

** PUBLIC DISCLOSURE COPY **

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

2020Open to Public
Inspection**A** For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021**B** Check if applicable:

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

C Name of organizationARTS & SCIENCE COUNCIL
CHARLOTTE/MECKLENBURG, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 30246City or town, state or province, country, and ZIP or foreign postal code
CHARLOTTE, NC 28230**F** Name and address of principal officer: KRISTA TERRELL
SAME AS C ABOVE**D** Employer identification number

56-0693436

E Telephone number
704-333-2272**G** Gross receipts \$ 11,604,427.**H(a)** Is this a group returnfor 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.ARTSANDSCIENCE.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1958**M** State of legal domicile: NC**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	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	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	50
	6 Total number of volunteers (estimate if necessary)	6	24
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,826,758.	11,546,800.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-95,910.	-3,701.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	57,627.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,730,848.	11,600,726.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,002,988.	9,819,178.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,308,994.	2,105,766.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 641,817.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,196,522.	1,340,443.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,508,504.	13,265,387.
	19 Revenue less expenses. Subtract line 18 from line 12	-4,777,656.	-1,664,661.
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)	39,946,305.	42,519,495.
	22 Net assets or fund balances. Subtract line 21 from line 20	12,202,126.	10,002,886.
		27,744,179.	32,516,609.

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		
	KRISTA TERRELL, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JOHN NORMAN	JOHN NORMAN	05/12/22		P01506766
Firm's name	Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
	Firm's address ▶ 227 WEST TRADE STREET, SUITE 800 CHARLOTTE, NC 28202			Phone no. 704-998-5200	

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

Form 990 (2020)

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:
SEE SCHEDULE O

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 \$ 7,518,951. including grants of \$ 7,484,009.) (Revenue \$)
THE ARTS & SCIENCE COUNCIL MAKES A VARIETY OF GRANTS AND FUNDS AN ARRAY
OF SERVICES THAT CONTRIBUTE TO THE VITALITY AND SUSTAINABILITY OF THE
REGIONAL CULTURAL SECTOR. THESE GRANTS AND SERVICES DIRECTLY ALIGN WITH
ASC'S MISSION OF INVESTING IN PEOPLE, PROGRAMS AND IDEAS THAT MOVE US
TOWARD A MORE EQUITABLE, SUSTAINABLE, AND INNOVATIVE CREATIVE
ECOSYSTEM. ASC'S CULTURE BLOCKS PROGRAM CONNECTS COMMUNITIES WITH
RESPONSIVE ARTS AND CULTURE EXPERIENCES CLOSE TO WHERE RESIDENTS LIVE.
THE PROGRAM ENGAGES WITH CREATIVE INDIVIDUALS AND ORGANIZATIONS TO
PRESENT PROGRAMS IN 10 GEOGRAPHIC AREAS IN MECKLENBURG COUNTY.

(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 1,291,285. including grants of \$) (Revenue \$)
ASC'S ARTIST SUPPORT GRANTS FUND PROFESSIONAL AND ARTISTIC DEVELOPMENT
FOR EMERGING AND ESTABLISHED ARTISTS TO ENHANCE THEIR SKILLS AND
ABILITIES TO CREATE NEW WORK OR IMPROVE THEIR BUSINESS OPERATIONS AND
CAPACITY TO BRING THEIR WORK TO NEW AUDIENCES.

4c (Code:) (Expenses \$ 2,997,690. including grants of \$ 2,335,169.) (Revenue \$)
THE ARTS & SCIENCE COUNCIL PROVIDES MANAGEMENT SERVICES FOR THE CITY OF
CHARLOTTE, MECKLENBURG COUNTY, AND OTHER PRIVATE PARTNERS TO ENSURE
EXCELLENCE AND RELEVANCE OF PUBLIC ART PROGRAMMING AND INSTALLATION.

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 11,807,926.

