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| ⊢orm | 221 | |

Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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.



| AF | or the | and and a second ar year, or tax year beginning and | enaing | | | | | | | | | |
|--------------------------------|--|--|-------------|------------------------------|-----------------------------|--|--|--|--|--|--|--|
| B c a | heck if | C Name of organization SOUTHEAST COMMUNITY CAPITAL CORPORATION | ON | D Employer identifie | cation number | | | | | | | |
| | Addre chang | D/B/A PATHWAY LENDING | | | | | | | | | | |
| | Name chang | | | | | | | | | | | |
| | Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number | | | | | | | | | | | |
| | Final return 201 VENTURE CIRCLE 615-425-717 | | | | | | | | | | | |
| | termir | | | G Gross receipts \$ | 12,984,889. | | | | | | | |
| | Amen return | MASHVILLE, TN 37228 | | H(a) Is this a group re | eturn | | | | | | | |
| | Applic | | | for subordinates | | | | | | | | |
| | pendi | ¹⁹ SAME AS C ABOVE | | H(b) Are all subordinates in | | | | | | | | |
| 11 | ax-ex | empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) (| or 527 | | list. (see instructions) | | | | | | | |
| | | te: WWW.PATHWAYLENDING.ORG | | H(c) Group exemption | | | | | | | | |
| KF | orm of | organization: X Corporation Trust Association Other | L Year | | State of legal domicile: TN | | | | | | | |
| | art I | Summary | | | Ŭ | | | | | | | |
| - | 1 | Briefly describe the organization's mission or most significant activities: TO P | ROVIDE | LENDING AN | D | | | | | | | |
| ů Ľ | | EDUCATIONAL SERVICES TO UNDERSERVED SMALL | L BUSI | NESSES. | | | | | | | | |
| Governance | 2 | Check this box 🕨 🛄 if the organization discontinued its operations or dispos | sed of more | than 25% of its net as | sets. | | | | | | | |
| оле | | | | 3 | 9 | | | | | | | |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 6 | | | | | | | |
| §S 8 | 5 | Total number of individuals employed in calendar year 2018 (Part V, line 2a) | | | 43 | | | | | | | |
| /iti | | Total number of volunteers (estimate if necessary) | | | 28 | | | | | | | |
| Activities & | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | | | | | | |
| ◄ | | Net unrelated business taxable income from Form 990-T, line 38 | | | 0. | | | | | | | |
| | | | | Prior Year | Current Year | | | | | | | |
| Ð | 8 | Contributions and grants (Part VIII, line 1h) | | 9,866,564. | 6,037,623. | | | | | | | |
| nué | 9 | Program service revenue (Part VIII, line 2g) | | 5,404,133. | 6,529,596. | | | | | | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 163,810. | 417,670. | | | | | | | |
| œ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 0. | | | | | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 15,434,507. | 12,984,889. | | | | | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | | | | | |
| ŝ | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 3,423,434. | 4,110,088. | | | | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | | | | | |
| ďx | b | Total fundraising expenses (Part IX, column (D), line 25) | 98. | | | | | | | | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 5,436,801. | 9,573,185. | | | | | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 8,860,235. | 13,683,273. | | | | | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 6,574,272. | -698,384. | | | | | | | |
| s or | | | | ginning of Current Year | End of Year | | | | | | | |
| sets alan | 20 | Total assets (Part X, line 16) | | 37,085,479. | 155,604,838. | | | | | | | |
| Net Assets or Fund Balances | 21 | Total liabilities (Part X, line 26) | 1 | 07,845,470. | 127,063,213. | | | | | | | |
| Pure | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 29,240,009. | 28,541,625. | | | | | | | |
| | | | | | | | | | | | | |

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 CLINT GWIN, PRESIDENT Type or print name and title | | Date | | | | | | | |
|--------------|---|-------------------------|----------------------------------|----|--|--|--|--|--|--|
| | Print/Type preparer's name | Preparer's signature | | - | | | | | | |
| Paid | | FRANCES E. LEAHY | 05/10/19 ^{if} P00713593 | | | | | | | |
| Preparer | Firm's name 🕨 KRAFTCPAS PLLC | | Firm's EIN 🕨 62-0713250 | 0 | | | | | | |
| Use Only | Firm's address 👞 555 GREAT CIRCLE | ROAD | | | | | | | | |
| | NASHVILLE, TN 37 | 228 | Phone no.615-242-7351 | | | | | | | |
| May the I | RS discuss this return with the preparer shown abo | ove? (see instructions) | X Yes | No | | | | | | |
| 832001 12-3 | 32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) | | | | | | | | | |

| | | Pag |
|-----|---|-----|
| Par | III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | . [|
| 1 | | |
| | 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? | Х |
| | 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? | Х |
| | f "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, ar | nd |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ 11,656,531. including grants of \$) (Revenue \$ 6,900,5 | 8 |
| | 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 | |
| | QUALIFIED SMALL AND DISADVANTAGED BUSINESSES THROUGH VARIOUS GOVERNM | E. |
| | 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 | 17 |
| | COMMISSION (ARC), THE TENNESSEE RURAL OPPORTUNITY FUND, THE TENNESSE ENERGY EFFICIENCY LOAN PROGRAM, THE TENNESSEE SMALL BUSINESS JOB | Е |
| | OPPORTUNITY FUND AND THE ALABAMA SMALL BUSINESS JOB OPPORTUNITY FUND | |
| | ETC. | ' |
| | BUSINESS EDUCATION AND TECHNICAL ASSISTANCE TO SMALL AND DISADVANTAG BUSINESSES THROUGH VARIOUS GOVERNMENT AND NON-PROFIT SUPPORT PROGRAM 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 TEA 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. | S |
| 4c | Code:) (Expenses \$ including grants of \$) (Revenue \$) | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | |
| | Total program service expenses 13, 111, 456. | |
| 4e | | |
| | Form 99 12-31-18 SEE SCHEDULE O FOR CONTINUATION(S) | 0 |

D/B/A PATHWAY LENDING

Form 990 (2018)

Part IV Checklist of Required Schedules

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| | | | Yes | No |
|--------|---|------|-----|--------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | x |
| - | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 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</i> "Yes," <i>complete Schedule C, Part III</i> | 5 | | х |
| 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? If "Yes," complete Schedule D, Part I | 6 | | 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</i> "Yes," <i>complete Schedule D, Part II</i> | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | - | | |
| Ū | Schedule D, Part III | 8 | | х |
| 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</i> "Yes," <i>complete Schedule D, Part IV</i> | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | 37 |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| 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</i> "Yes," <i>complete Schedule D, Part VII</i> | 11b | | х |
| с | 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? If "Yes," complete Schedule D, Part VIII | 11c | | 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? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | 37 | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| 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</i> "Yes," <i>complete Schedule F, Parts I and IV</i> | 14b | | х |
| 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 | 1-10 | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 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? If "Yes," complete Schedule F, Parts III and IV | 16 | | 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? If "Yes," complete Schedule G, Part I | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i> | 19 | | x |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | |
| 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? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |
| 832003 | 3 12-31-18 | Form | 990 | (2018) |

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D/B/A PATHWAY LENDING

| Pa | rt 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 | | | 37 |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 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? If "Yes," complete | 23 | х | |
| 24 - | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | 21 | |
| 24 a | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | 37 | |
| | complete Schedule L, Part II | 26 | X | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | 07 | | x |
| 28 | of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | 27 | | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | x |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | Х | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | 37 |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | v |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 24 | | x |
| 35 2 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 000 | | <u> </u> |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | 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? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | rt 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 |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 64 | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | х | |
| | (gambing) winnings to prize winners? | | | (2018) |

Form 990 (2018)

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4 2018.03040 SOUTHEAST COMMUNITY CAPITAL 18474-11

D/B/A PATHWAY LENDING

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|-------------------------|--------|--|
|-------------------------|--------|--|

