

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

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

▶ Go to www.irs.gov/Form8879TE for the latest information.**2021**Department of the Treasury
Internal Revenue ServiceName of filer **SOUTHEAST COMMUNITY CAPITAL CORPORATION
D/B/A PATHWAY LENDING**EIN or SSN
62-1823596Name and title of officer or person subject to tax **CLINT GWIN
PRESIDENT****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 2,555,455.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 990-B check here	<input type="checkbox"/>	b Balance due (Form 990-B, line 3c)	5b
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

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

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

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **KRAFTCPAS PLLC**

ERO firm name

to enter my PIN **23596**Enter five numbers, but
do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date **05-15-2022****Part III Certification and Authentication**

ERO's EF/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62570798765

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date **05/11/22**

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

LHA For Privacy act and Paperwork Reduction Act Notice, see Instructions.

Form **8879-TE** (2021)

102521 01-11-22

09540511 781331 18474-18474

2021.03041 SOUTHEAST COMMUNITY CAPIT 18474-11

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning and ending

B Check if applicable:

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

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

201 VENTURE CIRCLE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NASHVILLE, TN 37228

F Name and address of principal officer: **CLINT GWIN**
SAME AS C ABOVE

D Employer identification number

62-1823596

E Telephone number

615-425-7171

G Gross receipts \$ **22,664,230.**

H(a) Is this a group return

for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶

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

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

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1999** **M** State of legal domicile: **TN**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE LENDING SOLUTIONS, EDUCATION AND SUPPORT SERVICES TO UNDERSERVED SMALL BUSINESSES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	63
	6 Total number of volunteers (estimate if necessary)	6	10
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	42,995.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	19,532.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	12,388,380.	12,991,152.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,641,018.	9,254,600.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	348,367.	250,416.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,204.	59,287.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,413,969.	22,555,455.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	5,972,746.	3,221,128.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	5,855,901.	6,606,131.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 129.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,823,738.	3,432,952.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,652,385.	13,260,211.
19 Revenue less expenses. Subtract line 18 from line 12	1,761,584.	9,295,244.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	190,692,663.	264,396,878.
	22 Net assets or fund balances. Subtract line 21 from line 20	156,567,942.	220,976,913.
		34,124,721.	43,419,965.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	CLINT GWIN, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name FRANCES E. LEAHY	Preparer's signature FRANCES E. LEAHY	Date 05/13/22	Check if self-employed <input type="checkbox"/>	PTIN P00713593
	Firm's name ▶ KRAFTCPAS PLLC	Firm's EIN ▶ 62-0713250			
	Firm's address ▶ 555 GREAT CIRCLE ROAD NASHVILLE, TN 37228	Phone no. 615-242-7351			

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

SOUTHEAST COMMUNITY CAPITAL CORPORATION
D/B/A PATHWAY LENDING

Form 990 (2021)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE LENDING SOLUTIONS, EDUCATION AND SUPPORT SERVICES WHICH
IMPACT THE DEVELOPMENT, GROWTH, AND PRESERVATION OF UNDERSERVED SMALL
BUSINESSES, AFFORDABLE HOUSING, AND SUSTAINABLE COMMUNITIES.

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

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

4a (Code:) (Expenses \$ 10,395,388. including grants of \$ 3,221,128.) (Revenue \$ 9,463,322.)

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

4b (Code:) (Expenses \$ 2,007,261. including grants of \$) (Revenue \$ 41,694.)

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

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

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

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

4e Total program service expenses 12,402,649.

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SOUTHEAST COMMUNITY CAPITAL CORPORATION
D/B/A PATHWAY LENDING

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Part IV Checklist of Required Schedules

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

SOUTHEAST COMMUNITY CAPITAL CORPORATION
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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		24a X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		25a X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		25b X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26 X	
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		27 X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		36 X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		37 X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 49	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

SOUTHEAST COMMUNITY CAPITAL CORPORATION
D/B/A PATHWAY LENDING

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 63		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
b If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?			
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?			X
If "Yes," see the 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?			X
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			
If "Yes," complete Form 6069.			