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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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 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>	3	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>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	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>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	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>	8	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>	9	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>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
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>	11a 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>	11b 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>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	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>	11e 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>	11f	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>	12a	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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	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>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21 X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 274	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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	50
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

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

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

☒**Section A. Governing Body and Management**

	1a	23	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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.		23		
b Enter the number of voting members included on line 1a, above, who are independent	1b	23		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

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

Section C. Disclosure

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

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 ►
 KRISTA TERRELL - 704-333-2272
 222 S. CHURCH ST., STE. 300, CHARLOTTE, NC 28202

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RONALD JEEP BRYANT PRESIDENT (THRU 1/21)	40.00			X				169,749.	0.	25,978.
(2) KRISTA TERRELL PRESIDENT (CURRENT)	40.00			X				157,026.	0.	11,471.
(3) KATHERINE MOORING SVP, COMMUNITY INVESTMENT	40.00				X			117,694.	0.	14,349.
(4) NINA SCHULTZ CFO (THRU 3/21)	40.00			X				104,113.	0.	8,986.
(5) MATTHEW GARDNER MEMBER	1.00	X						0.	0.	0.
(6) DURRAL R. GILBERT MEMBER	1.00	X						0.	0.	0.
(7) LISA WILLIAMS MEMBER	1.00	X						0.	0.	0.
(8) DENIS BILODEAU MEMBER	1.00	X						0.	0.	0.
(9) ADRIAN COX MEMBER	1.00	X						0.	0.	0.
(10) KATRINA PRIDE SECRETARY	3.00	X		X				0.	0.	0.
(11) GEORGE DUNLAP MEMBER	1.00	X						0.	0.	0.
(12) JEANNE E. JOHNSON BOARD CHAIR-ELECT	3.00	X		X				0.	0.	0.
(13) WESLEY MANCINI MEMBER	1.00	X						0.	0.	0.
(14) MATTIE MARSHALL MEMBER	1.00	X						0.	0.	0.
(15) RENEE GARNER MEMBER	1.00	X		X				0.	0.	0.
(16) TIMOTHY MILLER MEMBER	1.00	X						0.	0.	0.
(17) NALAN KARAKAYA MULDER MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUSAN L. PATTERSON BOARD CHAIR	3.00	X		X				0.	0.	0.
(19) RICHARD SCHELL MEMBER	1.00	X						0.	0.	0.
(20) DEBORAH STEWART MEMBER	1.00	X						0.	0.	0.
(21) JAZ TUNNELL MEMBER	1.00	X						0.	0.	0.
(22) BANU VALLADARES MEMBER	1.00	X						0.	0.	0.
(23) MIKE VASUANE MEMBER	1.00	X						0.	0.	0.
(24) GAURAV A. GUPTE MEMBER	1.00	X						0.	0.	0.
(25) KATHERINE DELESALLE KRAUSE MEMBER	1.00	X						0.	0.	0.
(26) VALENCIA MCDOWELL IMMEDIATE PAST CHAIR	3.00	X		X				0.	0.	0.
1b Subtotal								548,582.	0.	60,784.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								548,582.	0.	60,784.

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 **4**

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* **3**
- 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? *If "Yes," complete Schedule J for such individual* **4**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5**

	Yes	No
3		X
4	X	
5		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
NONE		
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 0		

SEE PART VII, SECTION A CONTINUATION SHEETS

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	9,215,766.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,331,034.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f				11,546,800.		
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross rents	6a					
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales expenses	7b	3,701.				
	c Gain or (loss)	7c	-3,701.				
	d Net gain or (loss)				-3,701.		-3,701.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18			8a			
	b Less: direct expenses			8b			
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19			9a				
b Less: direct expenses			9b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances			10a				
b Less: cost of goods sold			10b				
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a MISCELLANEOUS		900099	57,627.			57,627.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d				57,627.		
12 Total revenue. See instructions				11,600,726.	0.	0.	53,926.