| Yes No 2a 43 bit of test calendar year endrag with or within the year covered by this return 2a 43 bit of test calendar year endrag with or within the year covered by this return 2b 5b Note, If the sum of lines 1a and 2a is greater than 250, your go to required to e-file (see instructors) 3a 2b 3a 3a 3a 3a 3a 3a | Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | |
|--|-------|--|-----|-----|----|--|--|--|
| Inter the calendar year anding with or within the year covered by this interm Image: Team of the strength of the organization has a marked business gross income of \$1,000 or more during the year? Image: Team of the strength of the organization has a court, security income a support of the authority over, a signature or other authority over, a sig | | | | Yes | No | | | |
| b If a least one is reported on ine 2a, did the organization file all required to <i>e</i> /file (see instructions) 2b X 3a Did the organization have annual group on any be required to <i>e</i> /file (see instructions) 3a X 3b Did the organization have annual group on any be required to <i>e</i> /file (see instructions) 3a X 3b If "Yos," that it filed a form 900-Tror the year? (<i>H</i> 'No' to file 3b, provide an explanation in Schedule O 3b X b If 'Yos," intent the name of the roign, country (such as a bank account, socurities account, or other financial account? 4a X b If 'Yos," intent the name of the organization file from 886.77. 5a X b If 'Yos," intent the name of the organization from 886.77. 5a X b If 'Yos," intent the name of the organization from 886.77. 5a X b If 'Yos," intent so are bod, of the organization intent way solicitation an express statement that such contributions solicit any contributions that way receive deductible contributions? 5a X b If 'Yos," iddit the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible? 5a X b If 'Yos," iddit the organization include with every solicitation express statement that such contributions o | 2a | | | | | | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Image: Second 1 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 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, social social country) 4a X b If "Yes," net the name of the foreign country 5a X Social instructions for filing regret/instruments for Fin/CNE Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Did any taxable party northy the organization have an interest in, or a signature or other authority over, a financial accounts (FBAR). 5a X 5a Use the organization have annual gross neaches that are normally greater than \$100,000, and do the organization neither auto accountibution an express statement that such contributions or gifts were not tax deductible as chartable contributions? 5a X 6a If "Yes," idid the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions? 5a X 7b To ganization relife a ganization relife anguitation relife an | | filed for the calendar year ending with or within the year covered by this return 2a 43 | | | | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If "Yes," has tifted a Form 3000 Tor the year? (M*o' for dn 32, yourde an optimation in Schedub 0 3a X 4a At any time during the calendar year, dd the organization have an interest in, or a signature or other suborty over, a financial account; or other financial account? 4a X b If "Yes," enter the name of the foreign country. 5a X 5a X 5 Was the organization have a numal roots in a party to a prohibited tax shafter transaction at any time during the tax year? 5a X 6 Does the organization have annual gross receipts that an ormally greater than \$100,000, and did the organization solicit any contributions that ween totax deductibles chantable contributions and party for groods and services provided to the party of the tax shafts the cartholicity or which it was required to the form 388,67? 7a X 7 Organization network and party as a contribution and party for groods and services provided to the party? 7a X 9 Uf Yes," did the organization indive during the year 7d 7a X 9 Uf Yes," did the organization networks dispose of tangible personal property for which it was required to the form 3822? 7c X 9 Uf Yes," did the organization network and yeardy as a contribution organization face methods. 7a X 10 Uf the organiza | b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | |
| b If Yes," that it lifed a Form 980-T for this yes? /f Wo't of ms 3b, provide an explanation in & Schedule O. 3b 4a At any time during the calendary yesr, ddt the organization have an interest in, or a signatus or other authorty over, a financial accountly (such as a bank account, securities account, or other financial account)? 4a X b If Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)? 5a X 50 Bott on the source of the organization have and the was or is a park to a prohibed the washet transaction? 5a X 51 Did any tasabib park notify the organization have brokes that are normally greater than \$100,000, and ddt the organization solicit any contributions that are normally greater than \$100,000, and ddt the organization have manal gross receipts that are normally greater than \$100,000, and ddt the organization have ment tax deductible as charitable contribution and park for goods and services provided to the pary of the organization have explexed back of the organization and park for goods and services provided to the pary of the organization and park of subparks that are normally greater than \$100,000, and ddt the organization and park for goods and services provided to the pary of the the form 8282? 7a X 7 Torganization setup as park in the sec of the subpark of the organization file form 8282? 7b X 8 Did the organization and explexes deligned of the angle personal park of goods and services provided to the pary? 7c X< | | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | | | | |
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| b If "Yes," enter the name of the forsign country. See instructions for fling requirements for FinCEN Form 114, Report of Forsign Bank and Financial Accounts (FBAR). Se Was the organization approximation part to a prohibited tax shefter transaction? Se X D Id any taxable party notify the organization file Form 88867? Se X Ga Does the organization parts and scheder transaction? Se X Ga Does the organization name annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that term to tax deductible contributions and error that adductible? Se X O Organization that my receive deductible contributions under section 170(c). Bid the organization notify the donor of the value of the goods or services provided? 7e X D If "Yes," idid the organization notify the donor of the value of the goods or services provided? 7e X D If "Yes," idid the organization notify the donor of the value of the goods or services provided? 7e X D If the organization notify the donor of the value of the goods or services provided? 7e X D If the organization notify the donor advised funds. Did a donar advised fund maintained by the spannet in excess of 55 made parts. 7d 7t X D If the organization notify the donor advised funds. D a personal benefit contract?? 7t <t< th=""><th>4a</th><th></th><th></th><th></th><th></th></t<> | 4a | | | | | | | |
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| 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make any taxable distributions under section 4966? 9a 10 Section 501(c)(7) organizations. Enter: 9b 11 Section 501(c)(12) organizations. Enter: 10a 12 Gross income from thembers or shareholders 11a 13 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 13 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 14 TYes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 14 TYes," 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 in more than one state? 13a 14a X 14a X 15 Is the organization receive any payments for indoor tanning services during the tax year? 14a X | 8 | | • | | | | | |
| 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 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11a 10b 11a b Gross income from them sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a 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 on hand 13a 13a 13a 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 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 X | • | | 8 | | | | | |
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| excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X | b | | 14b | | | | | |
| 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? | 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | | excess parachute payment(s) during the year? | 15 | | Х | | | |
| | | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | | |
| If "Yes," complete Form 4720, Schedule O. | 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х | | | |
| | | If "Yes," complete Form 4720, Schedule O. | | | | | | |

Form **990** (2018)

832005 12-31-18

Form 990 (2018)

SOUTHEAST COMMUNITY CAPITAL CORPORATION D/B/A PATHWAY LENDING

62-1823596 Page **6**

| Par | | | 62-1823 | | | age |
|---|---|--|---|--------------------------------------|-------------|------|
| | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th | - | | a "No" r | respon | ise |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | |
| bec | tion A. Governing Body and Management | | | | No. | |
| 1. | Enter the number of voting members of the governing body at the and of the tay year | 1 0 | (| 9 | Yes | N |
| Ia | Enter the number of voting members of the governing body at the end of the tax year | 1a | - | 4 | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. | | | | | |
| h | Enter the number of voting members included in line 1a, above, who are independent | 1b | (| 5 | | |
| ь 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationshi | | | 4 | | |
| 2 | officer, director, trustee, or key employee? | | | 2 | | 1 2 |
| 3 | Did the organization delegate control over management duties customarily performed by or under th | | | | | - |
| Ū | of officers, directors, or trustees, or key employees to a management company or other person? | | | 3 | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | | | 4 | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | | | 5 | | |
| 6 | Did the organization have members or stockholders? | | | 6 | | |
| | Did the organization have members, stockholders, or other persons who had the power to elect or a | | | | | |
| | more members of the governing body? | | | 7a | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, s | | | | | |
| ~ | persons other than the governing body? | | | 7b | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the ye | | | | | |
| | The governing body? | - | - | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | | 2 |
| ec. | tion B. Policies (This Section B requests information about policies not required by the Internal R | evenue Code | <u>e.)</u> | | | _ |
| | | | | | Yes | 1 |
| 0a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such c | hapters, affilia | ates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? \dots | | | 10b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing boo | y before filing | g the form? | 11a | Х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | 'es " describe | | | | |
| | | | | | v | |
| | in Schedule O how this was done | | | 12c | X | |
| | Did the organization have a written whistleblower policy? | | | 13 | X X | |
| 14 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? | | | 13 | | 2 |
| 14 | Did the organization have a written whistleblower policy? | al by indepen | | 13 | | |
| 14 15 | Did the organization have a written whistleblower policy? | al by indepen | ndent | 13 14 | X | 2 |
| 14 15 a | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official | al by indepen | ndent | 13 14 15a | X X | |
| 14 15 a | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization | al by indepen | ndent | 13 14 | X | |
| 14 15 a b | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | al by indepen | ndent | 13 14 15a | X X | |
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| 14 15 b 16a | Did the organization have a written whistleblower policy? | al by indepen | ident | 13 14 15a | X X | |
| 14 15 b 16a | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | al by indepen ment with a te its particip | ident | 13 14 15a 15b | X X | |
| 14 15 b 16a | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluation in the term. | al by indepen ment with a te its particip nization's | ndent | 13 14 15a 15b 16a | X X | |
| b 16a b | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organize exempt status with respect to such arrangements? | al by indepen ment with a te its particip nization's | ndent | 13 14 15a 15b | X X | |
| 14 15 b 16a b | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluar in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure | al by indepen ment with a te its particip nization's | ndent | 13 14 15a 15b 16a | X X | |
| 14 15 b 16a b Sec 17 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluar in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization Example Status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filled ▶ <u>TN</u> | al by indepen ment with a te its particip nization's | pation | 13 14 15a 15b 16a 16b | X X X | |
| 14 15 b 16a b | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approvent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► <u>TN</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and | al by indepen ment with a te its particip nization's | pation | 13 14 15a 15b 16a 16b | X X X | |
| 14 15 b 16a b Sec 17 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approvent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►TN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. | al by indepen ment with a te its particip nization's nd 990-T (Sec | ndent pation | 13 14 15a 15b 16a 16b | X X X | |
| 14 15 b 16a b Sec 17 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approver persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶TN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. ① Own website X Another's website X Upon request Other (explain Other (explain) | al by indepen ment with a te its particip nization's nd 990-T (Sec in Schedule | eation | 13 14 15a 15b 16a 16b | X X X | |
| 14 15 b 16a b Sec 17 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approver persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization follow a trangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed TN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain) Describe in Schedule O whether (and if so, how) the organization made its governing documents, comparization made its governing do | al by indepen ment with a te its particip nization's nd 990-T (Sec in Schedule | eation | 13 14 15a 15b 16a 16b | X X X | |
| 14 15 b 16a b Sec 17 18 | Did the organization have a written whistleblower policy? | al by indepen ment with a te its particip nization's nd 990-T (Sec <i>in Schedule</i> nflict of intere | pation tion 501(c)(3 O) est policy, ar | 13 14 15a 15b 16a 16b | X X X | |
| 14 15 b 16a b Sec 17 18 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approver persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization follow a trangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed TN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain) Describe in Schedule O whether (and if so, how) the organization made its governing documents, comparization made its governing do | al by indepen ment with a te its particip nization's nd 990-T (Sec <i>in Schedule</i> nflict of intere | pation tion 501(c)(3 O) est policy, ar | 13 14 15a 15b 16a 16b | X X X | 2 |
| 14 15 b 16a b 6ec 17 18 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ TN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (<i>explain</i>) Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's both | al by indepen ment with a te its particip nization's nd 990-T (Sec <i>in Schedule</i> nflict of intere | pation tion 501(c)(3 O) est policy, ar | 13 14 15a 15b 16a 16b | X X X | |
| 14 15 16a b 16a 17 18 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization follow a written policy or procedure to be filed ▶ TN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. Down website X Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesse | al by indepen ment with a te its particip nization's nd 990-T (Sec <i>in Schedule</i> nflict of intere | pation tion 501(c)(3 O) est policy, ar | 13 14 15a 15b 16a 16b | X X X | able |

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| Form 990 | (2018) | D/B/A | PATHWAY | LENDING | | | 62-1 |
|----------|---------------|-----------|----------------|--------------|----------------|---------|-------------|
| Part VI | Compensation | of Office | ers, Directors | s, Trustees, | Key Employees, | Highest | Compensated |
| | Employees, an | d Indepe | ndent Contr | actors | | | |

