2		

Section C. Type II Supporting Organizations

	Yes	No
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		

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 organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's 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.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's 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 have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
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		
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.		
3b		

SOUTHEAST COMMUNITY CAPITAL CORPORATION

Schedule A (Form 990 or 990-EZ) 2020 D/B/A PATHWAY LENDING

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

SOUTHEAST COMMUNITY CAPITAL CORPORATION

Schedule A (Form 990 or 990-EZ) 2020 D/B/A PATHWAY LENDING

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

SOUTHEAST COMMUNITY CAPITAL CORPORATION

Schedule A (Form 990 or 990-EZ) 2020 D/B/A PATHWAY LENDING

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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.)

Supplemental information area with horizontal lines for text entry.

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

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

SOUTHEAST COMMUNITY CAPITAL CORPORATION
D/B/A PATHWAY LENDING

Employer identification number

62-1823596

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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from 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 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

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

Name of organization

SOUTHEAST COMMUNITY CAPITAL CORPORATION
D/B/A PATHWAY LENDING

Employer identification number

62-1823596

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>657,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,000,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>750,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>228,119.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SOUTHEAST COMMUNITY CAPITAL CORPORATION
D/B/A PATHWAY LENDING

Employer identification number

62-1823596

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 750,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 355,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 752,136.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 49,565.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 5,865,354.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SOUTHEAST COMMUNITY CAPITAL CORPORATION
D/B/A PATHWAY LENDING

Employer identification number

62-1823596

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 962,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 155,937.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SOUTHEAST COMMUNITY CAPITAL CORPORATION
D/B/A PATHWAY LENDING

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62-1823596

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	LOAN FORGIVENESS	\$ 1,000,000.	12/10/20
4	LOAN FORGIVENESS	\$ 750,000.	06/15/20
7	LOAN FORGIVENESS	\$ 750,000.	04/15/20
		\$	
		\$	
		\$	

Name of organization

SOUTHEAST COMMUNITY CAPITAL CORPORATION
D/B/A PATHWAY LENDING

Employer identification number

62-1823596

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**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.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020**Open to Public Inspection****Name of the organization** **SOUTHEAST COMMUNITY CAPITAL CORPORATION**
D/B/A PATHWAY LENDING**Employer identification number**
62-1823596**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial 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 exhibition, 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,646,387.	636,048.	3,010,339.
c Leasehold improvements				
d Equipment		298,673.	195,229.	103,444.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,113,783.

Schedule D (Form 990) 2020

SOUTHEAST COMMUNITY CAPITAL CORPORATION
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Schedule D (Form 990) 2020

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LINES OF CREDIT	37,000,000.
(3) UNAMORTIZED LOAN ORIGINATION FEES	423,359.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	37,423,359.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2020

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	20,551,146.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	16,187.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	120,990.
e	Add lines 2a through 2d	2e	137,177.
3	Subtract line 2e from line 1	3	20,413,969.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	20,413,969.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	18,789,562.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	16,187.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	120,990.
e	Add lines 2a through 2d	2e	137,177.
3	Subtract line 2e from line 1	3	18,652,385.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	18,652,385.

Part XIII Supplemental Information.

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; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE CORPORATION'S INCOME TAX RETURNS TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVALUATION OF ALL INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT" STANDARD. ACCORDINGLY, THERE IS NO PROVISION FOR INCOME TAXES, PENALTIES OR INTEREST RECEIVABLE OR PAYABLE RELATING TO UNCERTAIN INCOME TAX POSITIONS IN THE ACCOMPANYING FINANCIAL STATEMENTS.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 120,990.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 120,990.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**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.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **SOUTHEAST COMMUNITY CAPITAL CORPORATION
D/B/A PATHWAY LENDING**

Employer identification number
62-1823596

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
828 CHOCOLATES, LLC 141 N PETERS RD KNOXVILLE, TN 37923	46-0779415		6,194.	0.			LOAN RELIEF - TRUIST GRANT
ACTORS BRIDGE ENSEMBLE THEATER OF NASHVILLE INC - 4610 CHARLOTTE AVE - NASHVILLE, TN 37209	62-1734411	501(C)3	19,559.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
ACTUAL FOOD NASHVILLE LLC 3914 GALLATIN PIKE NASHVILLE, TN 37216	81-3471628		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
ADAM TANAKA 1210 BIRDSALL ST. OLD HICKORY, TN 37138	41-0431789		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
ADVANCED SPINE & WELLNESS 176 THOMPSON LN. STE 102 NASHVILLE, TN 37211	46-0873265		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
AKSHAR LLC 4230 HARDING RD., STE. 210A NASHVILLE, TN 37205	62-1858824		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **31.**
- 3** Enter total number of other organizations listed in the line 1 table **222.**