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 ...	7,484,009.	7,484,009.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,335,169.	2,335,169.		
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	430,144.	81,607.	266,930.	81,607.
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	1,250,035.	942,704.	86,779.	220,552.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	64,724.	37,390.	12,568.	14,766.
9 Other employee benefits	237,593.	118,282.	57,558.	61,753.
10 Payroll taxes	123,270.	74,787.	26,219.	22,264.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	33,632.		33,632.	
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.)	105,866.	25,225.	74,421.	6,220.
12 Advertising and promotion	104,868.	83,430.	876.	20,562.
13 Office expenses	9,592.	-4,443.	13,027.	1,008.
14 Information technology	232,249.	57,004.	168,426.	6,819.
15 Royalties				
16 Occupancy	339,381.	508,108.	-335,179.	166,452.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	145,563.		145,563.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	222,367.		222,367.	
23 Insurance				
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 PROCESSING FEES	93,308.	9,741.	14,953.	68,614.
b INDIRECT AND OTHER GRAN	40,364.	39,871.	493.	
c ALL OTHER EXPENSES	13,253.	15,042.	27,011.	-28,800.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,265,387.	11,807,926.	815,644.	641,817.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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Part X Balance SheetCheck 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	300.	1	210.
	2 Savings and temporary cash investments	2,990,946.	2	4,192,995.
	3 Pledges and grants receivable, net	6,484,581.	3	3,249,129.
	4 Accounts receivable, net	3,250,000.	4	3,000,000.
	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	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	88,626.	9	3,960.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,184,255.		
	b Less: accumulated depreciation	10b 1,799,360.		
		1,607,262.	10c	1,384,895.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	25,524,590.	12	30,688,306.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	39,946,305.	16	42,519,495.	
Liabilities	17 Accounts payable and accrued expenses	2,374,737.	17	816,110.
	18 Grants payable		18	
	19 Deferred revenue	2,889,531.	19	3,423,520.
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties	610,310.	24	610,310.
	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	6,327,548.	25	5,152,946.
	26 Total liabilities. Add lines 17 through 25	12,202,126.	26	10,002,886.
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	-3,157,481.	27	-1,943,555.
	28 Net assets with donor restrictions	30,901,660.	28	34,460,164.
	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	27,744,179.	32	32,516,609.
	33 Total liabilities and net assets/fund balances	39,946,305.	33	42,519,495.

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Part XI Reconciliation of Net AssetsCheck 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	11,600,726.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,265,387.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,664,661.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,744,179.
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	6,437,091.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	32,516,609.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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 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.		
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 _____		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,537,392.	15,843,756.	13,800,154.	11,826,758.	11,546,800.	64,554,860.
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	11,537,392.	15,843,756.	13,800,154.	11,826,758.	11,546,800.	64,554,860.
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)						167,664.
6 Public support. Subtract line 5 from line 4.						64,387,196.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	11,537,392.	15,843,756.	13,800,154.	11,826,758.	11,546,800.	64,554,860.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	112.	99.		4,092.		4,303.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					57,627.	57,627.
11 Total support. Add lines 7 through 10						64,616,790.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	99.64 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	98.92 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

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

OMB No. 1545-0047

2020

Name of the organization

ARTS & SCIENCE COUNCIL
CHARLOTTE/MECKLENBURG, INC.

Employer identification number

56-0693436

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

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

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2**

Name of organization ARTS & SCIENCE COUNCIL CHARLOTTE/MECKLENBURG, INC.	Employer identification number 56-0693436
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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
1		\$ 3,190,823.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 335,236.	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.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **4**

Name of organization ARTS & SCIENCE COUNCIL CHARLOTTE/MECKLENBURG, INC.	Employer identification number 56-0693436
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

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

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

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

OMB No. 1545-0047

2020**Open to Public Inspection****Name of the organization** ARTS & SCIENCE COUNCIL
CHARLOTTE/MECKLENBURG, INC.**Employer identification number**
56-0693436**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?

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)?

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

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

	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	24,774,590.	30,630,570.	32,466,657.	32,023,789.	31,432,008.
b Contributions					30,000.
c Net investment earnings, gains, and losses	7,283,934.	691,797.	-385,731.	3,066,543.	2,134,306.
d Grants or scholarships	1,049,016.	3,224,818.	1,450,356.	2,623,675.	1,572,525.
e Other expenditures for facilities and programs	250,000.	3,250,000.			
f Administrative expenses	71,202.	72,959.			
g End of year balance	30,688,306.	24,774,590.	30,630,570.	32,466,657.	32,023,789.