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 (Ď), (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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
|--|------------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-----------------|-----------------|-----------------------------------|
| Name and Title | Average | (da | | Pos | ition | | | Reportable | Reportable | Estimated |
| | hours per | box | not c , unle | ss pe | rson i | is bot | h an | compensation | compensation | amount of |
| | week | | cer an | id a d | irecto | or/trus | tee) | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or di | e, | | | ated | | organization | (W-2/1099-MISC) | from the |
| | related | ustee | truste | | e | bens | | (W-2/1099-MISC) | | organization |
| | organizations below | ual tr | ional | | iploy6 | t con /ee | | | | and related organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) HUGH QUEENER | 1.50 | <u> </u> | | 0 | × | Ξæ | Œ | | | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| (2) TOM HUNTER | 1.50 | | | | | | | | | |
| CHAIRMAN | | x | | x | | | | 0. | 0. | 0. |
| (3) JON DAVIES | 1.50 | | | | | | | | | |
| VICE CHAIRMAN | | x | | x | | | | 0. | Ο. | 0. |
| (4) DAVE BEREZOV | 1.50 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (5) CINDY HERRON | 1.50 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (6) ANDRE GIST | 1.50 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) IVANETTA DAVIS-SAMUELS | 1.50 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) KELLY MAGILL | 1.50 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) HERB BYRD, III | 1.50 | | | | | | | | _ | _ |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (10) CLINT GWIN | 60.00 | | | | | | | | | |
| PRESIDENT | | | | Х | | | | 369,948. | 0. | 12,830. |
| (11) HANK HELTON | 60.00 | | | | | | | | | 40 - 44 |
| SENIOR VICE PRESIDENT | | | | X | | | | 246,009. | 0. | 18,511. |
| (12) AMY BUNTON | 60.00 | | | | | | | 0.4.1 0.1.1 | | 4 - 000 |
| SENIOR VICE PRESIDENT | | | | X | | | | 241,211. | 0. | 15,009. |
| (13) BARBARA HARRIS | 60.00 | | | | | | | 000 000 | 0 | 15 066 |
| CFO | | | | X | | | | 238,929. | 0. | 15,066. |
| (14) JOE AGNETTA | 50.00 | | | | | | | 100 005 | 0 | 10 500 |
| CHIEF CREDIT OFFICER | | | | | Х | | | 178,985. | 0. | 12,582. |
| (15) DANIEL WILSON | 50.00 | | | | | | | 122 617 | 0 | P 0.21 |
| SVP OF LENDING OPERATIONS | | | | | | X | | 133,617. | 0. | 7,831. |
| (16) ROBERT LANCASTER | 50.00 | - | | | | - - | | 115 040 | 0 | E 140 |
| DIRECTOR OF ADVISORY SERVI | F O OO | <u> </u> | | | | X | | 115,942. | 0. | 5,148. |
| (17) PAUL HOFFMAN | 50.00 | - | | | | v | | 110 064 | 0. | 10 070 |
| DIRECTOR OF POLICY AND IMP 832007 12-31-18 | | | | | | Х | | 119,064. | 0. | 10,070. Form 990 (2018) |

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7 2018.03040 SOUTHEAST COMMUNITY CAPITAL 18474-11

| SOUTHE | EAST | COM | IUNITY | CAPITAL | CORPORATION |
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| | 990 (2018) D/B/A PA | THWAY LI | ENI | IIC | NG | | | | | 62-18 | 323 | 596 | Pa | age 8 |
|------|---|--|--------------------------------|-----------------------|-------------|--------------|---------------------------------|--------|--|---|------|---------------------|-----------------------------------|----------------|
| Par | t VII Section A. Officers, Directors, Trus | stees, Key Em | ploy | vees | , an | d Hi | ighe | st C | Compensated Employe | es (continued) | | | | |
| | (A) Name and title | (B) Average hours per week | box | not c , unle | Pos heck | erson | ר than is bot or/trus | h an | (D) Reportable compensation from | (E) Reportable compensatio from related | n | Est am | (F) imate ount o other | |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organization (W-2/1099-MIS | s | comp fro orga | ensa m the nizati relate | e ion ed |
| | LESLIE HAYES | 50.00 | | | | | x | | 102,201. | | ο. | 1/ | 2 | 00. |
| | F EDUCATION BRIAN DENNEY | 50.00 | | | | | | | 102,201. | | 0. | 19 | :, 5 | 00. |
| | ONAL DIRECTOR ALABAMA | | | | | | x | | 106,333. | | 0. | 14 | L,8 | 70. |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Sub-total Total from continuation sheets to Part V | | | | | | | | 1,852,239. | | 0. | 126 | 5,2 | 17. 0. |
| d | Total (add lines 1b and 1c) | | | | | | | | 1,852,239. | | 0. | 126 | 5,2 | 17. |
| 2 | Total number of individuals (including but in compensation from the organization | not limited to th | iose | liste | ed a | bov | e) w | no r | eceived more than \$100 | ,000 of reportabl | e | | | 11 |
| 3 | Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s | | | | - | - | - | | ÷ . | | | 3 | Yes | No X |
| 4 | For any individual listed on line 1a, is the s and related organizations greater than \$15 | um of reportab | le co | omp | ensa | atior | n an | d ot | her compensation from | | | 4 | x | |
| 5 | Did any person listed on line 1a receive or rendered to the organization? If "Yes," con | accrue comper | nsat | ion f | from | n any | y uni | relat | ted organization or indivi | | | 5 | | x |
| Sec | tion B. Independent Contractors | | | 0, 0, | | 00.0 | | | | | | | | |
| 1 | Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | | pens | ation fr | om | |
| 3.01 | (A) Name and business | | | | | | | | (B) Description of s | | С | (C) ompen | | n |
| | ANCED NETWORK SOLUTIO BOX 40686, NASHVILLE, | |)4 | | | | | | TECHNOLOGY S AND EQUIPMEN | | | 133 | 8,0 | 69. |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (| including but n | | mito | d to | the | | stor | t above) who received m | ore than | | | | |
| | \$100,000 of compensation from the organ | | | e | | | 1 1 | 5.80 | | | | Form | 90 // | 010 |

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Form **990** (2018)

Form 990 (2018)

SOUTHEAST COMMUNITY CAPITAL CORPORATION D/B/A PATHWAY LENDING

| 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 ft a ia ib ic in b Membership dues itb ic ic ic ic c Fundraising events id ie 3,155,254. ie if 2,882,369. g Noncash contributions, gifts, grants, and similar amounts not included above if 2,882,369. if 2,832,369. if if 2,882,369. if if 2,832,369. if if if 2,882,369. if if <t< th=""></t<> |
|---|
| Business Code Business Code Image: Constant of the state of the s |
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| Business Code Business Code Image: Constant of the state of the s |
| 2 a LOAN INTEREST 900099 5,934,474. 5,934,474. b FINANCING FEES AND CHARGES 900099 506,655. 506,655. c FEE INCOME 900099 88,467. 88,467. d |
| b FINANCING FEES AND CHARGES 900099 506,655. 506,655. c FEE INCOME 900099 88,467. 88,467. d |
| b FINANCING FEES AND CHARGES 900099 506,655. 506,655. c FEE INCOME 900099 88,467. 88,467. d |
| C FEE INCOME 900099 88,467. 88,467. d |
| |
| 2 e |
| f All other program convice revenue |
| ▲ f All other program service revenue g Total. Add lines 2a-2f |
| 3 Investment income (including dividends, interest, and |
| other similar amounts) |
| 4 Income from investment of tax-exempt bond proceeds |
| 5 Royalties |
| (i) Real (ii) Personal |
| 6 a Gross rents |
| b Less: rental expenses |
| c Rental income or (loss) |
| d Net rental income or (loss) |
| 7 a Gross amount from sales of (i) Securities (ii) Other |
| assets other than inventory |
| b Less: cost or other basis |
| and sales expenses |
| c Gain or (loss) |
| d Net gain or (loss) |
| 8 a Gross income from fundraising events (not |
| a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses |
| contributions reported on line 1c). See |
| a a b Less: direct expenses b |
| c Net income or (loss) from fundraising events |
| 9 a Gross income from gaming activities. See |
| Part IV, line 19 a |
| b Less: direct expenses b |
| c Net income or (loss) from gaming activities |
| 10 a Gross sales of inventory, less returns |
| and allowances a |
| b Less: cost of goods sold b |
| c Net income or (loss) from sales of inventory |
| Miscellaneous Revenue Business Code |
| 11 a |
| b |
| |
| d All other revenue |
| e Total. Add lines 11a-11d Image: Construction in the second |
| 12 Total revenue. See instructions ▶ 12,984,889. 6,947,266. 0. 832009 12-31-18 Form 99 |

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| | D/B/A PATHW | | | 62-18 | 23596 Page 10 |
|-------|---|-----------------------------------|-----------------------------|---------------------------------|-------------------------|
| | ion 501(c)(3) and 501(c)(4) organizations must com | | or organizations must or | mploto column (A) | |
| Secti | | | - | | |
| | Check if Schedule O contains a respon | ise or note to any line in (A) | (B) | (C) | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| 2 | individuals. See Part IV, line 22 | | | | |
| 2 | | | | | |
| 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, | 1 240 000 | | | 0.0 |
| | trustees, and key employees | 1,349,082. | 956,256. | 392,736. | 90. |
| 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 | 2,315,621. | 2,264,905. | 50,413. | 303. |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 56,656. | 56,394. | 254. | <u>8.</u> 18. |
| 9 | Other employee benefits | 155,357. | 140,878. | 14,461. | 18. |
| 10 | Payroll taxes | 233,372. | 205,784. | 27,563. | 25. |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| | Legal | 116,739. | 116,677. | 62. | |
| | Accounting | 40,079. | 36,071. | 4,008. | |
| d | | -, | , - | , | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| | | | | | |
| g | column (A) amount, list line 11g expenses on Sch 0.) | 417,675. | 401,060. | 16,615. | |
| 40 | | 68,889. | 68,886. | 10,013. | |
| 12 | Advertising and promotion | 218,639. | 208,718. | 9,921. | |
| 13 | Office expenses | 210,039. | 200,710. | 9,921. | |
| 14 | Information technology | | | | |
| 15 | Royalties | 100 067 | 111 607 | 10 640 | |
| 16 | Occupancy | 122,267. | 111,627. | 10,640. | |
| 17 | Travel | 226,775. | 214,633. | 12,142. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | 152 608 | | |
| 19 | Conferences, conventions, and meetings | 161,172. | 153,607. | 6,811. | 754. |
| 20 | Interest | 1,769,902. | 1,768,880. | 1,022. | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 79,262. | 71,583. | 7,679. | |
| 23 | Insurance | 126,555. | 113,911. | 12,644. | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | LOAN LOSS PROVISION REC | 5,980,774. | 5,980,774. | | |
| b | FORECLOSURE CARRYING CO | 138,682. | 138,682. | | |
| c | MISCELLANEOUS | 66,992. | 65,345. | 1,647. | |
| d | DUES, LICENSES & PERMIT | 37,378. | 35,520. | 1,858. | |
| | All other expenses | 1,405. | 1,265. | 140. | |
| | Total functional expenses. Add lines 1 through 24e | 13,683,273. | 13,111,456. | 570,619. | 1,198. |
| 25 | Joint costs. Complete this line only if the organization | | | 5,0,010 | -,-)0• |
| 26 | | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | Earm 990 (2019) |

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10 2018.03040 SOUTHEAST COMMUNITY CAPITAL 18474-11

Form **990** (2018)

| Form | 990 | (201) |
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SOUTHEAST COMMUNITY CAPITAL CORPORATION D/B/A PATHWAY LENDING

