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Short Form Return of Organization Exempt From Income Tax

2013

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.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 07-01, 2013, and ending 06-30, 2014

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: DAVIDSON PROGRESS INC. Address: PO BOX 1287, LEXINGTON, NC 27293

D Employer identification number: 56-1874123. E Telephone number: (336) 243-1900. F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)

H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: NA

J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(6) [] 4947(a)(1) or [] 527

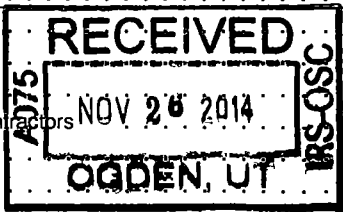
K Form of organization: [X] Corporation [] Trust [] Association [] Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 11,257

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 11,257. Expenses total: 104,384. Net Assets total: 75,964.



SCANNED DEC 22 2014

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	169,091	75,964
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	169,091	75,964
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	169,091	75,964

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SUPPORT INDUSTRIAL DEVELOPMENT IN DC, NC**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 SUPPORT OF DAVIDSON EDC		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See 990 OFOV				
ROBIN TEAM				
CHAIRMAN	0	0	0	0
TOM SMITH				
VICE CHAIRMAN	0	0	0	0
WALTER ROUSE				
SECRETARY	0	0	0	0
ED JORDAN				
TREASURER	0	0	0	0
WAYNE WILKINS				
DIRECTOR	0	0	0	0
DIXIE KEARNS				
DIRECTOR	0	0	0	0
FRED MOCK				
DIRECTOR	0	0	0	0
LARRY PERDUE				
DIRECTOR	0	0	0	0
MARVIN SMITH				
DIRECTOR	0	0	0	0
TOMMY HEDRICK				
DIRECTOR	0	0	0	0
STEVE GOOGE				
DIRECTOR	0	0	0	0
DR MARY RITTLING				
DIRECTOR	0	0	0	0
HAROLD KENNEDY				
DIRECTOR	0	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and organizational details. Includes Yes/No columns and input fields for amounts and descriptions.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

	Yes	No
47		
48		
49a		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

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: *Thomas R. Smith* Date: 11-05-2014

Type or print name and title: ~~ROBIN TEAM, CHAIRMAN~~ Thomas R. Smith, Vice Chairman

Paid Preparer Use Only

Print/Type preparer's name: Eddie Carrick CPA Preparer's signature: *ECC* Date: 11-05-2014 Check if self-employed PTIN: P01315064

Firm's name: Eddie Carrick CPA PC Firm's EIN: Firm's address: 151 Young Drive Lexington NC 27292 Phone no: 336-249-2545

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

SCHEDULE O
(Form-990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2013

▶ Attach to Form 990 or 990-EZ.

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Inspection**

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▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

DAVIDSON PROGRESS INC

56-1874123

01. Description of other revenue (Part I, line 8)

DESCRIPTION	AMOUNT
CHAMBER INCOME	8,500
OTHER	2,220

02. Description of other expenses (Part I, line 16)

DESCRIPTION	AMOUNT
INSURANCE	2,486
FUNDING TO DAVIDSON EDC	25,000
FUNDING TO I85 CENTER LLC	50,000
MARKETING	18,264
TRAVEL	1,834
OTHER	30