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 ☐ 100 %

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)		X
3a(ii)		X
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				
c Leasehold improvements				
d Equipment		3,184,255.	1,799,360.	1,384,895.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,384,895.

Schedule D (Form 990) 2020

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) FFTC BENEFICIAL INTEREST INVESTMENTS	30,688,306.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	30,688,306.	

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) DUE TO AFFILIATES	2,152,946.
(3) DUE TO ENDOWMENT	3,000,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,152,946.

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

Schedule D (Form 990) 2020

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	
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	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	

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	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	

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 V, LINE 4:

ASC'S ENDOWMENT CONSISTS OF 19 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY

OF PURPOSES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ALLOCATION OF ALLOWABLE ENDOWMENT BEFORE SPENDING

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF ASSETS

INVESTMENT INCOME

Part XIII	Supplemental Information <i>(continued)</i>
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**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**Name of the organization **ARTS & SCIENCE COUNCIL
CHARLOTTE/MECKLENBURG, INC.****Employer identification number**
56-0693436**Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A SIGN OF THE TIMES OF THE CAROLINAS - 6230 EAGLE PEAK DRIVE - CHARLOTTE, NC 28214	20-4766220	501(C)3	30,756.	0.			OPERATING SUPPORT GRANT, CULTURE BLOCKS PROGRAM INVESTMENT, TECHNICAL ASSISTANCE GRANT
ACTOR'S THEATRE OF CHARLOTTE 1900 SELWYN AVENUE #1252 - CHARLOTTE, NC 28275	58-1888236	501(C)3	68,750.	0.			OPERATING SUPPORT GRANT, CARES FUNDING: ORGANIZATIONS
ALLTURNATIVES INC. (WYMS, MICHELLE) CEO - 5621 PACES GLEN AVE SUITE 318 - CHARLOTTE, NC 28212	45-3909006	501(C)3	7,200.	0.			CULTURAL VISION GRANT
ARTS+ P.O. BOX 32757 CHARLOTTE, NC 28232	59-1356847	501(C)3	156,800.	0.			CULTURE BLOCKS PROGRAM INVESTMENT, OPERATING SUPPORT GRANT
BARRE BELLE P.O. BOX 39514 CHARLOTTE, NC 28278	83-3468094	501(C)3	6,000.	0.			CULTURAL VISION GRANT
BECHTLER MUSEUM OF MODERN ART 420 S. TRYON ST. CHARLOTTE, NC 28202	56-2225722	501(C)3	317,059.	0.			OPERATING SUPPORT GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 79.**3** Enter total number of other organizations listed in the line 1 table ▶**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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ARTS & SCIENCE COUNCIL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENNU GARDENS 2916 PARKWAY AVENUE CHARLOTTE, NC 28202	83-1805071	501(C)3	5,500.	0.			CULTURAL VISION GRANT