62-1823596 Page **11**

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 804,996. 590,100. Cash - non-interest-bearing 1 1 46,114,124. 53,890,136. 2 2 Savings and temporary cash investments 2,639,553. 2,302,645. Pledges and grants receivable, net 3 3 453,049. 557,689. 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 77,827. 5 44,871. Part II of Schedule L 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 84,862,885. 95,283,671. 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use 113,152. 175,724. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 2,145,254. basis. Complete Part VI of Schedule D _____ 10a 628,215. 1,535,357. 1,517,039. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 164,300. 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 484,536. 1,078,663. 15 Other assets. See Part IV, line 11 15 137,085,479. 155,604,838. 16 **Total assets.** Add lines 1 through 15 (must equal line 34) 16 1,718,494. 17 1,282,084. 17 Accounts payable and accrued expenses 18 18 Grants payable 5,000. 5,000. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 12,847,979. 12,435,091. 23 Secured mortgages and notes payable to unrelated third parties 23 66,979,354. 86,030,577. 24 24 Unsecured notes and loans payable to unrelated third parties 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 26,294,643. 27,310,461. 25 Schedule D 107,845,470. 127,063,213. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔯 and complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 28,595,723. 644,286. 26,099,969. 27 Unrestricted net assets 27 2,441,656. Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 29,240,009. 28,541,625. Total net assets or fund balances 33 33 137,085,479. 155,604,838. 34 Total liabilities and net assets/fund balances 34

Form **990** (2018)

832011 12-31-18

10560510 781331 18474-18474

| SOUTHE | EAST | COMM | IUNITY | CAPITAL | CORPOR | RATION |
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| | orm 990 (2018) D/B/A PATHWAY LENDING 62-182 | | | | | | | |
|----|---|------------|-------|-----|-----|--|--|--|
| Pa | rt 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 | 12,98 | | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 13,68 | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -69 | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 29,24 | 0,0 | 09. | | | |
| 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 in Schedule O) | 9 | | | 0. | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | | | |
| | column (B)) | 10 | 28,54 | 1,6 | 25. | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X | | | |
| | | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual 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? | | 2a | | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | | | | |
| | consolidated basis, or both: | | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| С | 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 in Schedule O. | | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | 1 | | | |
| | Act and OMB Circular A-133? | | 3a | Х | ── | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | | | | 1 | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | X | | | | |

Form **990** (2018)

832012 12-31-18

| SCHEDU | JLE A | | | | | | | | OMB No. 1545-0047 |
|--------------------------------------|----------------|------------------------|------------------------|--|-------------------------------------|---------------------------------|--------------------|---------------------|------------------------------|
| (Form 990 | | | | rity Status an | | | | | 2018 |
| | | | | nization is a section 50 47(a)(1) nonexempt cha | | | or a section | | 2010 |
| Department of th Internal Revenue | | | | Attach to Form 990 or I | | | · | | Open to Public Inspection |
| | e organizatio | | | v/Form990 for instructi | | | | Employer | identification number |
| Nume of the | o gamzane | | A PATHWAY | | | IONAI | TON | | 2-1823596 |
| Part I | Reason f | | | All organizations must c | omplete th | is part.) Se | ee instruction | | |
| The organiza | ation is not a | private found | dation because it is: | (For lines 1 through 12, o | check only | one box.) | | | |
| 1 🛄 A | church, con | vention of ch | urches, or association | on of churches describe | d in sectio | n 170(b)([.] | 1)(A)(i). | | |
| 2 🛄 A | school desc | ribed in sect i | ion 170(b)(1)(A)(ii). | Attach Schedule E (Forr | n 990 or 9 | 90-EZ).) | | | |
| | • | | 1 0 | anization described in s | | | | | |
| | | - | ation operated in co | njunction with a hospita | l described | d in sectio | on 170(b)(1)(A | .)(iii). Enter | the hospital's name, |
| | ity, and state | - | or the benefit of a co | ollege or university owne | d or opera | ted by a d | overnmental | unit describ | ed in |
| | • | - | Complete Part II.) | slege of university owne | | icu by a g | overnmentar | | |
| | - | | - | mental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 37 | | | | antial part of its support | | | | the general | public described in |
| S | ection 170(b |)(1)(A)(vi). (C | omplete Part II.) | | | | | | |
| | - | | | (1)(A)(vi). (Complete Par | - | | | | |
| | | | | l in section 170(b)(1)(A) | | | | | |
| | | r a non-land-g | grant college of agric | culture (see instructions) | . Enter the | name, cit | y, and state o | f the colleg | e or |
| | niversity: | n that narma | | e than 33 1/3% of its su | an art from | oontributi | ana mambar | abin face o | nd areas respire from |
| | 0 | | | et to certain exceptions | • | | | • | • |
| | | | | e (less section 511 tax) fr | | | | | - |
| | | | mplete Part III.) | | | | ·····, ···· | J | , |
| 11 🗌 A | n organizatio | n organized a | and operated exclus | sively to test for public sa | afety. See | section 50 | 09(a)(4). | | |
| 12 🗌 A | n organizatio | n organized a | and operated exclus | sively for the benefit of, t | o perform | the functio | ons of, or to c | arry out the | purposes of one or |
| r | nore publicly | supported or | ganizations describe | ed in section 509(a)(1) o | or section | 509(a)(2). | See section | 509(a)(3). C | Check the box in |
| lir | | • | • • | of supporting organization | | - | | - | |
| a 🗔 | | | | supervised, or controlled | • | - | | •••••• | |
| | | - | | egularly appoint or elect | a majority | of the dire | ctors or truste | ees of the s | upporting |
| b 🗌 | - | | complete Part IV, So | d or controlled in connect | tion with it | s sunnart | ed organizatio | on(s) hy ha | vina |
| 5 | | | | anization vested in the s | | | | | |
| | | 0 | at complete Part IV, | | | | | 5 1 | |
| c 🗌 | Type III fun | ctionally inte | egrated. A supportin | g organization operated | in connec | tion with, | and functiona | Illy integrate | ed with, |
| | its supporte | d organizatio | on(s) (see instruction | s). You must complete | Part IV, Se | ections A, | D, and E. | | |
| d 🗌 | | - | | porting organization oper | | | | · · | |
| | | - | с с | zation generally must sa | • | | • | d an attent | veness |
| | | | | nplete Part IV, Section | | | | | |
| e 📖 | | • | | written determination fro mally integrated support | | | а туре ї, туре | e II, Type III | |
| f Entert | - | - | | many integrated support | | | | | |
| | | | n about the supporte | | | | | | |
| (i) N | Name of suppo | rted | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (iv) Is the orga in your governi | nization listed ng document? | (v) Amount o | - | (vi) Amount of other |
| | organization | | | above (see instructions)) | Yes | No | support (see ir | nstructions) | support (see instructions) |
| | | | | | | | | | |
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| Total | | hundler: A. 1.5 | | | | | | aluda A /T | |
| LHA FOR Pap | perwork Red | IUCTION ACT N | votice, see the inst | ructions for Form 990 c 1 | | 832021 10- | 11-18 SCNe | uule A (For | m 990 or 990-EZ) 2018 |

Schedule A (Form 990 or 990-EZ) 2018 D/B/A PATHWAY LENDING

62-1823596 Page 2

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.)

| Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 4881676.3225797.1439642.9866564.6037623.25451302. 8 Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from unrelated business activities, whether or not the business is regularly carried on to Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 25451302. 10 Other income. Do not include gain or loss from related activities, etc. (see instructions) 12 24, 041, 948. 13 First five 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 14 90.48 % 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 90.48 % 15 93.63 % 93.63 % 15 93.63 % 16 33 1/3% support test - 2017. 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 14 93.63 % 17a 10% - facts-and-circumstances test - 2018. If the organization did not check a box on line 13, end line 14 is 133 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 15 17a 10% - facts-and-circumstances | 1 Gits grants.contributions, and membership tess resided. (D) not include any funusual grants) 4881676.3225797.1439642.9866564.6037623.25451302 2 Tax revenues level for the organization include any funusual grants) 4881676.3225797.1439642.9866564.6037623.25451302 3 The value of services of radiities funnished by a governmental unit to the organization include any funusual grants) 4881676.3225797.1439642.9866564.6037623.25451302 4 Total. Acd lines 1 through 3 5 The portion of total contributions by each perion (ofther than a governmental unit to tradicontributions by each perion (ofther than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. 24222222 6 Public support. Subject the total contributions by each perion (ofther than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 1. (a) 2014 (b) 2015 (c) 2016 (d) 2017 (d) 2018 (d) 2018 Celendar year (or ficial year beginning in) (C) 2019 (a) 2014 (b) 2015 (c) 2016 (d) 2017 (d) 2018 (d) 2018 7 Amounts from line 4 (a) 2014 (b) 2015 (c) 2016 (d) 2017 (d) 2018 (d) 2018 </th <th>Sec</th> <th>ction A. Public Support</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> | Sec | ction A. Public Support | | | | | | | |
|--|---|----------|---|---------------------|---------------------|------------------------|---------------------------|--------------------|-------------|--|
| membership fees received. (Oo not include any 'nuusual grants.") 4881676. 3225797. 1439642. 9866564. 6037623. 25451302. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 4881676. 3225797. 1439642. 9866564. 6037623. 25451302. 3 The value of services or facilities furnished by a governmental unit to the organization without charge and to total contributions governmental unit or publicly supported organization' included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 4881676. 3225797. 1439642. 9866564. 6037623. 25451302. 6 Public support dorganization' included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 24229222. Celedar year (of fiell year beginning in) Model Section B. Total Support (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 4881676. 3225797. 1439642. 9866564. 6037623. 25451302. 3 Gross income from line 4. 4881676. 3225797. 1439642. 9866564. 6037623. 25451302. (f) Total 4881676. 3225797. 1439662. 9866564. 6037623. 25451302. 4 Rodie supmats raceived on securities lossing, rents, nyalies, and income from initerest, dividends, payments raceived on securities lossing in Part VI). (a) 2014 (b) 2015 (c) 2016 (f) Total 425451302. 10 Other incom. Do not include gain or loss from the sale of capital assets (Explain in Part VI). (a) 244, 041, 948. (b) 24553302. 12 Gross receipts from related activites, etc. (see instructions) 12 | membership fees received. (Do not include any 'unusual grants.') 4881676.3225797.1439642.9866564.6037623.25451302 2 Tax revenues levide for the organ- ization's benefit and either paid to or expended on its behalt 4881676.3225797.1439642.9866564.6037623.25451302 3 The value of services or facilities funnished by a governmental unit to the organization without charge 4881676.3225797.1439642.9866564.6037623.25451302 4 Total. Add lines 1 through 3 4881676.3225797.1439642.9866564.6037623.25451302 5 The portion of total contributions by each person (after than a government) unit or publicly supported organization without charge 4881676.3225797.1439642.9866564.6037623.25451302 6 Public support. Subject was by similar in the subject organization in the 1. 2422922 6 Public support. Subject was by similar in the subject organization in the 1. (a) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 23028380 Section B. Total Support. (d) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 23028380 9 Net income from similar sources and income from similar sources and income from similar sources and or cose from the sale of capital asset (FigNain Part VI). 25451302 25451302 11 Total support. Add lines 7 through 10 12 24,017,948 25451302 12 Total support test - 2018. If the organization did not check the box on line 13, and line 14 is 31/3% or more | Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total | |
| Include any "unusual grants.") 4881676.3225797.1439642.9866564.6037623.25451302. 2 Tax revenues levid for the organization whole the arganization whole the arganization whole thange 4881676.3225797.1439642.9866564.6037623.25451302. 3 The value of services of facilities through 3. 4881676.3225797.1439642.9866564.6037623.25451302. 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. 24229222. 6 Public support. Notice times to mine 4. (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 8 Gross income from initerest, oryalites, and income from similar sources (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 9 Net income from unrelated business activities, whether or not the business is regularly carried on on or locute gain or loss from the sale of capital ansets (Explain in Part V). (c) 24551302. (c) 24551302. 9 Net income from unrelated business activities, whether or not the business is regularly carried on on the base of capital assets (Explain in Part V). (c) 24551302. (c) 24551302. 9 First five years. If the Form 980 is for the organization's first, second, third, fourth, or fift | Include any "unusual grants ") 4881676. 3225797. 1439642. 9866564. 6037623. 25451302 2 Tax revenues levied for the organization is break to a service or calibles furnished by a governmental unit to the organization without charge. 4 3 Total Add lines 1 through 3 5 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 24881676. 3225797. 1439642. 9866564. 6037623. 25451302 6 Public support. Services the 5 from line 4. 4881676. 3225797. 1439642. 9866564. 6037623. 25451302 7 Tho yake organization / included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 24222922 6 Public support. Services the 5 from line 4. 23028380 6 Gross income from line 4. (g) 2015 (g) 2016 (g) 2017 (g) 2018 (f) Total support. 7 Amounts from line 4. 4881676. 3225797. 1439642. 9866564. 6037623. 25451302 6037623. 25451302 6037623. 25451302 8 Gross income from line 4. 4881676. 3225797. 1439642. 9866564. 6037623. 25451302 6037623. 25451302 6037623. 25451302 9 Net income from line 4. (g) 2015 (g) 2016 (g) 2017 (g) 2018 | 1 | Gifts, grants, contributions, and | | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either pad 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 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The value of services 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 (i) amount shown on line 11, column (ii) 2422922. Celtom B. Total Support (a) 2014 Calendar year (or fised year beginning in) > (a) 2014 (b) 2015 (c) 2016 (c) does income from line 4 4881676. 3225797. 1439642. 9866554. 6037623. 25451302. (b) 2015 Coros income from line4 4881676. 3225797. 1439642. 9865564. 6037623. 25451302. (b) 2015 (c) 2016 (d) 2017 (d) donds, payments received on securities losines are related activites, etc. (see instructions) 12 10 Other income. Do not i | 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf Image: constraint on the organization without charge 3 The value of services or facilities further of the organization without charge Image: constraint on the organization without charge 4 Total. Add lines 1 through 3 Image: constraint on the organization without charge 4 Total. Add lines 1 through 3 Image: constraint on the organization without charge 4 Total. Add lines 1 through 3 Image: constraint on the organization without charge 9 wearh person (other than a governmental unit or publicly supported organization) included on line 1 that exceede 2% of the amount shown on line 11. Image: constraint on the organization without charge 6 Public support: Subtract from line 4 Image: constraint on the organization or the organization or the organization or the organization without charge Image: constraint organization organization organization or the organization or first. second, third, fourth, or fifth tax years as a section 501(c)(3) organization or the organization or first. second, third, fourth, or tifth tax years as a section 501(c)(3) organization or the organization or first. second, third, fourth, or tifth tax years as a section 501(c)(3) organization or the organization first. second, third, fourth, or tifth tax years as a section 501(c)(3) organization or the organization organization or the organization organization organization organization organization oreme, and if the organization meets the "facts and circumstances" | | membership fees received. (Do not | | | | | | | |
| istoris benefit and either paid to or expended on its behalf image: constrainting the series of rabilities furnished by a governmental unit to the organization without charge. image: constrainting the series of the series | trains's benefit and either paid to or expended on its behalf functions's benefit and either paid to or expended on its behalf function its behalf | | include any "unusual grants.") | 4881676. | 3225797. | 1439642. | 9866564. | 6037623. | 25451302. | |
| istoris benefit and either paid to or expended on its behalf image: constrainting the series of rabilities furnished by a governmental unit to the organization without charge. image: constrainting the series of the series | trains's benefit and either paid to or expended on its behalf functions's benefit and either paid to or expended on its behalf function its behalf | 2 | Tax revenues levied for the organ- | | | | | | | |
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| and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. 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 | and stop here. The organization qualifies as a publicly supported organization | | | | | | | | | |
| 17a 10% -facts-and-circumstances test - 2018. 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 | 17a 10% -facts-and-circumstances test - 2018. 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. b 10% -facts-and-circumstances test - 2017. 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. The organization qualifies as a publicly supported organization in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. | b | | | | | | | | |
| and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization | 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 | | | | | | | | | |
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| waa sha lifa sha anal shuu waa baa saali haak. Tha a waa shadhaa ay alifaa ay a wulkiisha ay a sub bulu suu sub shadhaa shadhaa 🔊 👘 👘 | b 10% -facts-and-circumstances test - 2017. 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 | | | | | | | | | |
| meets the macts-and-circumstances" test. The organization qualifies as a publicity supported organization | 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 | | | | | | | | | |
| b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or | organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization | b | b 10% -facts-and-circumstances test - 2017. 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 | | | more, and if the organization meets the | ne "facts-and-circu | mstances" test, cl | heck this box and | stop here. Explain | in Part VI how the | e | |
| | | | | | | | | | | |
| 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 | 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 Schodula A (Form 990 or 990 E7) 201 | 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | | | | |

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 D/B/A PATHWAY LENDING

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.)

| Se | ction A. Public Support | | · | | | | |
|-------------|--|----------------------|----------------------|----------------------|----------------------|---------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 per- formed, 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 bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization'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.) | | | | | | |
| | ction B. Total Support | | 1 | | 1 | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10 <i>a</i> | 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.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is fo | r the organization's | s first, second, thi | rd, fourth, or fifth | tax year as a sectio | on 501(c)(3) organi | zation, |
| | • | | | | | | |
| | ction C. Computation of Publ | | - | | | | |
| | Public support percentage for 2018 (| | | column (f)) | | 15 | % |
| | Public support percentage from 2017 | | | | | 16 | % |
| | ction D. Computation of Inve | | | | | | |
| | Investment income percentage for 20 | | | line 13, column (f)) |) | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| 19a | 133 1/3% support tests - 2018. If the | - | | | | | 17 is not |
| | more than 33 1/3%, check this box a | | | | | | |
| b | 33 1/3% support tests - 2017. If the | • | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | on did not check a | box on line 14, 19 | 9a, or 19b, check | | | |
| 8320: | 23 10-11-18 | | | 15 | Sch | edule A (Form 99 | 0 or 990-EZ) 2018 |

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Schedule A (Form 990 or 990-EZ) 2018 D/B/A PATHWAY LENDING

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2018

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SOUTHEAST COMMUNITY CAPITAL CORPORATION Schedule A (Form 990 or 990-EZ) 2018 D/B/A PATHWAY LENDING

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| Pa | rt IV Supporting Organizations (continued) | | |
|-------|---|--------|----------|
| | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | |
| | below, the governing body of a supported organization? 11a | | |
| b | A family member of a person described in (a) above? 11b | | |
| с | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | | |
| | tion B. Type I Supporting Organizations | | <u> </u> |
| | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | |
| - | regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 0 | | | - |
| 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 | | |
| Sec | tion 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). | | |
| Sec | tion 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? | | |
| 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). | | |
| 3 | By reason of the relationship described in (2), 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 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | <u> </u> |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions). | | |
| | The organization satisfied the Activities Test. Complete line 2 below. | | |
| a | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | 201 | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Activities Test. Answer (a) and (b) helew | í l | |
| 2 | Activities Test. Answer (a) and (b) below. | Yes | No |
| а | 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 (a) 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 (a) and (b) below. | | |
| а | 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? Provide details in Part VI. 3a | | |
| b | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b | | |
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Schedule A (Form 990 or 990-EZ) 2018 D/B/A PATHWAY LENDING 62-1823596 Page 6 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 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 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 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

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

Income tax imposed in prior year

7 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) 2018

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| Coh- | dule A (Form 990 or 990-EZ) 2018 D/B/A PATHWAY | LENDING | | 2-1823596 Page 7 |
|---------------|---|-------------------------------|--------------------------------|----------------------------------|
| | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Ora: | unizations (| Z-1025550 Page7 |
| | | (a)(5) Supporting Orga | (continued) | Current Year |
| | on D - Distributions Amounts paid to supported organizations to accomplish exe | mpt purpaga | | Current rear |
| <u>1</u> 2 | | | | |
| 2 | | | | |
| 3 | organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose | es of supported organization | 6 | |
| 4 | Amounts paid to acquire exempt-use assets | es of supported organization | 3 | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | 3 | |
| U | (provide details in Part VI). See instructions. | ie organization is responsive | | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2018 | Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | |
| a | From 2013 | | | |
| b | From 2014 | | | |
| C | From 2015 | | | |
| d | From 2016 | | | |
| e | From 2017 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2018 distributable amount | | | |
| i | Carryover from 2013 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from Section D, | | | |
| | line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2018 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2018, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| C | Excess from 2016 | | | |
| d | Excess from 2017 | | | |
| e | Excess from 2018 | | | |

Schedule A (Form 990 or 990-EZ) 2018

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| Schedule A | Form 990 or 990-EZ) 20 | 018 D/B/A | PAT. | πWAY | цеир. | TING | | | | | 23596 Ра |
|---------------|---|---------------------------------------|--------------------------|-------------------------|----------------------------|-----------------------------|----------------------|---------------------------------|--------------------------|--------------------------------|-----------------------------------|
| | Supplemental Inf Part IV, Section A, line line 1; Part IV, Section Section D, lines 5, 6, a (See instructions.) | s 1, 2, 3b, 3c, 4 D, lines 2 and 3 | lb, 4c, 5a 3; Part IV | a, 6, 9a, /, Sectioi | 9b, 9c, 11 n E, lines 1 | a, 11b, and c, 2a, 2b, 3 | 11c; Par a, and 3 | t IV, Section b; Part V, lir | n B, lines ne 1; Part | 1 and 2; Part V, Section B, | IV, Section C, line 1e; Part V |
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| 32028 10-11-1 | В | | | | | 20 | | | Schedu | lie A (⊦orm 9 | 90 or 990-EZ) |

Schedule B

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

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

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

2018

Employer identification number

| SOUTHEAST | COMMUNITY | CAPITAL | CORPORATION |
|-----------|-----------|---------|-------------|
| . / . / | | | |

D/B/A PATHWAY LENDING

62-1823596

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |

Check if your organization is 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

X 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.