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 8			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent 1b 5			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
BARBARA HARRIS - 615-425-7171
201 VENTURE CIRCLE, NASHVILLE, TN 37228

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

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

☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CLINT GWIN PRESIDENT AND CEO	60.00			X				464,850.	0.	14,069.
(2) BARBARA HARRIS EXECUTIVE VICE PRESIDENT A	60.00			X				294,896.	0.	22,766.
(3) HANK HELTON EXECUTIVE VICE PRESIDENT	60.00			X				294,370.	0.	17,472.
(4) AMY BUNTON EXECUTIVE VICE PRESIDENT A	60.00			X				290,119.	0.	25,576.
(5) JOE AGNETTA - THROUGH 5/31 SVP, CHIEF CREDIT OFFICER	50.00				X			170,966.	0.	7,884.
(6) DANIEL WILSON SVP OF LENDING OPERATIONS	50.00					X		147,660.	0.	8,139.
(7) LESLIE HAYES SVP OF EDUCATION AND ENTREPRENEURSHI	50.00					X		136,001.	0.	20,270.
(8) KEITH HICKEY REGIONAL LENDER	50.00					X		131,645.	0.	16,002.
(9) PAUL HOFFMANN SVP, DIRECTOR OF POLICY AN	50.00					X		130,906.	0.	12,296.
(10) LORI ROCHELLE SVP OF CORPORATE OPERATION	50.00					X		129,895.	0.	15,600.
(11) HERB BYRD, III CHAIRMAN	1.50	X		X				0.	0.	0.
(12) JON DAVIES VICE CHAIRMAN	1.50	X		X				0.	0.	0.
(13) DAVE BEREZOV DIRECTOR	1.50	X						0.	0.	0.
(14) IVANETTA DAVIS-SAMUELS DIRECTOR	1.50	X						0.	0.	0.
(15) ANDRE GIST DIRECTOR	1.50	X						0.	0.	0.
(16) CINDY HERRON DIRECTOR	1.50	X						0.	0.	0.
(17) TOM HUNTER DIRECTOR	1.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HUGH QUEENER DIRECTOR	1.50	X						0.	0.	0.
1b Subtotal								2,191,308.	0.	160,074.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,191,308.	0.	160,074.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 15

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ACUMEN TECHNOLOGY, 2699 FESSEY COURT, STE 200, NASHVILLE, TN 37204	TECHNOLOGY SUPPORT AND EQUIPMENT	204,326.
PROVISIONS GROUP LLC, 604 WEST MAIN ST, STE 108, FRANKLIN, TN 37064	TECHNOLOGY SUPPORT	149,157.
LBMC TECHNOLOGIES LLC PO BOX 1869, BRENTWOOD, TN 37024	TECHNOLOGY SUPPORT	103,764.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 7

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Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	5,035,432.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,955,720.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		12,991,152.			
Program Service Revenue	2 a	LOAN INTEREST	Business Code	900099	7,496,442.	7,496,442.	
	b	FINANCING FEES AND CHARGES		900099	1,347,170.	1,347,170.	
	c	FEE INCOME		900099	410,988.	410,988.	
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		9,254,600.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		250,416.	250,416.	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	168,062.			
b		Less: rental expenses ...	(ii) Personal	108,775.			
c		Rental income or (loss)		59,287.			
d		Net rental income or (loss)		59,287.		42,995.	16,292.
7 a		Gross amount from sales of assets other than inventory	(i) Securities				
b		Less: cost or other basis and sales expenses	(ii) Other				
c		Gain or (loss)					
d		Net gain or (loss)					
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events					
Miscellaneous Revenue	9 a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		22,555,455.	9,505,016.	42,995.	16,292.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	914,199.	914,199.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,306,929.	2,306,929.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,602,970.	1,119,945.	482,914.	111.
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	4,056,953.	3,869,004.	187,945.	4.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	96,610.	93,966.	2,644.	
9 Other employee benefits	495,279.	442,435.	52,837.	7.
10 Payroll taxes	354,319.	312,980.	41,332.	7.
11 Fees for services (nonemployees):				
a Management				
b Legal	84,198.	78,004.	6,194.	
c Accounting	47,850.	43,065.	4,785.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	603,434.	591,525.	11,909.	
12 Advertising and promotion	4,215.	4,193.	22.	
13 Office expenses	213,598.	202,613.	10,985.	
14 Information technology	413,560.	392,882.	20,678.	
15 Royalties				
16 Occupancy	100,004.	91,162.	8,842.	
17 Travel	102,955.	102,012.	943.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	105,130.	102,216.	2,914.	
20 Interest	1,961,291.	1,961,291.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	85,934.	77,341.	8,593.	
23 Insurance	93,162.	83,846.	9,316.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	41,262.	38,978.	2,284.	
b DUES, LICENSES & PERMIT	39,084.	36,788.	2,296.	
c LOAN LOSS PROVISION REC	-462,725.	-462,725.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,260,211.	12,402,649.	857,433.	129.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