BLUMENTHAL PERFORMING ARTS 130 N. TRYON ST CHARLOTTE, NC 28202	58-1791724	501(C)3	200,000.	0.			OPERATING SUPPORT GRANT
BNS PRODUCTIONS 9611 BROOKDALE DR, 100-161 CHARLOTTE, NC 28215	81-0705805	501(C)3	10,381.	0.			OPERATING SUPPORT GRANT
CAIN CENTER FOR THE ARTS POST OFFICE BOX 1443 CORNELIUS, NC 28031	81-4628087	501(C)3	6,000.	0.			CULTURAL VISION GRANT
CAROLINA RAPTOR CENTER PO BOX 16443 CHARLOTTE, NC 28297	56-1349170	501(C)3	87,642.	0.			OPERATING SUPPORT GRANT
CAROLINA VOICES 1900 QUEENS RD CHARLOTTE, NC 28207	56-0810412	501(C)3	57,510.	0.			OPERATING SUPPORT GRANT, CARES FUNDING: ORGANIZATIONS, TECHNICAL ASSISTANCE GRANT
CAROLINAS AVIATION MUSEUM 1026 JAY STREET CHARLOTTE, NC 28208	56-1769105	501(C)3	99,573.	0.			OPERATING SUPPORT GRANT, CARES FUNDING: ORGANIZATIONS
CAROLINE CALOUCHE & CO. 9315-E MONROE ROAD CHARLOTTE, NC 28270	20-3607784	501(C)3	20,000.	0.			CARES FUNDING: ORGANIZATIONS
CENTER FOR PREVENTION SERVICES 1117 E MOREHEAD ST SUITE 200 CHARLOTTE, NC 28205	56-0999338	501(C)3	6,000.	0.			CULTURAL VISION GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLOTTE ART LEAGUE 4100 RALEIGH ST. CHARLOTTE, NC 28213	23-7414250	501(C)3	15,953.	0.			OPERATING SUPPORT GRANT
CHARLOTTE BALLET 701 N.TRYON STREET CHARLOTTE, NC 28202	58-1314711	501(C)3	438,593.	0.			CULTURE BLOCKS PROGRAM INVESTMENT, OPERATING SUPPORT GRANT
CHARLOTTE CENTER FOR LITERARY ARTS INC - 1817 CENTRAL AVENUE, ROOM 302 - CHARLOTTE, NC 28205	47-4988291	501(C)3	32,562.	0.			OPERATING SUPPORT GRANT, CARES FUNDING: ORGANIZATIONS
CHARLOTTE FOLK SOCIETY PO BOX 36864 CHARLOTTE, NC 28236-6864	56-1328389	501(C)3	6,635.	0.			OPERATING SUPPORT GRANT
CHARLOTTE IS CREATIVE 1005-A WESTBROOK DR. CHARLOTTE, NC 28205	47-5329696	501(C)3	7,245.	0.			TECHNICAL ASSISTANCE GRANT
CHARLOTTE JOURNALISM COLLABORATIVE 310 NORTH TRYON ST CHARLOTTE, NC 28202	56-6018623	501(C)3	9,000.	0.			CULTURAL VISION GRANT
CHARLOTTE MASTER CHORALE PO BOX 511 MATTHEWS, NC 28106	83-1668935	501(C)3	22,000.	0.			CARES FUNDING: ORGANIZATIONS
CHARLOTTE MUSEUM OF HISTORY 3500 SHAMROCK DRIVE CHARLOTTE, NC 28215	21-7125613	501(C)3	38,965.	0.			CULTURAL VISION GRANT, CARES FUNDING: ORGANIZATIONS, TECHNICAL ASSISTANCE GRANT
CHARLOTTE SYMPHONY ORCHESTRA 128 S TRYON ST STE 350 CHARLOTTE, NC 28202	56-6011568	501(C)3	445,718.	0.			CULTURE BLOCKS PROGRAM INVESTMENT, OPERATING SUPPORT GRANT, AT&T EDUCATION ENDOWMENT GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLOTTE YOUTH BALLET INC PO BOX 472937 CHARLOTTE, NC 28247	56-1539628	501(C)3	13,000.	0.			CARES FUNDING: ORGANIZATIONS
CHILDREN'S THEATRE OF CHARLOTTE 300 E 7TH ST CHARLOTTE, NC 28202	56-1028031	501(C)3	281,893.	0.			CULTURE BLOCKS PROGRAM INVESTMENT, OPERATING SUPPORT GRANT
CINEODYSSEY FILM FESTIVAL 4022 CANTERBROOK DR CHARLOTTE, NC 28269	46-4906906	501(C)3	11,007.	0.			CULTURAL VISION GRANT, CULTURE BLOCKS PROGRAM INVESTMENT