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).

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

Name of organization

SOUTHEAST COMMUNITY CAPITAL CORPORATION D/B/A PATHWAY LENDING

Employer identification number

Page 2

62-1823596

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | onal space is needed. | |
|------------|--|---|---|
| (a) | (b) | (c) | (d) |
| <u>No.</u> | Name, address, and ZIP + 4 | Total contributions - \$ 1,000,000. | Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$ <u>250,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$100,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$100,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u> </u> | | - \$ 1,197,592. | Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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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 | | \$35,525. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$25,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 823452 11-08 | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

10560510 781331 18474-18474 2018.03040 SOUTHEAST COMMUNITY CAPITAL 18474-11

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| Schedule B | (Form 990, | 990-EZ, c | or 990-PF) | (2018) |
|------------|------------|-----------|------------|--------|
|------------|------------|-----------|------------|--------|

Name of organization

SOUTHEAST COMMUNITY CAPITAL CORPORATION D/B/A PATHWAY LENDING

Employer identification number

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 |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| 823453 11-08- | ¹⁸ 24 | Schedule B (Form | 990, 990-EZ, or 990-PF) (2018) |

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| Schedule B | (Form 990. | 990-F7. | or 990-PF) | (2018) |
|------------|--------------|---------|------------|--------|
| Concaule D | (101111000), | 000 22, | 0,000,1, | (2010) |

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| Name of orga | anization AST COMMUNITY CAPITAL C | ORPORATION | Employer identification number | | |
|---------------------------|---|--|---|--|--|
| Part III | PATHWAY LENDING Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, char Use duplicate copies of Part III if additional sp | nrough (e) and the following line ent aritable, etc., contributions of \$1,000 or l | 62-1823596 ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea iry. For organizations less for the year. (Enter this info. once.) \$ \$ | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | Transferee's name, address, and | (e) Transfer of gift | Relationship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | Transferee's name, address, and | (e) Transfer of gift I ZIP + 4 | Relationship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| - | Transferee's name, address, and | (e) Transfer of gift | fer of gift Relationship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| - - - | Transferee's name, address, and | (e) Transfer of gift | Relationship of transferor to transferee | | |
| - - 823454 11-08-1 | 8 | | Schedule B (Form 990, 990-EZ, or 990-PF) (2018 | | |

| | | | | cial Statements | | OMB No. 1545-0047 |
|-------|---|--|-----------------------------------|---|-----------------|-------------------------------|
| (⊦orr | n 990) | ► Complete if the organization Part IV, line 6, 7, 8, 9, 10 | anization ansv , 11a, 11b, 11c | vered "Yes" on Form 990, , 11d, 11e, 11f, 12a, or 12b. | | |
| | ment of the Treasury I Revenue Service | ►Go to www.irs.gov/Form99 | Attach to Form 00 for instruct | | on. | Open to Public Inspection |
| | e of the organizati | | | | | er identification number |
| | - | D/B/A PATHWAY LEND | | | | 62-1823596 |
| Pa | rt I Organiza | ations Maintaining Donor Advise | d Funds or | Other Similar Funds o | r Accounts | S.Complete if the |
| | organizatio | n answered "Yes" on Form 990, Part IV, lin | | | | |
| | | | (a) Dor | or advised funds | (b) Funds a | and other accounts |
| 1 | | nd of year | | | | |
| 2 | | f contributions to (during year) | | | | |
| 3 | | f grants from (during year) | | | | |
| 4 | | t end of year | | | f | |
| 5 | - | on inform all donors and donor advisors in on's property, subject to the organization's | - | | | Yes No |
| 6 | | on inform all grantees, donors, and donor a | | | | |
| 0 | | poses and not for the benefit of the donor of | | | | |
| | impermissible priv | | | | - | Yes No |
| Pa | | ation Easements. Complete if the org | | | | |
| 1 | | servation easements held by the organizati | | | , | |
| | | n of land for public use (e.g., recreation or e | | Preservation of a historic | ally important | land area |
| | | f natural habitat | , | Preservation of a certified | | |
| | Preservation | n of open space | | | | |
| 2 | Complete lines 2a | through 2d if the organization held a qualit | ied conservati | on contribution in the form of a | a conservatio | n easement on the last |
| | day of the tax year | r. | | | He | ld at the End of the Tax Year |
| а | Total number of co | onservation easements | | | . 2a | |
| b | Total acreage rest | ricted by conservation easements | | | 2b | |
| С | Number of conser | vation easements on a certified historic str | ucture include | d in (a) | 2c | |
| d | | vation easements included in (c) acquired | | | | |
| | | nal Register | | | | |
| 3 | | vation easements modified, transferred, re | eased, extingu | ished, or terminated by the or | ganization du | ring the tax |
| | year | | | N | | |
| 4 | | where property subject to conservation ea | | | | |
| 5 | | tion have a written policy regarding the per forcement of the conservation easements it | | | | Yes No |
| 6 | | r hours devoted to monitoring, inspecting, | | lations and enforcing conserv | | |
| Ŭ | | | nandling of vic | ations, and emotering conserv | | and during the year |
| 7 | Amount of expens | es incurred in monitoring, inspecting, hanc | lling of violatio | ns, and enforcing conservation | easements o | during the year |
| • | ► \$ | | in ig et treisine. | ie, and emerency echeer and | | lannig and year |
| 8 | · · · | vation easement reported on line 2(d) abov | e satisfy the re | equirements of section 170(h)(| 4)(B)(i) | |
| | and section 170(h) |)(4)(B)(ii)? | | | | Yes No |
| 9 | | be how the organization reports conservati | | | | |
| | include, if applicat | ble, the text of the footnote to the organization | tion's financial | statements that describes the | organization | 's accounting for |
| | conservation ease | | | | | |
| Pa | | ations Maintaining Collections o | - | - | er Similar | Assets. |
| | | f the organization answered "Yes" on Form | | | | |
| 1a | U U | elected, as permitted under SFAS 116 (AS | | • | | |
| | | s, or other similar assets held for public exh | - | | e of public ser | vice, provide, in Part XIII, |
| | | tnote to its financial statements that descri | | | | |
| b | | elected, as permitted under SFAS 116 (AS | | | | |
| | | r similar assets held for public exhibition, ed | Jucation, or res | search in furtherance of public | service, prov | the the following amounts |
| | relating to these it | ems: ded on Form 990, Part VIII, line 1 | | | r t | |
| | | ed in Form 990, Part X | | | | |
| 2 | | received or held works of art, historical tre | | | | |
| - | - | unts required to be reported under SFAS 1 | | - | , protido | |
| а | - | on Form 990, Part VIII, line 1 | | - | ▶ \$ | |
| | | i Form 990, Part X | | | | |
| | | eduction Act Notice, see the Instruction | | | | nedule D (Form 990) 2018 |
| 83205 | 1 10-29-18 | | | | | |
| | | | 2 | 6 | | |

| | SOUTHEA | ST COMMUNI | TY C. | APITAL | CORPOR | IOITA | | | |
|------|---|---------------------------------|------------|----------------|---------------------|--------------------------|---------------------------------------|---------------------|------------|
| | | ATHWAY LEN | | | | | | 823596 | |
| Par | rt III Organizations Maintaining C | Collections of A | rt, Hist | torical Tr | easures, o | r Other | Similar Ass | sets(continu | ed) |
| 3 | Using the organization's acquisition, access | on, and other record | ds, checl | k any of the | following that | are a sigr | nificant use of it | s collection i | tems |
| | (check all that apply): | | | | | | | | |
| а | Public exhibition | c | ı 🛄 ı | Loan or exc | hange progra | ms | | | |
| b | Scholarly research | e | | Other | | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's c | ollections and explai | in how th | ney further t | he organizatio | on's exemp | ot purpose in P | art XIII. | |
| 5 | During the year, did the organization solicit of | | - | | | | | | |
| | to be sold to raise funds rather than to be m | | | | | | | Yes | No No |
| Par | t IV Escrow and Custodial Arran | | ete if the | organizatio | n answered "` | Yes" on F | orm 990, Part I' | V, line 9, or | |
| | reported an amount on Form 990, Pa | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | | • | | | | Г | | |
| | on Form 990, Part X? | | | | | | L | Yes | └── No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | ollowing t | table: | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | | | | Amount | |
| | Beginning balance | | | | | | 1c | | |
| | Additions during the year | | | | | | 1d | | |
| е | Distributions during the year | | | | | | 1e | | |
| f | Ending balance | | | | | | | | |
| | Did the organization include an amount on F | | | | | - | /?L | Yes | |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | |
| Par | t V Endowment Funds. Complete i | - | | | | | | | aava baali |
| | | (a) Current year | (b) P | rior year | (c) Two years | <u>а раск</u> (а |) Three years bac | k (e) Four y | ears dack |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | |
| | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | <u> </u> | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end baland | | g, column (a | a)) held as: | | | | |
| a | Board designated or quasi-endowment | | _% | | | | | | |
| b | Permanent endowment | % | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | | |
| _ | The percentages on lines 2a, 2b, and 2c sho | - | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiz | ation that | at are held a | nd administer | red for the | organization | | |
| | by: | | | | | | | | es No |
| | (i) unrelated organizations | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | owment | funds. | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | / line the C | Сал Ганна 000 | Deut V. III | - 10 | | |
| | Complete if the organization answere | | | - | | | | | |
| | Description of property | (a) Cost or c basis (investr | | ., | or other (other) | • • | umulated eciation | (d) Book v | /alue |
| | Land | | | 1 0 0 | | | | 1 400 | |
| | Buildings | | | т,90 | 8,824. | 48 | 36,092. | 1,422 | ,732. |
| | Leasehold improvements | | | | | | | | |
| d | Equipment | | | 23 | 6,430. | 14 | 42,123. | 94 | ,307. |
| | Other | | | | | | | 1 - 4 - | 0.0.0 |
| Tota | I. Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part | X, colun | nn (B), line 1 | 0c.) | | ► | 1,517 | |
| | | | | | | | 0 - 11- | lo D (Earm (| |