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

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SOUTHEAST COMMUNITY CAPITAL CORPORATION

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALIAS CHAMBER ENSEMBLE 1987 GATLIN DR NASHVILLE, TN 37210	20-1247243	501(C)3	5,816.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
ALICIA A. HALL, MD, INCORPORATED 2004 HAYES STREET, SUITE 260 NASHVILLE, TN 37203	26-4505634		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
AMERICAN ENTERTAINMENT WORKS INC 3400 ROUNDWOOD FOREST DR ANTIOCH, TN 37013	46-2353020		7,893.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
ANDREWS HOSPITALITY LLC 555 CHURCH ST., STE. 101 NASHVILLE, TN 37219	82-1407859		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
ANZIE BLUE, LLC 4239 HARDING PIKE, #4 NASHVILLE, TN 37205	83-4411233		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
APPLE & OAK, LLC 717 PORTER RD NASHVILLE, TN 37206	47-4989325		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
APTO LLC 818 18TH AVE S STE 10 NASHVILLE, TN 37203	47-4883790		7,054.	0.			LOAN RELIEF - TRUIST GRANT
ARISTO MUSIC ASSOCIATES INC 1620 16TH AVENUE NASHVILLE, TN 37212	62-1084574		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
ARTS AND BUSINESS COUNCIL OF GREATER NASHVILLE, INC. - 1900 BELMONT BLVD. - NASHVILLE, TN 37212	20-3255129	501(C)3	20,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASCENT CLEANING SOLUTIONS, LLC 424 CHURCH ST., STE. 2000 NASHVILLE, TN 37219	82-1957843		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
AUM SHREE DUTT LLC 601 OLD HICKORY BLVD., STE C NASHVILLE, TN 37209	30-0558967		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
BANDWAGON MUSIC & REPAIR.LLC 7639 HIGHWAY 70 S NASHVILLE, TN 37221	81-2757428		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
BARISTA PARLOR GERMANTOWN LLC 1230 4TH AVE NORTH NASHVILLE, TN 37208	47-3382179		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
BARISTA PARLOR GOLDEN SOUND LLC 610 MAGAZINE STREET NASHVILLE, TN 37203	46-3975068		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
BARISTA PARLOR LLC 519B GALLATIN AVENUE NASHVILLE, TN 37206	45-2934160		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
BARN FRESH PINBALL, LLC 917 B ELVIRA AVE. NASHVILLE, TN 37216	82-2421366		9,388.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
BELCOURT THEATRE, INC. 2102 BELCOURT AVE NASHVILLE, TN 37212	62-1770620	501(C)3	50,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
BLACK RIVER AT SOUND STAGE, LLC 12 MUSIC CIRCLE SOUTH NASHVILLE, TN 37203	61-1685698		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLISS NASHVILLE LLC 1519 CHURCH ST NASHVILLE, TN 37203	20-1035252		67,033.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - LIVE MUSIC VENUES
BLUEBIRD CAFE, INC. 4104 HILLSBORO PIKE NASHVILLE, TN 37215	26-1382571		39,872.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - LIVE MUSIC VENUES
BONTEMPS, LLC 3129 WILMOTH RD NASHVILLE, TN 37207	82-1354334		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
BRAHMANAND LLC 3958 CLARKSVILLE PIKE NASHVILLE, TN 37218	56-2618127		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
BRIGHTHOUSE GREEN HOME CLEANING, LLC - 5115 MARYLAND WAY STE 205 - BRENTWOOD, TN 37027	47-4493303		11,024.	0.			LOAN RELIEF - TRUIST GRANT
BROOKE WORTHINGTON JEWELRY LLC 2182 BANDYWOOD DR, NASHVILLE, TN 37215-2703	82-0637849		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
BUBBLE LOVE, LLC 900 ROSA L PARKS BLVD NASHVILLE, TN 37208	83-0755122		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
BUCANAS 2009 INC 3810 NOLENSVILLE PIKE NASHVILLE, TN 37211	27-1171202		65,772.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - LIVE MUSIC VENUES
CACAWA, LLC. 5115 CENTENNIAL BLVD NASHVILLE, TN 37209	47-4705783		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE SHERPA LLC 6409 HOLLY TRACE COURT NASHVILLE, TN 37221	83-3650106		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
CC FENCING AND LOGISTICS, LLC 1105 JOSEPH AVE, STE 201 NASHVILLE, TN 37207	81-1066180		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
CENTER FOR ELDER VETERANS RIGHTS, PC - 2701 BERRYWOOD DR - NASHVILLE, TN 37204	27-0832851		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
CHATTANOOGA PLUMBING, INC P.O. BOX 4098 CHATTANOOGA, TN 37405	62-0983324		9,438.	0.			LOAN RELIEF - TRUIST GRANT
CHATTERBIRD 1409 WINTHORNE DRIVE NASHVILLE, TN 37217	47-4590416		14,850.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
CHEEKWOOD BOTANICAL GARDEN AND MUSEUM OF ART - 1200 FORREST PARK DRIVE - NASHVILLE, TN 37205	62-0627921	501(C)3	87,500.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
CHEERS LLC 2426 EASTLAND AVE NASHVILLE, TN 37206	82-4344766		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
CHINASH SUGAR RUSH LLC 3611 GALLATIN PIKE NASHVILLE, TN 37216	82-5211976		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
CHIRO NASH LLC 604 GALLATIN AVE. STE 100 NASHVILLE, TN 37206	47-4356538		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOPPER LLC 1308 FORREST AVE NASHVILLE, TN 37207	82-1407181		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
CHRISTMAS DISPLAYS, INC 2905 ARMORY DRIVE NASHVILLE, TN 37204	62-1827282		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
CITIZEN KITCHENS, LLC 975 MAIN ST. SUITE 4 NASHVILLE, TN 37206	47-4943761		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
CITIZEN MARKET, LLC 975 MAIN ST. SUITE 105 NASHVILLE, TN 37206	83-1732673		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
CLLD LLC PO BOX 40545 NASHVILLE, TN 37204	81-3183474		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
COLLINS LEGAL, PLC 414 UNION ST., STE. 1110 NASHVILLE, TN 37219	46-2704087		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
COMPOST NASHVILLE LLC 726 RINGGOLD DRIVE NASHVILLE, TN 37207	46-5515797		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
COPPERLINE RANCH INC 3145 BRANDAU ROAD. HERMITAGE, TN 37076	47-5443299		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
COUNTRY MUSIC FOUNDATION, INC. 222 FIFTH AVENUE SOUTH NASHVILLE, TN 37203	62-0753887	501(C)3	87,500.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CREATIVES DAY 1801 BROOKEMEADOW LANE HERMITAGE, TN 37076	82-3969189		9,910.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
CROSSROADS SPORTS BAR LLC 2209 MURFREESBORO PK NASHVILLE, TN 37217	47-2945894		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
CUSTOM FIT BOOKKEEPING & TAX 7982-A COLEY DAVIS RD. NASHVILLE, TN 37221	20-5285535		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
DABBLE, LLC 330 HARRISON STREET NASHVILLE, TN 37219	46-1925608		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
DALMATIAN CREATIVE AGENCY INC 4322 HARDING PIKE, STE. 417 NASHVILLE, TN 37205	62-1695230		6,351.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
DANCE IN BLOOM, LLC 7982 COLEY DAVIS RD. NASHVILLE, TN 37221	20-8952766		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
DANCING THROUGH THE CURRICULUM 31 BENZING RD. ANTIOCH, TN 37013	46-1078466		10,500.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
DAVISHIRE INTERIORS, INC. 2106 21ST AVENUE SOUTH NASHVILLE, TN 37212	72-1472568		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
DEL SUR HOSPITALITY LLC 2927 DICKERSON PIKE NASHVILLE, TN 37207	82-3012274		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELTA RAE TOURING, INC 2817 WEST END AVE. STE. 126 #261 NASHVILLE, TN 37203	46-2876555		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
DFOX LLC 5523 THALMAN DRIVE BRENTWOOD, TN 37027	46-4728349		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
DISTRIBULINK, INC 1830 AIR LANE DR. SUITE 14 NASHVILLE, TN 37210-2817	81-2946814		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
DOG AND A DUCK 5016 CENTENNIAL BLVD., SUITE 200 NASHVILLE, TN 37209	27-3358790		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
DOUBLE E ENTERPRISES LLC 741 TULIP GROVE ROAD HERMITAGE, TN 37076	62-1858811		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
DR. PAUL J. SOMERS, JR 6114 ELIZABETHAN DR NASHVILLE, TN 37205	62-1061296		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
DRKMTTR COLLECTIVE LLC 1111 DICKERSON PIKE NASHVILLE, TN 37207	81-1916146		35,519.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - LIVE MUSIC VENUES
DUGARD COMMUNICATIONS 2817 WEST END AVE., STE. 143 NASHVILLE, TN 37203	46-2425267		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
EAST NASHVILLE BEER WORKS, LLC 320 EAST TRINITY LANE NASHVILLE, TN 37207	47-4627262		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS

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EMERALD LUXURY TRANSPORTATION, LLC 1321 MURFREESBORO PIKE, SUITE 500 NASHVILLE, TN 37217	45-4341369		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
ENCIRCLE ACUPUNCTURE 805 WOODLAND ST., STE 340 NASHVILLE, TN 37206	27-2057487		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
ENDEAVOR PERFORMANCE LLC 1004 8TH AVE S SUITE 200 NASHVILLE, TN 37203	83-3058347		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
ENTERTAIN 118 16TH AVENUE SOUTH #4353 NASHVILLE, TN 37203	81-4414907		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
EVAMORE 2713 GREYSTONE ROAD NASHVILLE, TN 37204	81-2957006		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
EVER ALICE LLC 2209 BANDYWOOD DRIVE SUITE G NASHVILLE, TN 37215	82-4301904		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
EVOLUTION TEAM APPAREL INC 2908 WILFORD PACK DR ANTIOCH, TN 37013	46-3558457		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
EXCEL FACILITY MANAGEMENT GROUP, LLC - 315 10TH AVENUE N SUITE 106D - NASHVILLE, TN 37203	81-1741597		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
EXECUTIVE TRAVEL OF NASHVILLE 555 MARRIOTT DRIVE NASHVILLE, TN 37214	47-2429819		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS

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FEATURE ENTERPRISES, INC. 718 THOMPSON LANE SUITE 108-130 NASHVILLE, TN 37204	62-1572561		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
FIRST HONEY LLC 509 3RD AVE NASHVILLE, TN 37210	82-2999682		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
FLEMING & ASSOCIATES, LLC 1321 MURFREESBORO PIKE, STE 110 NASHVILLE, TN 37217	80-0225322		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
FM BAKERY LLC 200 HILL AVE. SUITE 3 NASHVILLE, TN 37210	35-2530453		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
FRIST ART MUSEUM 919 BROADWAY NASHVILLE, TN 37212	62-1731492	501(C)3	87,500.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
GAYATRI MAA LLC 110 NORTHGATE DR GOODLETTSVILLE, TN 37072	27-0584376		25,000.	0.			LOAN RELIEF - TRUIST GRANT
GLOBAL EDUCATION CENTER 4822 CHARLOTTE AVENUE NASHVILLE, TN 37209	62-1681169		20,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
GOOD NEIGHBOR FESTIVALS 2817 WEST END AVE. 126-439 NASHVILLE, TN 37203	46-3543791		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
GRANT'S FAMILY ICE CREAM DBA BEN & JERRY'S - 416A 21ST AVE SOUTH - NASHVILLE, TN 37203	62-1863581		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS

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GREEN PEA SALON LLC 1113 12TH AVE SOUTH NASHVILLE, TN 37203	77-0697463		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
GREENER ROOTS FARM, LLC 323 WILHAGAN ROAD NASHVILLE, TN 37217	46-4966523		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
H&T'S HOME COOKING, LLC 2264 MURFREESBORO PIKE NASHVILLE, TN 37217-3133	83-0420835		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
HA.LE' LLC 2200 21ST AVE. S., STE 202 NASHVILLE, TN 37212	47-1421921		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
HALE FINANCIAL SERVICES, INC. 308 BLUEBIRD DRIVE DAVIDSON, TN 37072	20-0510488		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
HARI LLC 1009 FAIRVIEW KNOLL COURT MT. JULIET, TN 37122	62-1768865		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
HASD LLC 811 GALLATIN AVE NASHVILLE, TN 37206	82-2004137		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
HIP HUES, LLC 1201 4TH AVE. S., STE. 116 NASHVILLE, TN 37210	46-1512788		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
I LOVE LOU, LLC 1304 MCGAVOCK PIKE NASHVILLE, TN 37216	83-4719483		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS

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INNOVATION FOUNDATION INC. 3145 BRANDAU ROAD. HERMITAGE, TN 37076	26-1190499		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
INTERCEPT SERVICE AGENCY INC 3920 CLARKSVILLE PIKE NASHVILLE, TN 37218	27-1823915		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
INTERSECTION 2708 MASHBURN RD NASHVILLE, TN 37210	47-1855210		7,548.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
JAZZ EMPOWERS 4739 CLARKSVILLE PIKE NASHVILLE, TN 37218	46-4864928		20,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
JET MACHINING SERVICES, INC. 117 REGIONAL PARK DR KINGSPORT, TN 37660	62-1337339		8,614.	0.			LOAN RELIEF - TRUIST GRANT
JKO ENTERPRISES INC 900 ROSA L PARKS BLVD. NASHVILLE, TN 37208	80-0265184		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
JT GRAY ENTERPRISES INC 402 12TH AVENUE S NASHVILLE, TN 37203	62-1333112		100,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - LIVE MUSIC VENUES
KITCHEN TABLE MEDIA, LLC 919 GALLATIN AVE. #8 NASHVILLE, TN 37206	27-3230444		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
LEADERSHIP MUSIC 34 MUSIC SQUARE EAST NASHVILLE, TN 37203	62-1404863		20,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS

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LITTLE GOURMAND, LLC 2209 BANDYWOOD DR SUITE D NASHVILLE, TN 37215	37-1758302		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
LITTLE HARPETH CHILDREN'S DENTISTRY - 7640 HIGHWAY 70S, STE 101 - NASHVILLE, TN 37221	81-2712208		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
LIVING WATERS BREWING COMPANY LLC 1056 E TRINITY LN., STE 101 NASHVILLE, TN 37216	82-4249952		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
LIZ'S KITCHEN, LLC 107 MEMORIAL DRIVE, UNIT A GOODLETTSVILLE, TN 37072	47-1393125		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
LNC NASHVILLE, LLC 45 LINDSLEY AVE NASHVILLE, TN 37210	46-2519495		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
LOVE CHILD CARE CENTER, INC., THE 810 EAST OLD HICKORY BLVD. MADISON, TN 37115	62-1835973		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
LUXURY RIDE NASHVILLE INC 2633 GRANDVIEW AVE NASHVILLE, TN 37203	82-5431565		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
MAC PRESENTS, LLC 4106 SNEED ROAD NASHVILLE, TN 37215	71-0976150		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
MAKE MUSIC NASHVILLE 1987 GATLIN DRIVE NASHVILLE, TN 37210	81-1447313	501(C)3	10,777.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS

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MAKE NASHVILLE 620B DAVIDSON ST. NASHVILLE, TN 37213	47-4075711		19,414.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
MALONE STUDIOS, INC 2143 UTOPIA AVE NASHVILLE, TN 37211	89-3198990		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
MANNAT HOTEL LLC 4144 LEBANON PIKE HERMITAGE, TN 37076	26-3982056		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
MC 1100 LLC 1040 DR MLK JR BLVD NASHVILLE, TN 37203	82-0675514		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
MC TRISTAR LLC 2300 PATTERSON ST NASHVILLE, TN 37203	82-2398607		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
MELLOW VAPE LLC 2124 GALLATIN PIKE NORTH MADISON, TN 37115	46-3667535		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
MERCY LOUNGE, LLC 1 CANNERY ROW NASHVILLE, TN 37203-4153	45-1534430		147,162.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - LIVE MUSIC VENUES
MF HOLDINGS LLC 2927 DICKERSON PIKE NASHVILLE, TN 37207	82-1221431		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
MJT NASHVILLE, LLC 712 DICKERSON PIKE, STE 2 NASHVILLE, TN 37207-5635	82-3903801		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS

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MODULAR DESIGNS OF TENNESSEE LLC 819 WOODLAND STREET NASHVILLE, TN 37206	56-2019632		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
MOKU MARKETING LLC P O BOX 508 MOSCOW, TN 38057	80-0249199		6,208.	0.			LOAN RELIEF - TRUIST GRANT
MOLLY GREEN GREEN HILLS LLC 2126 ABBOT MARTIN RD SUITE 175 NASHVILLE, TN 37215	81-5106573		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
MOLLY GREEN HILLSBORO VILLAGE LLC 1717 21ST AVENUE SOUTH NASHVILLE, TN 37212	84-2265918		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
MOVES AND GROOVES INC. 2275 MURFREESBORO PIKE, SUITE 101 NASHVILLE, TN 37217	68-0516440		20,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
MULTICULTURAL MEDIA 4605 GALLATIN PIKE NASHVILLE, TN 37216	46-2676705		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
MUSIC FOR SENIORS 161 RAINS AVENUE NASHVILLE, TN 37203	35-2438992	501(C)3	20,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
NASHVILLE ACADEMY THEATRE AND NASHVILLE CHILDREN'S THEATRE ASSOCIATION - 25 MIDDLETON STREET - NASHVILLE, TN 37210	62-0637709	501(C)3	27,574.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
NASHVILLE BALLET 3630 REDMON STREET NASHVILLE, TN 37209	58-1440788	501(C)3	87,500.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS

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NASHVILLE BUSINESS CONSULTING, INC. - 4544 HARDING PIKE, STE 211 - NASHVILLE, TN 37205	27-1065166		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
NASHVILLE CRAFT DISTILLERY 514 HAGAN STREET NASHVILLE, TN 37203	46-2843999		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
NASHVILLE CRAFT DISTILLERY, LLC 514 HAGAN ST NASHVILLE, TN 37203	46-2843999		10,486.	0.			LOAN RELIEF - TRUIST GRANT
NASHVILLE EDUCATION, COMMUNITY ARTS TELEVISION - 120 WHITE BRIDGE ROAD #46 - NASHVILLE, TN 37209	27-0024733	501(C)3	8,149.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
NASHVILLE EVENT LIGHTING LLC 100 TAYLOR PLACE, STE. A1 NASHVILLE, TN 37208	27-1883829		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
NASHVILLE FILM FESTIVAL 161 RAINS AVE. NASHVILLE, TN 37203	23-7258049	501(C)3	20,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
NASHVILLE HANDY SERVICES, LLC 337 BATTLE RD ANTIOCH, TN 37013	81-0973435		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
NASHVILLE IN HARMONY 1021 GLENDALE LN NASHVILLE, TN 37204	20-3063200	501(C)3	11,180.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
NASHVILLE JAZZ WORKSHOP 1012 BUCHANAN STREET NASHVILLE, TN 37208	62-1837858	501(C)3	20,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS

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NASHVILLE OPERA ASSOCIATION 3622 REDMON STREET NASHVILLE, TN 37209	62-1119830	501(C)3	50,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
NASHVILLE PALACE PARTNERS LLC 2611 MCGAVOCK PIKE NASHVILLE, TN 37214	81-3235449		60,420.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - LIVE MUSIC VENUES
NASHVILLE PHILHARMONIC ORCHESTRA PO BOX 121914 NASHVILLE, TN 37212	20-0787704	501(C)3	8,466.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
NASHVILLE REPERTORY THEATRE, INC 161 RAINS AVENUE NASHVILLE, TN 37203	62-1811578	501(C)3	50,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
NASHVILLE SHAKESPEARE FESTIVAL 161 RAINS AVE NASHVILLE, TN 37203	58-1807951	501(C)3	20,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
NASHVILLE SWEETS, LLC 803 WOODLAND STREET NASHVILLE, TN 37206	45-2768357		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
NASHVILLE SYMPHONY ASSOCIATION ONE SYMPHONY PLACE NASHVILLE, TN 37201	62-0550979	501(C)3	87,500.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
NASHVILLE'S MEDIA SERVICES, INC. 314 HERMITAGE AVENUE NASHVILLE, TN 37210	62-1461509		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
NATIONAL MUSEUM OF AFRICAN AMERICAN MUSIC - 510 BROADWAY - NASHVILLE, TN 37219	62-1867910	501(C)3	87,500.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS

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NEW DIALECT 522 ROSEDALE AVENUE NASHVILLE, TN 37211	46-3222189		20,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
NEXT GEN LLC P O BOX 508 MOSCOW, TN 38057	82-3061167		7,060.	0.			LOAN RELIEF - TRUIST GRANT
NEXT LEVEL BREWING COMPANY, LLC 700 N BROADWAY ST KNOXVILLE, TN 37917	83-2078416		9,595.	0.			LOAN RELIEF - TRUIST GRANT
NICKYS RESTAURANT I, LLC 5026 CENTENNIAL BLVD. NASHVILLE, TN 37209	81-1537324		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
NO. 308, LLC 407 GALLATIN AVE NASHVILLE, TN 37206-3220	27-3001032		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
NOMADIC GENIUS, LLC 5049 TROUSDALE DRIVE NASHVILLE, TN 37220	27-3410352		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
NSFH INC. 100 TAYLOR ST. STE C12 NASHVILLE, TN 37208	83-3789635		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
OM SAI 65, INC. 110 MAPLEWOOD TRCE NASHVILLE, TN 37207	82-2316346		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
OPERATION SONG 4628 KENTUCKY AVENUE NASHVILLE, TN 37209	46-5442758		20,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS

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OZ ARTS NASHVILLE 6172 COCKRILL BEND CIRCLE NASHVILLE, TN 37209	46-0985602	501(C)3	50,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
PAJU LLC 1604 8TH AVE SOUTH NASHVILLE, TN 37203	20-2122273		27,066.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - LIVE MUSIC VENUES
PALI, INC 1100 RUSSELL STREET #103 NASHVILLE, TN 37206	20-8281254		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
PAPA TURNEY'S OLD FASHION B.B.Q. 3979 BELL ROAD HERMITAGE, TN 37076	90-0974941		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
PAR ENTERPRISES LLC 711 SPENCE LANE NASHVILLE, TN 37217	04-3687850		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
PDK, LLC 8121 SAWYER BROWN RD., STE. 204 NASHVILLE, TN 37221	82-1569876		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
PEARL DIVER, LLC 900 DIVISION ST NASHVILLE, TN 37203	82-1638194		9,021.	0.			LOAN RELIEF - TRUIST GRANT
PIEDMONTE & CO LLC 1018 GALE LANE NASHVILLE, TN 37204	81-1115399		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
PMK LCC 1111B BELL RD ANTIOCH, TN 37013	37-1945557		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS

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POP LLC, 604 GALLATIN AVE STE 203 NASHVILLE, TN 37206	46-4123826		6,007.	0.			LOAN RELIEF - TRUIST GRANT
POVERTY AND THE ARTS 1207 DICKERSON PIKE NASHVILLE, TN 37207	46-3699416	501(C)3	15,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
POWER NASHVILLE, LLC P O BOX 81556 FRANKLIN, TN 37068	82-1763660		6,202.	0.			LOAN RELIEF - TRUIST GRANT
PREMIERE HOME HEALTH, INC 846 EAST MEADE AVE MADISON, TN 37115	62-1637122		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
PRO VITA LLC 1329 6TH AVE N. NASHVILLE, TN 37208	46-1414122		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
R STEWART SHOFNER MD PC 2004 HAYES STREET, SUITE 335 NASHVILLE, TN 37203	62-1479385		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
RD GALLATIN LLC 2420 GALLATIN AVE NASHVILLE, TN 37206	80-0184975		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
RED ROVER PET SERVICES LLC 315 HERMITAGE AVENUE NASHVILLE, TN 37210	74-3115260		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
REJOICE MINISTRIES 700 RUSSELL STREET NASHVILLE, TN 37206	62-1791396	501(C)3	20,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS

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RESCUE ELECTRIC LLC 4016 ENCHANTED WAY NASHVILLE, TN 37218	85-1120268		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
RESURGENCE, LLC 4535 HARDING PIKE, STE. C-130 NASHVILLE, TN 37205	46-1318247		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
RHIZOME PRODUCTIONS INC 900 44TH AVE N. NASHVILLE, TN 37209	27-4520401		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
RICHARD MCGEE ATTORNEY 1308 ROSA L PARKS BLVD NASHVILLE, TN 37208	62-1309107		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
ROBERT L WEAVER, CERTIFIED PUBLIC ACCOUNTANT, PLLC - P O BOX 3934 - JOHNSON CITY, TN 37601	27-4461088		5,683.	0.			LOAN RELIEF - TRUIST GRANT
RODNEY MITCHELL SALON INC 1810 CHET ATKINS PLACE NASHVILLE, TN 37203	62-1776800		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
ROLF EAGLE, LLC 823 MEERIDIAN ST NASHVILLE, TN 37208	47-4079125		25,000.	0.			LOAN RELIEF - TRUIST GRANT
RUDY'S JAZZ ROOM, LLC 809 GLEAVES ST NASHVILLE, TN 37203	47-3045652		69,345.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - LIVE MUSIC VENUES
RUFFIN CONSULTING 110 GLANCY ST, SUITE 107 GOODLETTSVILLE, TN 37072	20-0770195		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS

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SAVAS, LLC 527 8TH AVE. S., STE.125 NASHVILLE, TN 37203	47-2910438		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
SAYLES EGAN, LLC 700 CRAIGHEAD ST., STE. 301 NASHVILLE, TN 37204	84-1854803		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
SCHAFER LAW FIRM PLLC 1604 16TH AVENUE N. NASHVILLE, TN 37212	45-5508266		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
SELECT HOME SOLUTIONS GROUP, LLC 2817 WEST END AVENUE, STE 126-449 NASHVILLE, TN 37203	47-5355733		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
SHAANU LLC 246 5TH AVE. NORTH NASHVILLE, TN 37219	94-3491037		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
SHREE HARI LLC 353 MURFREESBORO ROAD NASHVILLE, TN 37210	62-1768862		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
SHREE SAI RAM 150 WEST TRINITY LANE NASHVILLE, TN 37207	46-5763441		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
SHRIJI MAHARAJ LLC 5633 CHARLOTTE AVE NASHVILLE, TN 37209	74-3195123		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
SIGMA MANAGEMENT LLC 906 HARPEETH VALLEY PLACE NASHVILLE, TN 37221	46-2362704		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS

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SILVA ENTERTAINMENT LLC P.O. BOX 1645 HENDERSONVILLE, TN 37077	62-1775865		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
SLOW BURN HOT CHICKEN 495B MYATT DRIVE MADISON, TN 37115	47-3401417		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
SOHO SECTOR II, INC 5133 HARDING PIKE, STE B10 NASHVILLE, TN 37205	58-2441948		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
SOMATEL HOTEL LLC 420 METROPLEX DRIVE NASHVILLE, TN 37211	83-4419964		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
SOUTH INC 51 CENTURY BLVD SUITE 306 NASHVILLE, TN 37214	46-1983956		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
SOUTHERN DOMESTIC DIVA 2514 EUGENIA AVENUE NASHVILLE, TN 37211	47-3975982		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
SOUTHERN WORD, INC. 1704 CHARLOTTE AVE NASHVILLE, TN 37203	26-3547391	501(C)3	17,599.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
SPRINGWATER INC. 115 27TH AVE NASHVILLE, TN 37203	62-1094496		18,037.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - LIVE MUSIC VENUES
SPROCKET THERAPY SOLUTIONS, LLC 230 GREAT CIRCLE RD., STE 202 NASHVILLE, TN 37228	46-3090010		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS

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SPROCKETS LLC 3145 BRANDAU ROAD. HERMITAGE, TN 37076	84-4387601		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
STREET THEATRE COMPANY 314 TANKSLEY AVENUE NASHVILLE, TN 37211	01-0868312	501(C)3	11,494.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
SUBWAY 16679 1 HERMITAGE AVE. NASHVILLE, TN 37210	30-0571821		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
SURREAL BLOW OUT BAR 414 WOODLAND STREET NASHVILLE, TN 37206	81-4970921		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
SUZY WONG'S NASHVILLE, LLC 1515 CHURCH STREET NASHVILLE, TN 37203	27-0539931		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
T & W CONSTRUCTION, LLC 2405 LASONYA LA HORN LAKE, MS 38673	81-0783770		21,301.	0.			LOAN RELIEF - TRUIST GRANT
TALL BOY MARKETING 519 COLICE JEANNE NASHVILLE, TN 37221	46-4719561		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
TENNESSEE ASSOCIATION OF CRAFT ARTISTS - 2423 EUGENIA AVENUE - NASHVILLE, TN 37211	23-7309306	501(C)3	20,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
TENNESSEE PERFORMING ARTS CENTER MANAGEMENT CORPORATION - 505 DEADERICK STREET, 3RD FLOOR - NASHVILLE, TN 37243	58-1320590	501(C)3	87,500.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS

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TENNESSEE WOMEN'S THEATER PROJECT 2301 ROSA L PARKS BOULEVARD NASHVILLE, TN 37228	48-1284622	501(C)3	7,002.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
THE 5 SPOT, LLC 1006 FORREST AVE NASHVILLE, TN 37206	20-8415958		31,254.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - LIVE MUSIC VENUES
THE BANG CANDY COMPANY LLC 1300 CLINTON ST., STE. 127 NASHVILLE, TN 37203	27-3493256		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
THE BASEMENT EAST, LP 917 WOODLAND ST NASHVILLE, TN 37206	47-2695798		18,999.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - LIVE MUSIC VENUES
THE BLOOMY RIND LLC 975 MAIN ST., STE 4 NASHVILLE, TN 37206	27-2149506		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
THE CALLAWAY LLC 1020 N 16TH STREET NASHVILLE, TN 37206	81-1158485		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
THE DRY HOUSE, LLC 2104 CRESTMOOR ROAD NASHVILLE, TN 37215	46-4412365		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
THE EAST ROOM LLC 2412 GALLATIN AVE NASHVILLE, TN 37206	82-4938714		12,463.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - LIVE MUSIC VENUES
THE FOUNTAIN OF JUICE, LLC 908 51ST AVE. N. NASHVILLE, TN 37209	46-5290962		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS

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THE KINKEAD ENTERTAINMENT AGENCY 253 JACKSON MEADOWS DRIVE HERMITAGE, TN 37076	81-2084161		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
THE LISTENING ROOM LLC 618 4TH AVE. S. NASHVILLE, TN 37210	46-0683818		100,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - LIVE MUSIC VENUES
THE MOOSE MENS GROOMING LOUNGE 1203 16TH AVE SOUTH NASHVILLE, TN 37212	83-4162294		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
THE PICNIC TAP HUNTERS LLC 975 MAIN ST., STE 102 NASHVILLE, TN 37206	83-3857824		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
THE PICNIC TAP LLC 900 ROSA L PARKS BLVD. NASHVILLE, TN 37208	46-5562348		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
THE PORCH WRITERS' COLLECTIVE 2811 DOGWOOD PL. NASHVILLE, TN 37204	46-4658139		20,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
THE SOUTHERN V, LLC 1200 BUCHANAN STREET NASHVILLE, TN 37208	81-0984965		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
THE THEATER BUG, INC 2020 LINDELL AVE NASHVILLE, TN 37203	27-4141181		20,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
THE WEEDING WOMAN, LLC 248B MORTON AVENUE NASHVILLE, TN 37211	20-4850370		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS

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THINKTHRU, INC. 3805 CREEKSIDE DRIVE NASHVILLE, TN 37211	47-4446666		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
THIRD AVE MUSEUM LLC 119 3RD AVE. SOUTH NASHVILLE, TN 37201	81-2554583		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
THIRD COAST COMEDY, LLC 1310 CLINTON STREE, SUITE 121 NASHVILLE, TN 37203	47-5268984		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
TNB-FITNESS, LLC 509 CRAIGHEAD ST., STE.100 NASHVILLE, TN 37204	46-2918979		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
TNFOLD LLC 2408 LEBANON PIKE NASHVILLE, TN 37214	83-3840174		21,683.	0.			LOAN RELIEF - TRUIST GRANT
TOWN AND COUNTRY LLC 306 MAPLEWOOD TREE NASHVILLE, TN 37207	81-3308323		7,432.	0.			LOAN RELIEF - TRUIST GRANT
TRADESHOW STOP, INC. 2901 ARMORY DR., STE. 101 NASHVILLE, TN 37204	37-1392336		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
TURNIP GREEN CREATIVE REUSE 407 HOUSTON STREET NASHVILLE, TN 37203	45-4123101	501(C)3	19,639.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
UNSCRIPTED 812 POTTER LN NASHVILLE, TN 37206	82-2846706		8,078.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS

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VAN MOL RESTORATION, LLC 4106 SNEED ROAD NASHVILLE, TN 37215	46-4471220		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
VICE & VIRTUE COFFEE, LLC 482 N HOLLYWOOD ST MEMPHIS, TN 38112	81-5412379		9,677.	0.			LOAN RELIEF - TRUIST GRANT
VINMAN CORP 818 3RD AVE NASHVILLE, TN 37210	62-1517639		60,816.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - LIVE MUSIC VENUES
VINYL TAP LLC 2038 GREENWOOD AVENUE NASHVILLE, TN 37206	47-5059292		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
VISION HOME HEALTH CARE LLC 2572A MURFREESBORO PIKE, STE D NASHVILLE, TN 37217	46-2607333		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
VITA GROUP 615, LLC 1516 DEMONBREUN STREET NASHVILLE, TN 37202	81-0760915		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
VIVID1 BUILDERS 402 BNA DRIVE, SUITE 201 NASHVILLE, TN 37217	81-3476169		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
W.O. SMITH/NASHVILLE COMMUNITY MUSIC SCHOOL - 1125 8TH AVE S - NASHVILLE, TN 37203	58-1560499	501(C)3	20,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
WHIZBANG INC. 116 ORIEL AVENUE NASHVILLE, TN 37210	94-3429559		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS

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YOUTH EMPOWERMENT THROUGH ARTS AND HUMANITIES - P.O. BOX 160964 - NASHVILLE, TN 37216	77-0662610	501(C)3	17,540.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - ARTS ORGANIZATIONS
ZA HILLSBORO VILLAGE, LLC 2005 BELCOURT AVE NASHVILLE, TN 37212	83-3693981		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
ZAM INVESTMENTS, INC 624 JEFFERSON ST. NASHVILLE, TN 37208	82-2442297		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS
ZULEMAS KITCHEN LLC 555 MARRIOTT DR., STE 105 NASHVILLE, TN 37214	82-3657883		10,000.	0.			CORONAVIRUS RELIEF FUND - METRO CARES GRANT - SMALL BUSINESS GRANTS

Schedule I (Form 990)

SOUTHEAST COMMUNITY CAPITAL CORPORATION

D/B/A PATHWAY LENDING

62-1823596

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CORONAVIRUS RELIEF FUND GRANTS	39	263,500.	0.		CORONAVIRUS RELIEF FUND - FARMERS MARKET GRANT
CORONAVIRUS RELIEF FUND GRANTS	13	199,645.	0.		CORONAVIRUS RELIEF FUND - SMALL BUSINESS & LIVE MUSIC GRANTS
TRUIST LOAN RELIEF GRANTS	1	12,369.	0.		TRUIST GRANT LOAN RELIEF

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

DURING 2020, THE ORGANIZATION WAS GRANTED CORONAVIRUS RELIEF FUNDING THROUGH METROPOLITAN NASHVILLE AND DAVIDSON COUNTY, TENNESSEE (METRO CARES GRANTS) TO MAKE GRANT AWARDS TO CERTAIN INDUSTRIES IMPACTED BY THE COVID-19 PANDEMIC - SPECIFICALLY ARTS ORGANIZATIONS, SMALL BUSINESSES, LIVE MUSIC VENUES AND VENDOR SPACE RENTALS AT THE NASHVILLE FARMERS MARKET. EACH GROUP HAD CERTAIN ELIGIBILITY CRITERIA THAT WAS REVIEWED PRIOR TO AWARDING THE FUNDS. ONCE THE FUNDS ARE DISBURSED, THERE ARE NO FURTHER MONITORING REQUIREMENTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization **SOUTHEAST COMMUNITY CAPITAL CORPORATION
D/B/A PATHWAY LENDING** Employer identification number **62-1823596**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

SOUTHEAST COMMUNITY CAPITAL CORPORATION

Schedule J (Form 990) 2020

D/B/A PATHWAY LENDING

62-1823596

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CLINT GWIN PRESIDENT AND CEO	(i)	330,688.	112,861.	0.	8,161.	1,830.	453,540.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HANK HELTON EXECUTIVE VICE PRESIDENT	(i)	220,331.	50,105.	0.	10,760.	11,238.	292,434.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BARBARA HARRIS EXECUTIVE VICE PRESIDENT AND CFO	(i)	220,836.	49,029.	0.	10,520.	8,492.	288,877.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AMY BUNTON EXECUTIVE VICE PRESIDENT AND COO	(i)	216,120.	50,105.	0.	7,122.	11,237.	284,584.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOE AGNETTA SVP, CHIEF CREDIT OFFICER	(i)	173,513.	16,358.	0.	7,556.	5,845.	203,272.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DANIEL WILSON SVP OF LENDING OPERATIONS	(i)	134,906.	12,678.	0.	2,500.	5,709.	155,793.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 5:

BONUSES ARE BASED ON ESTABLISHED CORPORATE PERFORMANCE MEASURES 50% OF
WHICH ARE BASED ON FINANCIAL CRITERIA INCLUDING CASH FLOW, ASSET GROWTH,
LOAN GROWTH, NET ASSET GROWTH, LOAN PERFORMANCE AND COMPLIANCE.

PART I, LINE 6:

BONUSES ARE BASED ON ESTABLISHED CORPORATE PERFORMANCE MEASURES 50% OF
WHICH ARE BASED ON FINANCIAL CRITERIA INCLUDING CASH FLOW, ASSET GROWTH,
LOAN GROWTH, NET ASSET GROWTH, LOAN PERFORMANCE AND COMPLIANCE.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2020

**Open To Public
Inspection**

Name of the organization **SOUTHEAST COMMUNITY CAPITAL CORPORATION
D/B/A PATHWAY LENDING**

Employer identification number
62-1823596

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
ANDRE GIST	DIRECTOR	LOAN TO		X	193,360.	163,614.		X	X		X	

Total ▶ \$ **163,614.**

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2020

SEE PART V FOR CONTINUATIONS

SOUTHEAST COMMUNITY CAPITAL CORPORATION

Schedule L (Form 990 or 990-EZ) 2020 D/B/A PATHWAY LENDING

62-1823596 Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, 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) Sharing of organization's revenues?	
				Yes	No
HUGH QUEENER	DIRECTOR OF THE ORG	229,062.	INTEREST PA		X
HUGH QUEENER	DIRECTOR OF THE ORG	173,686.	BANK ACCOUN		X
HUGH QUEENER	DIRECTOR OF THE ORG	163,811.	PRINCIPAL A		X
JON DAVIES	DIRECTOR OF THE ORG	409,110.	INTEREST PA		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: ANDRE GIST

(B) RELATIONSHIP WITH ORGANIZATION: DIRECTOR OF THE ORGANIZATION

(C) PURPOSE OF LOAN: LOAN TO MIG, A COMPANY MAJORITY OWNED BY ANDRE GIST.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: HUGH QUEENER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR OF THE ORGANIZATION

(D) DESCRIPTION OF TRANSACTION: INTEREST PAID ON NOTE PAYABLE: MR.

QUEENER IS THE EXECUTIVE VICE PRESIDENT AND CHIEF ADMINISTRATIVE OFFICER

FOR PINNACLE BANK AND WAS INVOLVED WITH THE LOAN ON THE BUILDINGS AND IN

THE NOTES PAYABLE IN TNROF, KCTJF, NOF AND TNSBJOF. THE TRANSACTIONS

DURING THE YEAR INVOLVED INTEREST PAYMENTS MADE TO THE BANK UNDER THE

NORMAL COURSE OF BUSINESS; NO PERSONAL GAIN OR PAYMENTS WERE MADE TO MR.

QUEENER.