SOUTHEAST COMMUNITY CAPITAL CORPORATION
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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	899,706.	1	13,062,503.
	2 Savings and temporary cash investments	53,996,826.	2	99,541,182.
	3 Pledges and grants receivable, net	955,007.	3	681,181.
	4 Accounts receivable, net	1,965,864.	4	2,398,109.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	408,547.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	163,614.	6	
	7 Notes and loans receivable, net	128,688,744.	7	144,254,869.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	342,251.	9	318,327.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,947,386.		
	b Less: accumulated depreciation	914,235.		
		3,113,783.	10c	3,033,151.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	301,200.	12	301,200.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	265,668.	15	397,809.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	190,692,663.	16	264,396,878.	
Liabilities	17 Accounts payable and accrued expenses	2,323,342.	17	2,144,363.
	18 Grants payable		18	
	19 Deferred revenue	2,698,934.	19	6,112,020.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	13,567,383.	23	13,044,510.
	24 Unsecured notes and loans payable to unrelated third parties	100,554,924.	24	141,782,080.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	37,423,359.	25	57,893,940.
	26 Total liabilities. Add lines 17 through 25	156,567,942.	26	220,976,913.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	32,114,010.	27	41,409,254.
	28 Net assets with donor restrictions	2,010,711.	28	2,010,711.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	34,124,721.	32	43,419,965.
	33 Total liabilities and net assets/fund balances	190,692,663.	33	264,396,878.

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,555,455.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,260,211.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,295,244.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34,124,721.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	43,419,965.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9866564.	6037623.	6533706.	12388380.	12991152.	47817425.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9866564.	6037623.	6533706.	12388380.	12991152.	47817425.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4549535.
6 Public support. Subtract line 5 from line 4.						43267890.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	9866564.	6037623.	6533706.	12388380.	12991152.	47817425.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on				27,647.	42,995.	70,642.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						47888067.
12 Gross receipts from related activities, etc. (see instructions)					12	37,543,400.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	90.35 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	92.22 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

SOUTHEAST COMMUNITY CAPITAL CORPORATION

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Schedule A (Form 990) 2021

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

SOUTHEAST COMMUNITY CAPITAL CORPORATION
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Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Part VI

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

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

SOUTHEAST COMMUNITY CAPITAL CORPORATION
D/B/A PATHWAY LENDING

Employer identification number

62-1823596

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization

SOUTHEAST COMMUNITY CAPITAL CORPORATION
D/B/A PATHWAY LENDING

Employer identification number

62-1823596

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>1,826,265.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>2,100,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,200,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>538,337.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>475,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SOUTHEAST COMMUNITY CAPITAL CORPORATION
D/B/A PATHWAY LENDING

Employer identification number

62-1823596

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 355,468.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 1,017,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
2	LOAN FORGIVENESS	\$ 2,100,000.	05/14/21
3	LOAN FORGIVENESS	\$ 1,200,000.	06/15/21
4	LOAN FORGIVENESS	\$ 538,337.	12/27/21
		\$	
		\$	
		\$	

Name of organization

SOUTHEAST COMMUNITY CAPITAL CORPORATION
D/B/A PATHWAY LENDING

Employer identification number

62-1823596

Part III

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

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

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021**Open to Public Inspection****Name of the organization** **SOUTHEAST COMMUNITY CAPITAL CORPORATION**
D/B/A PATHWAY LENDING**Employer identification number**
62-1823596**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

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

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

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

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

(i) Unrelated organizations

(ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,663,555.	714,979.	2,948,576.
c Leasehold improvements				
d Equipment		283,831.	199,256.	84,575.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,033,151.

Schedule D (Form 990) 2021

SOUTHEAST COMMUNITY CAPITAL CORPORATION
D/B/A PATHWAY LENDING

Schedule D (Form 990) 2021

62-1823596 Page **3**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LINES OF CREDIT	57,000,000.
(3) UNAMORTIZED LOAN ORIGINATION FEES	893,940.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	57,893,940.