Schedule D (Form 990) 2018

832052 10-29-18

| Schedule D (Form 990) 2018 D/B/A P | ATHWAY LENDI | NG | | 62-1823596 Page |
|---|--|--|-------------------------|-----------------------------|
| Part VII Investments - Other Securit | | | | |
| Complete if the organization answere | | | | |
| (a) Description of security or category (including name of a | | alue (C) Metho | d of valuation: Cost c | or end-of-year market value |
| 1) Financial derivatives | | | | |
| 2) Closely-held equity interests | | | | |
| 3) Other | | | | |
| (A) (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| iotal. (Col. (b) must equal Form 990, Part X, col. (B) line | 12.) | | | |
| Part VIII Investments - Program Rela | | | | |
| Complete if the organization answere | d "Yes" on Form 990, Pa | art IV, line 11c. See Form | 990, Part X, line 13. | |
| (a) Description of investment | (b) Book va | alue (c) Metho | d of valuation: Cost c | or end-of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (1) | | | | |
| (8) | | | | |
| (8) (9) | | | | |
| (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line | 13.) ► | | | |
| (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. | | | 000 Dat V line 15 | |
| (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line | d "Yes" on Form 990, Pa | art IV, line 11d. See Form | 990, Part X, line 15. | (b) Book value |
| (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. Complete if the organization answere | | art IV, line 11d. See Form | 1 990, Part X, line 15. | (b) Book value |
| (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. Complete if the organization answere (1) | d "Yes" on Form 990, Pa | art IV, line 11d. See Form | 1 990, Part X, line 15. | (b) Book value |
| (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. Complete if the organization answere (1) (2) | d "Yes" on Form 990, Pa | art IV, line 11d. See Form | 1 990, Part X, line 15. | (b) Book value |
| (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. Complete if the organization answere (1) (2) (3) | d "Yes" on Form 990, Pa | art IV, line 11d. See Form | 1 990, Part X, line 15. | (b) Book value |
| (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. Complete if the organization answere (1) (2) (3) (4) | d "Yes" on Form 990, Pa | art IV, line 11d. See Form | 1 990, Part X, line 15. | (b) Book value |
| (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. Complete if the organization answere (1) (2) (3) (4) (5) | d "Yes" on Form 990, Pa | art IV, line 11d. See Form | 1 990, Part X, line 15. | (b) Book value |
| (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. Complete if the organization answere (1) (2) (3) (4) (5) (6) | d "Yes" on Form 990, Pa | art IV, line 11d. See Form | 1990, Part X, line 15. | (b) Book value |
| (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. Complete if the organization answere (1) (2) (3) (4) (5) (6) (7) | d "Yes" on Form 990, Pa | art IV, line 11d. See Form | 990, Part X, line 15. | (b) Book value |
| (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. Complete if the organization answere (1) (2) (3) (4) (5) (6) (7) (8) | d "Yes" on Form 990, Pa | art IV, line 11d. See Form | 990, Part X, line 15. | (b) Book value |
| (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. Complete if the organization answere (1) (2) (3) (4) (5) (6) (7) (8) (9) | d "Yes" on Form 990, Pa (a) Description | | 1 990, Part X, line 15. | (b) Book value |
| (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. Complete if the organization answere (1) (2) (3) (4) (5) (6) (7) (8) (9) | d "Yes" on Form 990, Pa (a) Description | | 1 990, Part X, line 15. | (b) Book value |
| (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. Complete if the organization answere (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col | d "Yes" on Form 990, Pa (a) Description | | | |
| (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. Complete if the organization answere (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col Part X Other Liabilities. Complete if the organization answere (1) Complete if the organization answere | d "Yes" on Form 990, Pa (a) Description | | | |
| (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. Complete if the organization answere (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col Part X Other Liabilities. Complete if the organization answere 1. (a) Description of liabilit (1) Federal income taxes | d "Yes" on Form 990, Pa (a) Description | art IV, line 11e or 11f. See (b) Book value | e Form 990, Part X, lir | |
| (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. Complete if the organization answere (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col Part X Other Liabilities. Complete if the organization answere 1. (a) Description of liabilit (1) Federal income taxes (2) LINES OF CREDIT | d "Yes" on Form 990, Pa (a) Description | art IV, line 11e or 11f. Sec (b) Book value | e Form 990, Part X, lir | |
| (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. Complete if the organization answere (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col Part X Other Liabilities. Complete if the organization answere 1. (a) Description of liabilit (1) Federal income taxes | d "Yes" on Form 990, Pa (a) Description | art IV, line 11e or 11f. See (b) Book value | e Form 990, Part X, lir | |
| (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. Complete if the organization answere (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col Part X Other Liabilities. Complete if the organization answere 1. (a) Description of liabilit (1) Federal income taxes (2) LINES OF CREDIT | d "Yes" on Form 990, Pa (a) Description | art IV, line 11e or 11f. Sec (b) Book value | e Form 990, Part X, lir | |
| (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. Complete if the organization answere (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, concentry of the organization answere 1. (a) Description of liabilities. Complete if the organization answere 1. (a) Description of liabilities (2) LINES OF CREDIT (3) NET UNAMORTIZED LOAN | d "Yes" on Form 990, Pa (a) Description | art IV, line 11e or 11f. Sec (b) Book value | e Form 990, Part X, lir | |
| (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. Complete if the organization answere (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col Part X Other Liabilities. Complete if the organization answere 1. (a) Description of liabilit (1) Federal income taxes (2) LINES OF CREDIT (3) NET UNAMORTIZED LOAN (4) | d "Yes" on Form 990, Pa (a) Description | art IV, line 11e or 11f. Sec (b) Book value | e Form 990, Part X, lir | |
| (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. Complete if the organization answere (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col Part X Other Liabilities. Complete if the organization answere 1. (a) Description of liabilit (1) Federal income taxes (2) LINES OF CREDIT (3) NET UNAMORTIZED LOAN (4) (5) (6) (7) | d "Yes" on Form 990, Pa (a) Description | art IV, line 11e or 11f. Sec (b) Book value | e Form 990, Part X, lir | |
| (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. Complete if the organization answere (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col Part X Other Liabilities. Complete if the organization answere 1. (a) Description of liabilit (1) Federal income taxes (2) LINES OF CREDIT (3) NET UNAMORTIZED LOAN (4) (5) (6) (7) (8) | d "Yes" on Form 990, Pa (a) Description | art IV, line 11e or 11f. Sec (b) Book value | e Form 990, Part X, lir | |
| (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line Part IX Other Assets. Complete if the organization answere (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col Part X Other Liabilities. Complete if the organization answere 1. (a) Description of liabilit (1) Federal income taxes (2) LINES OF CREDIT (3) NET UNAMORTIZED LOAN (4) (5) (6) (7) | d "Yes" on Form 990, Pa (a) Description | art IV, line 11e or 11f. See (b) Book value 27,000,01 310,4 | e Form 990, Part X, lir | |

Schedule D (Form 990) 2018

832053 10-29-18

SOUTHEAST COMMUNITY CAPITAL CORPORATION D/B/A PATHWAY LENDING

| | 62 | -18 | 32 | 35 | 96 | Page 4 |
|--|----|-----|----|----|----|--------|
|--|----|-----|----|----|----|--------|

| Sche | edule D (Form 990) 2018 D/B/A PATHWAY LENDING | | | 62- | 1823596 Page 4 | | | | |
|---|---|--|--------------|--------------|--|--|--|--|--|
| 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 | 13,016,173. | | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | | | | | |
| b | Donated services and use of facilities | 2b | 31,284. | | | | | | |
| с | Recoveries of prior year grants | 2c | | | | | | | |
| d | Other (Describe in Part XIII.) | | | | | | | | |
| е | Add lines 2a through 2d | | | 2e | 31,284. | | | | |
| 3 | Subtract line 2e from line 1 | | | 3 | 12,984,889. | | | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | | | | |
| с | | | | 4c | 0. | | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 12,984,889. | | | | |
| | | | | | | | | | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Sta | | | Retu | | | | | |
| Pa | | tements With | | Retu | irn. | | | | |
| P a 1 | rt XII Reconciliation of Expenses per Audited Financial Sta | tements With 12a. | Expenses per | Retu | | | | | |
| | rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line | tements With 12a. | Expenses per | | irn. | | | | |
| 1 | Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements | tements With 12a. | Expenses per | | irn. | | | | |
| 1 2 | rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | tements With 12a. 2a | Expenses per | | irn. | | | | |
| 1 2 a | rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | tements With 12a. 2a 2b | Expenses per | | irn. | | | | |
| 1 2 a b | rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | 2a 2b 2c | Expenses per | | ırn. 13,714,557. | | | | |
| 1 2 a b | rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | 31,284. | | rn. 13,714,557. 31,284. | | | | |
| 1 2 b c d | rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | 31,284. | 1 | ırn. 13,714,557. | | | | |
| 1 2 b c d e | rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | 31,284. | 1 2e | rn. 13,714,557. 31,284. | | | | |
| 1 2 b c d e 3 | rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 2a 2b 2c 2d | 31,284. | 1 2e | rn. 13,714,557. 31,284. | | | | |
| 1 2 b c d 3 4 | rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a 2b 2c 2d | 31,284. | 1 2e | rn. 13,714,557. 31,284. | | | | |
| 1 2 3 4 4 | rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d 2d 4a 4b | 31,284. | 1 2e | rn. 13,714,557. 31,284. 13,683,273. 0. | | | | |
| 1 2 b c d e 3 4 a b c 5 | rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2b 2c 2d 2d 4a 4b | 31,284. | 1 2e 3 | rn. 13,714,557. 31,284. 13,683,273. | | | | |

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. |
| |

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29

| Schedule D (Form 990) 2018 Part XIII Supplemental Infor | SOUTHEAST COMMUNITY CAPITAL C D/B/A PATHWAY LENDING | CORPORATION 62-1823596 Page 5 |
|--|--|-------------------------------|
| Part XIII Supplemental Infor | nation (continued) | |
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| 832055 10-29-18 | | Schedule D (Form 990) 2018 |
| | 30 | |

| SCHEDULE J | Compensation Information | I. | OMB No. | 1545-00 | 47 | |
|------------------------------|---|--------------|--------------|---------|------|--|
| (Form 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | | 2018 | | | |
| · , | Compensated Employees | | ZU | 10 |) | |
| Department of the Treasury | Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. | | Open to | Publ | ic | |
| Internal Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspe | | | |
| Name of the organization | | Employer ide | | | mber | |
| | D/B/A PATHWAY LENDING | 62-18 | 2359 | 6 | | |
| Part I Question | s Regarding Compensation | | | | | |
| | | | | Yes | No | |
| | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990, | | | | |
| | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | |
| First-class or c | , j | | | | | |
| Travel for com | | | | | | |
| | ation and gross-up payments Health or social club dues or initiation fees | | | | | |
| Discretionary s | spending account | r, chef) | | | | |
| h if any af the barres | | | | | | |
| | on line 1a are checked, did the organization follow a written policy regarding payment or | | 41. | | | |
| | rovision of all of the expenses described above? If "No," complete Part III to explain | | . 1 b | | | |
| | n require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | 0 | | | |
| trustees, and office | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | . 2 | | | |
| 2 Indicate which if a | ny, of the following the filing organization used to establish the compensation of the organizat | tion's | | | | |
| | | | | | | |
| | ctor. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Executive Director, but explain in Part III. | JITIO | | | | |
| X Compensation | | | | | | |
| | ompensation consultant X Compensation survey or study | | | | | |
| X Form 990 of ot | | ommittoo | | | | |
| | | JIIIIIIIIII | | | | |
| 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 re | | | | | | |
| | e payment or change-of-control payment? | | 4a | | x | |
| | ceive payment from, a supplemental nonqualified retirement plan? | | | | x | |
| | ceive payment from, an equity-based compensation arrangement? | | | | X | |
| | les 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. | | | | | |
| | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | n | | | | |
| contingent on the re | evenues of: | | | | | |
| a The organization? | | | . 5a | | Х | |
| | ation? | | | | Х | |
| | r 5b, describe in Part III. | | | | | |
| 6 For persons listed of | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio | 'n | | | | |
| contingent on the n | et earnings of: | | | | | |
| a The organization? | | | . 6a | | X | |
| | ation? | | | | X | |
| If "Yes" on line 6a c | r 6b, describe in Part III. | | | | | |
| | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | | |
| | ies 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 th | ne | | | | |
| | ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | . 8 | | X | |
| 9 If "Yes" on line 8, d | d the organization also follow the rebuttable presumption procedure described in | | | | | |
| | 53.4958-6(c)? | | | | | |
| LHA For Paperwork Re | eduction Act Notice, see the Instructions for Form 990. | Schedul | e J (Forr | n 990) | 2018 | |

832111 10-26-18

Schedule J (Form 990) 2018

D/B/A PATHWAY LENDING 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.