(A) NAME OF PERSON: HUGH QUEENER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR OF THE ORGANIZATION

Schedule L (Form 990 or 990-EZ) 2020

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(D) DESCRIPTION OF TRANSACTION: BANK ACCOUNTS HELD AT BANK: MR. QUEENER IS THE EXECUTIVE VICE PRESIDENT AND CHIEF ADMINISTRATIVE OFFICER FOR PINNACLE BANK WHERE SOUTHEAST COMMUNITY CAPITAL MAINTAINS INTEREST BEARING ACCOUNTS AND RECEIVED INTEREST IN THE NORMAL COURSE OF DOING BUSINESS.

(A) NAME OF PERSON: HUGH QUEENER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DIRECTOR OF THE ORGANIZATION

(D) DESCRIPTION OF TRANSACTION: PRINCIPAL AND INTEREST PAYMENTS ON THE MORTGAGES ON THE BUILDINGS: MR. QUEENER IS THE EXECUTIVE VICE PRESIDENT AND CHIEF ADMINISTRATIVE OFFICER FOR PINNACLE BANK WHERE SOUTHEAST COMMUNITY CAPITAL MADE PRINCIPAL AND INTEREST PAYMENTS TO THE BANK IN THE NORMAL COURSE OF DOING BUSINESS.

(A) NAME OF PERSON: JON DAVIES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DIRECTOR OF THE ORGANIZATION

(D) DESCRIPTION OF TRANSACTION: INTEREST PAID ON LOAN: MR. DAVIES IS THE SENIOR VICE PRESIDENT/COMPLIANCE EXECUTIVE, COMMUNITY AFFAIRS AND CONTRIBUTIONS FOR REGIONS FINANCIAL CORPORATION AND WAS INVOLVED WITH THE LOAN RECEIVED BY SOUTHEAST COMMUNITY CAPITAL. THE TRANSACTIONS DURING THE YEAR INVOLVED INTEREST PAYMENTS MADE TO THE BANK UNDER THE NORMAL COURSE OF BUSINESS; NO PERSONAL GAIN OR PAYMENTS WERE MADE TO MR. DAVIES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

SOUTHEAST COMMUNITY CAPITAL CORPORATION
D/B/A PATHWAY LENDING

Employer identification number
62-1823596

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WE FOCUS OUR ACTIVITIES ON UNDERSERVED TARGET MARKETS THAT INCLUDE
BUSINESSES LOCATED IN QUALIFIED INVESTMENT AREAS (AS DEFINED BY
LOW-INCOME CENSUS TRACTS, POVERTY RATES, AND UNEMPLOYMENT STATISTICS),
AFRICAN-AMERICAN OWNED BUSINESSES, AND LOW-INCOME OWNED BUSINESSES. OUR
SERVICE AREA INCLUDES TENNESSEE AND ALABAMA, AS WELL AS PORTIONS OF
MISSISSIPPI, ARKANSAS, AND KENTUCKY.

IN 2020, SOUTHEAST COMMUNITY CAPITAL CORPORATION ORIGINATED \$46MM IN
NEW LOANS, OF WHICH 76% OF LOANS BY NUMBER AND 81% OF LOANS BY DOLLAR
ACTIVITY WERE IN QUALIFIED CDFI TARGET MARKETS.

SOUTHEAST COMMUNITY CAPITAL CORPORATION MADE 173 LOANS AND LINES OF
CREDIT TOTALING MORE THAN \$21.05MM TO SUPPORT THE CREATION,
PRESERVATION, AND GROWTH OF SMALL BUSINESSES, AND 20 LOANS TOTALING
APPROXIMATELY \$9.23MM TO SUPPORT THE IMPLEMENTATION OF ENERGY
EFFICIENCY AND RENEWABLE ENERGY PROJECTS AT BUSINESSES ACROSS
TENNESSEE. TOTAL ANNUAL ENERGY SAVINGS FROM THE ENERGY LOANS WERE
\$383,320 WITH 3,529,597 KWH SAVED.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IN 2020 SOUTHEAST COMMUNITY CAPITAL CORPORATION PROVIDED 15,791 HOURS
OF EDUCATION; 9,692 WERE IN CLASSROOM/EVENTS SETTINGS, 5,897 WERE
ONE-ON-ONE COUNSELING SESSIONS, AND 202 WERE IN GROUP COACHING
SESSIONS. THERE WERE 2,050 UNIQUE CLIENTS SERVED, 60% WERE

REPRESENTATIVE OF PATHWAY LENDING'S CDFI TARGET MARKETS (AS DEFINED BY

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization	SOUTHEAST COMMUNITY CAPITAL CORPORATION D/B/A PATHWAY LENDING	Employer identification number 62-1823596
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LOW-INCOME CENSUS TRACTS OR MINORITY STATUS), WITH 48% BEING FEMALE, AND 30% BEING AFRICAN AMERICAN. THERE WERE 243 CLASSES, NETWORKING EVENTS, AND COHORT-BASED LEARNING SESSIONS CONDUCTED THAT FOCUSED ON ENTREPRENEURIAL EDUCATION IN AREAS SUCH AS CASH FLOW MANAGEMENT, FINANCIAL PREPARATION, REVENUE AND EXPENSE PROJECTIONS, ACCOUNTING SYSTEMS, AND MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PRESIDENT AND CFO REVIEW THE 990 BEFORE IT IS FILED WITH THE IRS. THEY COMPARE EACH LINE ITEM TO THE PRIOR YEAR FORM 990 AS WELL AS COMPARABLE FORM 990S FOR OTHER NOT-FOR-PROFIT ENTITIES. THE CURRENT YEAR FORM IS ALSO RECONCILED TO THE CURRENT YEAR FINANCIAL STATEMENTS.

THE FORM 990 IS PRESENTED TO ALL BOARD MEMBERS BEFORE IT IS FILED FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL NEW EMPLOYEES ARE GIVEN AND REQUIRED TO SIGN AN EMPLOYEE HANDBOOK UPON HIRING. IT ADDRESSES A CODE OF CONDUCT INCLUDING A CONFLICT OF INTEREST STATEMENT AND A WHISTLEBLOWER POLICY. EACH EMPLOYEE IS ALSO REQUIRED TO SIGN ANNUALLY A STATEMENT THAT THEY HAVE NO CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

SCC HAS A COMPENSATION COMMITTEE THAT MEETS AS NEEDED TO SET THE SALARIES OF THE PRESIDENT, SENIOR VICE PRESIDENTS, AND THE CHIEF FINANCIAL OFFICER. THE PRESIDENT WAS GIVEN DISCRETIONARY POWERS TO SET THE SALARIES OF ALL OTHER PERSONNEL AND TO GIVE THE BOARD AN OVERVIEW OF THOSE DECISIONS. THE PRESIDENT WAS ALSO GIVEN THE AUTHORITY TO INCREASE SALARIES WITHIN SET

Name of the organization	SOUTHEAST COMMUNITY CAPITAL CORPORATION D/B/A PATHWAY LENDING	Employer identification number 62-1823596
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PARAMETERS FOR THE SVP AND CFO. ALL SALARIES ARE DISCLOSED TO THE COMMITTEE.

A COMPENSATION POLICY WAS PUT INTO EFFECT ON 01/16/2008 IN ORDER TO COMPLY WITH INTERNAL REVENUE CODE SECTION 4958.

WHEN THE SALARIES ARE PUT IN PLACE FOR ALL EMPLOYEES, A COMPARISON WITH OTHER SIMILAR ORGANIZATIONS IS MADE AND REVIEWED BY THE COMMITTEE. THE SALARIES ARE COMPILED FROM TAX RETURNS OF OTHER 990 ORGANIZATIONS THAT ARE PUBLISHED WITH GUIDESTAR. SALARY INQUIRIES OF SIMILAR JOBS ARE REVIEWED ON CAREERBUILDER AND SALARY.COM AND OTHER FORMAL SALARY SURVEYS.