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

Schedule D (Form 990) 2021

SOUTHEAST COMMUNITY CAPITAL CORPORATION

Schedule D (Form 990) 2021

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	22,677,942.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	13,712.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	108,775.
e	Add lines 2a through 2d	2e	122,487.
3	Subtract line 2e from line 1	3	22,555,455.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	22,555,455.

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

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

1	Total expenses and losses per audited financial statements	1	13,382,698.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	13,712.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	108,775.
e	Add lines 2a through 2d	2e	122,487.
3	Subtract line 2e from line 1	3	13,260,211.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,260,211.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 108,775.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 108,775.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Employer identification number
62-1823596

Part I **General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TENNESSEE EYE LASER LLC 2004 HAYES STREET, SUITE 335 NASHVILLE, TN 37203	62-1818735		6,247.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
GOLDEN CROSS LOGISTICS LLC PO BOX 1993 MADISON, TN 37116	47-2120275		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
SAINT GEORGE LAUNDROMAT LLC 3441 LEBANON PIKE, SUITE 110 HERMITAGE, TN 37076	46-5761341		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
STERNWOOD CORPORATION 1882 EASTLAND AVENUE NASHVILLE, TN 37206	46-3671791		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
BROWN + FLATT ADVISORS, PLLC 527 RIVERGATE PARKWAY GOODLETTSVILLE, TN 37072	26-0043243		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
NASHVILLE NAILS BY NA SAHS 1253 BEN HILL BOULEVARD NOLENSVILLE, TN 37135	68-0523766		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **45.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **45.**

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

Schedule I (Form 990) 2021

SOUTHEAST COMMUNITY CAPITAL CORPORATION

Schedule I (Form 990)

D/B/A PATHWAY LENDING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JAY KUBER LLC 3430 PERCY PRIEST DRIVE NASHVILLE, TN 37214	37-1734476		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
EAGLE CORPORATE APARTMENTS INC. 615 MAIN STREET, SUITE 104B NASHVILLE, TN 37206	26-1915103		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
MAIN INVESTMENTS, LLC 1200 CLINTON STREET SUITE 10 NASHVILLE, TN 37203	84-4519450		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
PENINSULA NASHVILLE LLC 1035 WEST EASTLAND AVENUE NASHVILLE, TN 37206	81-3886401		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
ELIZABETH LAWRENCE 1201 4TH AVENUE SOUTH, SUITE 102 NASHVILLE, TN 37210	45-4456254		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
HABANERO GRILL, LLC 2543 LEBANON PIKE NASHVILLE, TN 37214	83-1128237		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
R.D. HEARRING 5244 CATSPAW DRIVE CANE RIDGE, TN 37013	80-0756391		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
HUNNEE B'Z PERFUME OILS 2940 MURFREESBORO PIKE, SUITE 111 ANTIOCH, TN 37013	20-4114008		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
HERMITAGE AUTO WASH, LLC 4154 LEBANON PIKE HERMITAGE, TN 37076-1224	20-4525155		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS

Schedule I (Form 990)

SOUTHEAST COMMUNITY CAPITAL CORPORATION

Schedule I (Form 990)

D/B/A PATHWAY LENDING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAM! SOCIAL BUSINESS, LLC. 1023 CHEATHAM PLACE NASHVILLE, TN 37208	27-5096989		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
MUSIC CITY FIT LLC 73 WHITEBRIDGE ROAD, SUITE 125 NASHVILLE, TN 37205	46-2467979		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
PEARL DIVER, LLC 1008 GALLATIN AVENUE NASHVILLE, TN 37206	82-1638194		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
KSHAMA HOTEL LLC 5770 OLD HICKORY BOULEVARD HERMITAGE, TN 37076	81-1218535		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
BOKHARI USA, INC. 1313 VULTEE BOULEVARD NASHVILLE, TN 37217	46-1639641		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
MAZ FRESCO LLC 3955 NOLENSVILLE PIKE NASHVILLE, TN 37211	47-4815359		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
VI JAY PROPERTIES LLC 1274 MURFREESBORO PIKE NASHVILLE, TN 37217	81-4262659		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
Z-BAR LLC 3955 NOLENSVILLE PIKE NASHVILLE, TN 37211	82-4591500		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
CALISTA INC 101 PAGE ROAD NASHVILLE, TN 37205	82-2677398		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS

Schedule I (Form 990)

SOUTHEAST COMMUNITY CAPITAL CORPORATION

Schedule I (Form 990)

D/B/A PATHWAY LENDING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC RAINBOW LLC 900 ROSA L. PARKS BOULEVARD, SPACE NASHVILLE, TN 37208	45-2379303		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
ADAMVILLE LIMO LLC 3535 BELL ROAD #310 NASHVILLE, TN 37214	82-1993940		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
AUF PRO SERVICES, LLC 3955 NOLENSVILLE PIKE NASHVILLE, TN 37211	47-5521945		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
AMERICA'S INSURANCE LLC 3955 NOLENSVILLE PIKE NASHVILLE, TN 37211	45-4968405		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
SUITE 1703 LLC 1703 CHURCH STREET NASHVILLE, TN 37203	45-5115944		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
ALEX DRYWALL CONSTRUCTION LLC 2044 RANSOM PLACE NASHVILLE, TN 37017	37-1847158		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
FORM ADVISORY GROUP 1708 LONE JACK LANE MURFREESBORO, TN 37129	84-2199934		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
DRYSTAR INC 215 SOUTH MAIN STREET GOODLETTSVILLE, TN 37072	82-4540067		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
TAQUERIA HIDALGO, LLC 3955 NOLENSVILLE PIKE NASHVILLE, TN 37211	82-4613305		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS

Schedule I (Form 990)

SOUTHEAST COMMUNITY CAPITAL CORPORATION

Schedule I (Form 990)

D/B/A PATHWAY LENDING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRES GAUCHOS LLC 3955 NOLENSVILLE PIKE NASHVILLE, TN 37211	81-4522743		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
TITO'S PLAYLAND, LLC 3955 NOLENSVILLE PIKE NASHVILLE, TN 37211	81-0693201		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
THE HOOD COMPANY, LLC 8182 CHARLOTTE PIKE NASHVILLE, TN 37221	86-1125472		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
PHAT BITES NASHVILLE LLC 105 MCGAVOCK PIKE NASHVILLE, TN 37214	83-1062139		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
WISEMEN INVESTMENTS GROUP INC P.O BOX 110822 NASHVILLE, TN 37222	83-2076014		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
DDNS CONSULTING LLC 201 WARREN COURT OLD HICKORY, TN 37138	84-3795690		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
PECK CONSTRUCTION INC 5115 AMALIE DRIVE NASHVILLE, TN 37211	81-4746189		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
DESIGN WORKS LLC 2200 SELMA AVENUE NASHVILLE, TN 37214	82-5260059		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
ICON SHEARS, INC. 1313 VULTEE BOULEVARD NASHVILLE, TN 37217	45-3844861		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS

Schedule I (Form 990)

SOUTHEAST COMMUNITY CAPITAL CORPORATION

Schedule I (Form 990)

D/B/A PATHWAY LENDING

62-1823596

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PCSDSK LLC 5705 BRENTWOOD MEADOWS CIRCLE BRENTWOOD, TN 37027	62-1623627		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
TRADE ON DEMAND INC 3102 WEST END AVENUE NASHVILLE, TN 37203	82-2725623		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
EARTHSAVERS LLC PO BOX 60945 NASHVILLE, TN 37206	20-4036114		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
PRANGE APPAREL LLC 2545 LEBANON PIKE NASHVILLE, TN 37214	83-3132744		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS
TASTY 88 INC 2119 BELCOURT AVENUE NASHVILLE, TN 37212	83-3483421		10,000.	0.			METRO NASHVILLE - SMALL BUSINESS GRANTS

Schedule I (Form 990)

SOUTHEAST COMMUNITY CAPITAL CORPORATION

D/B/A PATHWAY LENDING

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY	187	975,000.	0.		SMALL BUSINESS GRANTS
TVA HOME UPLIFT	312	0.	1,323,264.		ENERGY EFFICIENCY GRANTS PAID TO TVA TO BENEFIT INDIVIDUAL HOMES

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

PART I, LINE 2:

DURING 2021, THE ORGANIZATION WAS GRANTED FUNDING THROUGH METROPOLITAN NASHVILLE AND DAVIDSON COUNTY, TENNESSEE TO MAKE GRANTS TO SMALL BUSINESSES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2021

SOUTHEAST COMMUNITY CAPITAL CORPORATION

D/B/A PATHWAY LENDING

62-1823596

Schedule J (Form 990) 2021

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CLINT GWIN PRESIDENT AND CEO	(i)	339,014.	125,836.	0.	11,600.	2,469.	478,919.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BARBARA HARRIS EXECUTIVE VICE PRESIDENT A	(i)	242,761.	52,135.	0.	11,600.	11,166.	317,662.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HANK HELTON EXECUTIVE VICE PRESIDENT	(i)	242,235.	52,135.	0.	11,600.	5,872.	311,842.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AMY BUNTON EXECUTIVE VICE PRESIDENT A	(i)	237,984.	52,135.	0.	10,563.	15,013.	315,695.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOE AGNETTA - THROUGH 5/31 SVP, CHIEF CREDIT OFFICER	(i)	154,522.	16,444.	0.	4,219.	3,665.	178,850.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DANIEL WILSON SVP OF LENDING OPERATIONS	(i)	134,948.	12,712.	0.	2,500.	5,639.	155,799.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LESLIE HAYES SVP OF EDUCATION AND ENTREPRENEURSHI	(i)	121,817.	14,184.	0.	5,557.	14,713.	156,271.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III	Supplemental Information
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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.

[illegible]

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2021

**Open To Public
Inspection**

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

Employer identification number
62-1823596

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
ANDRE GIST	DIRECTOR	LOAN TO		X	495,000.	408,547.		X	X		X	

Total ▶ \$ **408,547.**

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990) 2021

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
HUGH QUEENER	DIRECTOR OF THE ORG	204,519.	INTEREST PA		X
HUGH QUEENER	DIRECTOR OF THE ORG	48,457.	BANK ACCOUN		X
HUGH QUEENER	DIRECTOR OF THE ORG	169,164.	PRINCIPAL A		X
JON DAVIES	DIRECTOR OF THE ORG	608,900.	INTEREST PA		X
JON DAVIES	DIRECTOR OF THE ORG	438.	BANK ACCOUN		X
JON DAVIES	DIRECTOR OF THE ORG	2,100,000.	PRINCIPAL F		X

Part V Supplemental Information.

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

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

(A) NAME OF PERSON: ANDRE GIST

(B) RELATIONSHIP WITH ORGANIZATION: DIRECTOR OF THE ORGANIZATION

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

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

(A) NAME OF PERSON: HUGH QUEENER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR OF THE ORGANIZATION

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

QUEENER IS THE EXECUTIVE VICE PRESIDENT AND CHIEF ADMINISTRATIVE OFFICER

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

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

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

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

QUEENER.

(A) NAME OF PERSON: HUGH QUEENER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR OF THE ORGANIZATION

Part V Supplemental Information

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

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

(A) NAME OF PERSON: HUGH QUEENER

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

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

(A) NAME OF PERSON: JON DAVIES

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

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

(A) NAME OF PERSON: JON DAVIES

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

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. DAVIES IS THE SENIOR VICE PRESIDENT/COMPLIANCE EXECUTIVE, COMMUNITY AFFAIRS AND CONTRIBUTIONS FOR REGIONS FINANCIAL CORPORATION WHERE SOUTHEAST COMMUNITY CAPITAL MAINTAINS INTEREST BEARING ACCOUNTS AND RECEIVED INTEREST 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: PRINCIPAL FORGIVEN ON NOTE PAYABLE: MR. DAVIES IS THE SENIOR VICE PRESIDENT/COMPLIANCE EXECUTIVE, COMMUNITY AFFAIRS AND CONTRIBUTIONS FOR REGIONS FINANCIAL CORPORATION WHERE SOUTHEAST COMMUNITY CAPITAL HAD TN-SBJOF NOTES PAYABLE FORGIVEN DUE TO THE 10 YEAR ANNIVERSARY OF THE TN-SBJOF LOANS WHICH OCCURRED UNDER THE NORMAL COURSE OF BUSINESS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

SOUTHEAST COMMUNITY CAPITAL CORPORATION
D/B/A PATHWAY LENDING

Employer identification number
62-1823596

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

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

IN 2021, SOUTHEAST COMMUNITY CAPITAL CORPORATION ORIGINATED \$57.7MM IN
NEW LOANS, OF WHICH 74.4% OF LOANS BY NUMBER AND 83.8% OF LOANS BY
DOLLAR ACTIVITY WERE IN QUALIFIED CDFI TARGET MARKETS.