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns | (F) Compensation in column (B) |
|-----------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|----------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Denents | (B)(i)-(D) | reported as deferred on prior Form 990 |
| (1) CLINT GWIN | (i) | 278,990. | 90,958. | 0. | 11,000. | 1,830. | 382,778. | 0. |
| PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | | 0. |
| (2) HANK HELTON | (i) | 199,550. | 46,459. | 0. | 8,026. | 10,485. | 264,520. | 0. |
| SENIOR VICE PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | | 0. |
| (3) AMY BUNTON | (i) | 194,752. | 46,459. | 0. | 3,651. | 11,358. | 256,220. | 0. |
| SENIOR VICE PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | | 0. |
| (4) BARBARA HARRIS | (i) | 195,786. | 43,143. | 0. | 9,498. | 5,568. | 253,995. | 0. |
| CFO | (ii) | 0. | 0. | 0. | 0. | 0. | | 0. |
| (5) JOE AGNETTA | (i) | 163,080. | 15,905. | 0. | 7,126. | 5,456. | 191,567. | 0. |
| CHIEF CREDIT OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

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Schedule J (Form 990) 2018

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.

Schedule J (Form 990) 2018

| SCHEDULE L | Transactior | ns With | Interested | Persons | | OMB N | o. 1545-0 | 047 |
|--|---|----------------------------|---|------------------------|----------------|--------------------------|------------|----------|
| (Form 990 or 990-EZ) Complete if | the organization an | | | | 26, 27, 28a, | 2 | 018 | 3 |
| | | | -EZ, Part V, line 38a 990 or Form 990-EZ | | | Open | To Put | alic |
| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/Fo | | | | | Inspe | | JIIC |
| Name of the organization SOUTHE | AST COMMUNI | TY CAP | ITAL CORPO | RATION | | r identifica | | umber |
| | PATHWAY LEN | | | | | 23596 | | |
| Part I Excess Benefit Trans | | | | | | | | |
| Complete if the organizatio | n answered "Yes" on (b) Relationship bet | | | o, or Form 990-EZ, P | art V, line 40 | | d) Corre | otod? |
| (a) Name of disqualified person | person and o | | (c | c) Description of tran | saction | H H | Yes | No |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Enter the amount of tax incurred by | the organization mar | agers or disc | qualified persons du | ring the year under | | I | | |
| | | | | | ► \$ | | | |
| 3 Enter the amount of tax, if any, on I | ine 2, above, reimburs | sed by the or | ganization | | ► \$ | | | |
| Part II Loans to and/or From | n Interested Per | sons. | | | | | | |
| Complete if the organizatio | | | . Part V. line 38a or F | Form 990. Part IV. lin | e 26: or if th | ne organiza | ation | |
| reported an amount on For | | | | ,,, | , | | | |
| (a) Name of (b) Relation | | (d) Loan to or from the | (e) Original | (f) Balance due | (g) In | (h) Approv by board (| ~r \U * | Vritten |
| interested person with organ | ization of loan | organization? | principal amount | | default? | committee | ,: - | ement? |
| ANDRE GIST DIREC | TORLOAN TO | To From | 154,790. | 44,871. | Yes No X | Yes No X | o Yes X | No |
| | | | 131,150. | 11,0/11 | | | | |
| | | | | | | | | + |
| | | | | | | | | |
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| | | | | | | | _ | + |
| | | | | | | | | |
| | | | | | | | | + |
| | | | | | | | | |
| Total | Den efitie e lete | | > \$ | 44,871. | | | | |
| Part III Grants or Assistance | - | | | | | | | |
| Complete if the organizatio | (b) Relationship | | (c) Amount of | (d) Type | of | (e) Pu | irpose c | of |
| | interested pers | son and | assistance | assistan | | | stance | |
| | the organization | ation | | | | | | |
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| LHA For Paperwork Reduction Act No | otice, see the Instruc | tions for Fo | rm 990 or 990-EZ. | Sche | edule L (Fo | rm 990 or | 990-E2 | Z) 2018 |

SEE PART V FOR CONTINUATIONS

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Schedule L (Form 990 or 990-EZ) 2018 D/B/A PATHWAY LENDING 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 | | aring of zation's iues? |
|-------------------------------|----------|---|----------------|-----|---------------------------|--------------------------------|-----|-------------------------------|
| | | | | | | | Yes | No |
| HUGH QUEENER | DIRECTOR | OF | \mathbf{THE} | ORG | 331,652. | INTEREST PA | | Х |
| HUGH QUEENER | DIRECTOR | OF | THE | ORG | 187,110. | BANK ACCOUN | | Х |
| HUGH QUEENER | DIRECTOR | OF | THE | ORG | 122,261. | PRINCIPAL A | | Х |
| JON DAVIES | DIRECTOR | OF | THE | ORG | 310,500. | INTEREST PA | | Х |
| HUGH QUEENER | DIRECTOR | OF | THE | ORG | 1,000,000. | PRINCIPAL F | | Х |
| | | | | | | | | |
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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 BUILDING 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

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SOUTHEAST COMMUNITY CAPITAL CORPORATION 62-1823596 Page 2 D/B/A PATHWAY LENDING Schedule L (Form 990 or 990-EZ) 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. OUEENER 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 PAYMENT ON THE MORTGAGE ON THE BUILDING: 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.

(A) NAME OF PERSON: HUGH QUEENER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR OF THE ORGANIZATION

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| | EAST COMMUNITY C PATHWAY LENDING | APITAL CORPORATIO | ON 62-1823596 _{Pa} |
|--|-------------------------------------|----------------------------------|--------------------------------|
| Part V Supplemental Information | | | |
| Complete this part to provide addition | al information for responses to | questions on Schedule L (see ins | tructions). |
| (D) DESCRIPTION OF TRANSAG | CTION: PRINCIPAL | FORGIVEN ON NOT | E PAYABLE: MR. |
| QUEENER IS THE EXECUTIVE | VICE PRESIDENT A | ND CHIEF ADMINIS | TRATIVE OFFICER |
| FOR PINNACLE BANK WHERE S | OUTHEAST COMMUNI | TY CAPITAL HAD T | N-ROF NOTES |
| PAYABLE FORGIVEN DUE TO T | HE 10 YEAR ANNIV | ERSARY OF THE TN | -ROF LOANS WHIC |
| OCCURRED UNDER THE NORMAL | COURSE OF BUSIN | ESS. | |
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| 332461 04-01-18 | | - | Schedule L (Form 990 or 99 |
| 60510 781331 18474-18474 | 3' 2018.03040 SO | 7 JTHEAST COMMUNITY | CAPITAL 18474- |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

SOUTHEAST COMMUNITY CAPITAL CORPORATION



62-1823596

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

D/B/A PATHWAY LENDING

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 2018, SOUTHEAST COMMUNITY CAPITAL CORPORATION ORIGINATED \$44.7MM IN NEW LOANS, OF WHICH 61.7% LENDING ACTIVITY WAS IN QUALIFIED CDFI TARGET MARKETS. 4,090 JOBS IMPACTED AND 361 JOBS CREATED.

SOUTHEAST COMMUNITY CAPITAL CORPORATION MADE 121 LOANS AND LINES OF

CREDIT TOTALING MORE THAN \$37.8MM TO SUPPORT THE CREATION,

PRESERVATION, AND GROWTH OF SMALL BUSINESSES, AND 29 LOANS TOTALING

APPROXIMATELY \$6.9MM TO SUPPORT THE IMPLEMENTATION OF ENERGY EFFICIENCY

AND RENEWABLE ENERGY PROJECTS AT BUSINESSES ACROSS TENNESSEE. TOTAL

ANNUAL ENERGY SAVINGS FROM THE ENERGY LOANS WERE \$1,403,107 WITH

12,857,062 KWH SAVED.

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

IN 2018 SOUTHEAST COMMUNITY CAPITAL CORPORATION PROVIDED 14,413 HOURS

OF EDUCATION; 8,329 WERE IN CLASSROOM/EVENTS SETTINGS, 5,750 WERE

ONE-ON-ONE COUNSELING SESSIONS, AND 334 WERE IN GROUP COACHING

SESSIONS. THERE WERE 1,287 UNIQUE CLIENTS SERVED, 62% WERE

REPRESENTATIVE OF PATHWAY LENDING'S CDFI TARGET MARKETS, WITH 58% BEING

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

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 Schedule O (Form 990 or 990-EZ) (2018)
 Page 2

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

 FEMALE, 33% BEING AFRICAN AMERICAN, AND 44% WERE IN CDFI QUALIFIED
 INVESTMENT AREAS (AS DEFINED BY LOW-INCOME CENSUS TRACTS). THERE WERE

 216 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 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018) 39 10560510 781331 18474-18474 2018.03040 SOUTHEAST COMMUNITY CAPITAL 18474-11

| Schedule O (Form 990 or 990-EZ) (2018) Page 2 | | | | | | | |
|---|--|---|--|--|--|--|--|
| Name of the organization | SOUTHEAST COMMUNITY CAPITAL CORPORATION D/B/A PATHWAY LENDING | Employer identification number 62-1823596 | | | | | |
| | | • | | | | | |

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 ORGANIZATONS 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

THE PROCESS IS THE SAME AS IN THE PRIOR YEAR.

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