FORM 990, PART VI, SECTION C, LINE 19:

SCC MAINTAINS A WEBSITE AT WWW.PATHWAYLENDING.ORG WHERE THE PUBLIC IS GIVEN A CONTACT NAME FOR FURTHER INFORMATION REGARDING AVAILABILITY OF DISCLOSURES. THE 990 IS ALSO AVAILABLE ON THE GUIDESTAR WEBSITE.

FORM 990, PART VII, SECTION B

AS PART OF THEIR LOAN PROGRAM, PATHWAY SOMETIMES REMITS PAYMENTS TO CERTAIN THIRD PARTY CREDITORS ON BEHALF OF THE LOAN CLIENT AS PART OF THE SERVICING OF THE LOAN OR AT THE TIME OF THE LOAN CLOSING. THESE CREDITORS THEN RECEIVE A FORM 1099 MISC FROM PATHWAY FOR SERVICES RENDERED TO THE LOAN CLIENT, NOT FOR SERVICES RENDERED TO PATHWAY. THUS, PATHWAY DOES NOT LIST THOSE CREDITORS AS PAYMENTS FOR SERVICES ON FORM 990, PART VII, SECTION B.

FORM 990, PART XII, LINE 2C

Name of the organization **SOUTHEAST COMMUNITY CAPITAL CORPORATION**
D/B/A PATHWAY LENDING

Employer identification number
62-1823596

THE PROCESS IS THE SAME AS IN THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization SOUTHEAST COMMUNITY CAPITAL CORPORATION D/B/A PATHWAY LENDING	Employer identification number 62-1823596
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part 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
PATHWAY MEMPHIS LLC 201 VENTURE CIRCLE NASHVILLE, TN 37228	EXPAND OPERATIONS OF PATHWAY LENDING IN THE MEMPHIS, TN AREA	TENNESSEE	-10,613.	494,387.	SOUTHEAST COMMUNITY CAPITAL CORPORATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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) Section 512(b)(13) controlled entity?	
						Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Provide additional information for responses to questions on Schedule R. See instructions.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20____

2020▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

**SOUTHEAST COMMUNITY CAPITAL CORPORATION
D/B/A PATHWAY LENDING**

Taxpayer identification number

62-1823596

Name and title of officer or person subject to tax

**CLINT GWIN
PRESIDENT****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here ▶ <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b 0.
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **KRAFTCPAS PLLC** to enter my PIN **23596**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

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.

62570798765**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **05/14/21**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

For calendar year 2020 or other tax year beginning _____, and ending _____

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

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

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed.		Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) SOUTHEAST COMMUNITY CAPITAL CORPORATION D/B/A PATHWAY LENDING	D Employer identification number 62-1823596
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S			Number, street, and room or suite no. If a P.O. box, see instructions. 201 VENTURE CIRCLE	E Group exemption number (see instructions)
			City or town, state or province, country, and ZIP or foreign postal code NASHVILLE, TN 37228	F <input type="checkbox"/> Check box if an amended return.
			C Book value of all assets at end of year 1,277,255.	
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity				
H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439				
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/>				
J Enter the number of attached Schedules A (Form 990-T) 1				
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶				
L The books are in care of ▶ BARBARA HARRIS Telephone number ▶ 615-425-7171				

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a		
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax Refunded	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer		Date	PRESIDENT Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	FRANCES E. LEAHY	FRANCES E. LEAHY	05/14/21		P00713593
	Firm's name ▶ KRAFTCPAS PLLC	Firm's EIN ▶ 62-0713250			
	Firm's address ▶ 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228			Phone no. 615-242-7351	

Form 990-T (2020)

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

2020

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization SOUTHEAST COMMUNITY CAPITAL CORPORATION D/B/A PATHWAY LENDING	B Employer identification number 62-1823596
C Unrelated business activity code (see instructions) ▶ 532000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **DEBT FINANCED RENTAL INCOME**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7 120,049.	92,400.	27,649.
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 120,049.	92,400.	27,649.

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

1 Compensation of officers, directors, and trustees (Part X)		1	
2 Salaries and wages		2	
3 Repairs and maintenance		3	
4 Bad debts		4	
5 Interest (attach statement) (see instructions)		5	
6 Taxes and licenses		6	
7 Depreciation (attach Form 4562) (see instructions)	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b	
9 Depletion		9	
10 Contributions to deferred compensation plans		10	
11 Employee benefit programs		11	
12 Excess exempt expenses (Part VIII)		12	
13 Excess readership costs (Part IX)		13	
14 Other deductions (attach statement)		14	
15 Total deductions. Add lines 1 through 14		15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	27,649.
17 Deduction for net operating loss (see instructions)	STATEMENT 1	17	27,649.
18 Unrelated business taxable income. Subtract line 17 from line 16		18	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/> FRENCH LANDING BUILDING	237 FRENCH LANDING, NASHVILLE, TN	37228	
B	<input type="checkbox"/>			
C	<input type="checkbox"/>			
D	<input type="checkbox"/>			
2	Rent received or accrued	A	B	C
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	0.		
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	0.		
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D			
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.		
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	0.		
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/> 237 FRENCH LANDING	237 FRENCH LANDING, NASHVILLE, TN	37228	
B	<input type="checkbox"/>			
C	<input type="checkbox"/>			
D	<input type="checkbox"/>			
2	Gross income from or allocable to debt-financed property	A	B	C
		157,194.		
3	Deductions directly connected with or allocable to debt-financed property			
a	Straight line depreciation (attach statement)	0.		
b	Other deductions (attach statement) STMT 4	120,990.		
c	Total deductions (add lines 3a and 3b, columns A through D)	120,990.		
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT	21,296,284.		
5	Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 3	1,697,444.		
6	Divide line 4 by line 5	76.37 %	%	%
7	Gross income reportable. Multiply line 2 by line 6	120,049.		
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	120,049.		
9	Allocable deductions. Multiply line 3c by line 6	92,400.		
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	92,400.		
11	Total dividends-received deductions included in line 10	0.		

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2020

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 1
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PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
50,113.	27,649.	22,464.

FORM 990-T (A)	PART V - UNRELATED DEBT-FINANCED INCOME AVERAGE ACQUISITION DEBT	STATEMENT 2
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DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
237 FRENCH LANDING	1	
BEGINNING FIRST MONTH		1,318,329.
BEGINNING SECOND MONTH		1,313,768.
BEGINNING THIRD MONTH		1,313,768.
BEGINNING FOURTH MONTH		1,309,207.
BEGINNING FIFTH MONTH		1,304,646.
BEGINNING SIXTH MONTH		1,300,085.
BEGINNING SEVENTH MONTH		1,290,963.
BEGINNING EIGHTH MONTH		1,290,963.
BEGINNING NINTH MONTH		1,286,402.
BEGINNING TENTH MONTH		1,277,280.
BEGINNING ELEVENTH MONTH		1,277,280.
BEGINNING TWELFTH MONTH		1,272,719.
TOTAL OF ALL MONTHS		15,555,410.
NUMBER OF MONTHS IN YEAR		12
AVERAGE AQUISITION DEBT		1,296,284.

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 3
AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
237 FRENCH LANDING	1	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR		1,711,632.
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		1,683,256.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		1,697,444.

TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SALARY AND BENEFITS		8,418.	
OFFICE EXPENSES		467.	
TELECOMMUNICATIONS		1,864.	
CONSULTING		7,538.	
INSURANCE		9,931.	
OCCUPANCY		58,138.	
DEPRECIATION		28,376.	
MISCELLANEOUS		63.	
INTEREST EXPENSE		2,845.	
DUES, LICENSES, PERMITS		3,350.	
- SUBTOTAL -	1		120,990.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)			120,990.