SOUTHEAST COMMUNITY CAPITAL CORPORATION MADE 330 LOANS AND LINES OF
CREDIT, INCLUDING 196 PPP TOTALING MORE THAN \$34MM TO SUPPORT THE
CREATION, PRESERVATION, AND GROWTH OF SMALL BUSINESSES, 11 LOANS
TOTALING OVER \$20.5MM TO SUPPORT AFFORDABLE HOUSING, AND 19 LOANS
TOTALING APPROXIMATELY \$3.1MM TO SUPPORT THE IMPLEMENTATION OF ENERGY
EFFICIENCY AND RENEWABLE ENERGY PROJECTS AT BUSINESSES ACROSS
TENNESSEE. TOTAL ANNUAL ENERGY SAVINGS FROM THE ENERGY LOANS WERE
\$202,540 WITH 1,930,184 KWH SAVED.

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

IN 2021 SOUTHEAST COMMUNITY CAPITAL CORPORATION PROVIDED 16,555 HOURS
OF EDUCATION; 11,057 WERE IN CLASSROOM/EVENTS SETTINGS, 5,422 WERE
ONE-ON-ONE COUNSELING SESSIONS, AND 76 WERE IN GROUP COACHING SESSIONS.
THERE WERE 2,325 UNIQUE CLIENTS SERVED, 79% WERE REPRESENTATIVE OF

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

Schedule O (Form 990) 2021

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

PATHWAY LENDING'S CDFI TARGET MARKETS (AS DEFINED BY LOW-INCOME CENSUS TRACTS OR MINORITY STATUS), WITH 49% BEING FEMALE, AND 40% BEING AFRICAN AMERICAN. THERE WERE 224 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

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

PRESIDENT WAS ALSO GIVEN THE AUTHORITY TO INCREASE SALARIES WITHIN SET PARAMETERS FOR THE SVP AND CFO. ALL SALARIES ARE DISCLOSED TO THE COMMITTEE.

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

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

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

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

FORM 990, PART VII, SECTION B

AS PART OF THEIR LOAN PROGRAM, PATHWAY SOMETIMES REMITS PAYMENTS TO CERTAIN THIRD PARTY CREDITORS ON BEHALF OF THE LOAN CLIENT AS PART OF THE SERVICING OF THE LOAN OR AT THE TIME OF THE LOAN CLOSING. THESE CREDITORS THEN RECEIVE A FORM 1099 MISC FROM PATHWAY FOR SERVICES RENDERED TO THE LOAN CLIENT, NOT FOR SERVICES RENDERED TO PATHWAY. THUS, PATHWAY DOES NOT LIST THOSE CREDITORS AS PAYMENTS FOR SERVICES ON FORM 990, PART VII, SECTION B, BUT THEY ARE INCLUDED IN THE TOTAL NUMBER OF 1099S OVER \$100,000.

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

Employer identification number
62-1823596

FORM 990, PART XII, LINE 2C

THE PROCESS IS THE SAME AS IN THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PATHWAY MEMPHIS LLC 201 VENTURE CIRCLE NASHVILLE, TN 37228	EXPAND OPERATIONS OF PATHWAY LENDING IN THE MEMPHIS, TN AREA	TENNESSEE	415,567.	952,468.	SOUTHEAST COMMUNITY CAPITAL CORPORATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2021

SOUTHEAST COMMUNITY CAPITAL CORPORATION

Schedule R (Form 990) 2021

D/B/A PATHWAY LENDING

62-1823596 Page **3**

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

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

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

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

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

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

PATHWAY LENDING CDE ADVISORS, LLC

DIRECT CONTROLLING ENTITY: SOUTHEAST COMMUNITY CAPITAL CORPORATION D/B/A

PATHWAY LENDING

NAME OF RELATED ORGANIZATION:

PATHWAY LENDING CDE, LLC

DIRECT CONTROLLING ENTITY: SOUTHEAST COMMUNITY CAPITAL CORPORATION D/B/A

PATHWAY LENDING