CLAYWORKS 4506 MONROE ROAD CHARLOTTE, NC 28205	90-0198258	501(C)3	92,035.	0.			OPERATING SUPPORT GRANT, CARES FUNDING: ORGANIZATIONS, TECHNICAL ASSISTANCE GRANT, CULTURE
CREATING EXPOSURE THROUGH THE ARTS 4604 EMORY LANE CHARLOTTE, NC 28211	46-1921527	501(C)3	15,400.	0.			CULTURE BLOCKS PROGRAM INVESTMENT
DAVIDSON COMMUNITY PLAYERS 209 DELBURG STREET, STE. 132 PO BOX DAVIDSON, NC 28036	58-1542159	501(C)3	70,248.	0.			OPERATING SUPPORT GRANT, CARES FUNDING: ORGANIZATIONS
DEAR SOUL MUSIC CO. 2901 N. DAVIDSON STREET UNIT 134 CHARLOTTE, NC 28205	81-4740768	501(C)3	14,600.	0.			CULTURE BLOCKS PROGRAM INVESTMENT
DIGI-BRIDGE 1026 JAY STREET CHARLOTTE, NC 28215	46-4859045	501(C)3	39,000.	0.			CULTURAL VISION GRANT, CULTURE BLOCKS PROGRAM INVESTMENT, CARES FUNDING: ORGANIZATIONS
DISCOVERY PLACE, INC. 301 NORTH TRYON STREET CHARLOTTE, NC 28202	56-0529944	501(C)3	466,718.	0.			OPERATING SUPPORT GRANT, THRIVE FUND, TECHNICAL ASSISTANCE GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FESTIVAL IN THE PARK 1409 EAST BLVD. CHARLOTTE, NC 28203	56-6087310	501(C)3	22,000.	0.			CARES FUNDING: ORGANIZATIONS
GAY MENS CHORUS OF CHARLOTTE PO BOX 560661 CHARLOTTE, NC 28204	20-5361365	501(C)3	12,192.	0.			OPERATING SUPPORT GRANT
GIRLS ROCK CHARLOTTE 423 EAST 22ND STREET CHARLOTTE, NC 28206	47-3489351	501(C)3	6,000.	0.			CARES FUNDING: ORGANIZATIONS
GOODYEAR ARTS 301 CAMP RD, #200 CHARLOTTE, NC 28206	82-1291043	501(C)3	39,606.	0.			OPERATING SUPPORT GRANT, CARES FUNDING: ORGANIZATIONS
GUERILLA POETS LTD. 4100A RALEIGH ST CHARLOTTE, NC 28206	81-2940795	501(C)3	7,135.	0.			CULTURE BLOCKS PROGRAM INVESTMENT
HARVESTING HUMANITY LLC 1315 DAVID COX LANE/ #481748 CHARLOTTE, NC 28269	83-2887862	501(C)3	10,000.	0.			CULTURE BLOCKS PROGRAM INVESTMENT
HARVEY B. GANTT CENTER FOR AFRICAN-AMERICAN ARTS + CULTURE - 551 S. TRYON STREET - CHARLOTTE, NC 28202	56-1152286	501(C)3	201,814.	0.			OPERATING SUPPORT GRANT
INREACH 4530 PARK RD. /SUITE 300 CHARLOTTE, NC 28209	52-1084075	501(C)3	9,000.	0.			CULTURAL VISION GRANT
INSPIRE THE FIRE, INC. 3811 YORKFORD DRIVE CHARLOTTE, NC 28269	56-2403601	501(C)3	7,500.	0.			CULTURAL VISION GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JAZZARTS CHARLOTTE 801 E MOREHEAD ST, STE 105 #3404 CHARLOTTE, NC 28202	27-1728470	501(C)3	78,893.	0.			OPERATING SUPPORT GRANT, CARES FUNDING: ORGANIZATIONS
JOEDANCE FILM FESTIVAL 301 W 10TH STREET #407 CHARLOTTE, NC 28202	46-1283481	501(C)3	8,000.	0.			CARES FUNDING: ORGANIZATIONS
LEVINE MUSEUM OF THE NEW SOUTH 200 E. 7TH ST. CHARLOTTE, NC 28202	56-1748648	501(C)3	209,633.	0.			OPERATING SUPPORT GRANT
LORIEN ACADEMY OF THE ARTS 2461 ARTY AVE CHARLOTTE, NC 28208	82-2409144	501(C)3	29,200.	0.			CULTURAL VISION GRANT, CARES FUNDING: ORGANIZATIONS
MARTHA CONNERTON/KINETIC WORKS, INC. - 1609 NASSAU BLVD - CHARLOTTE, NC 28205	56-2266383	501(C)3	31,229.	0.			OPERATING SUPPORT GRANT, CARES FUNDING: ORGANIZATIONS, CULTURE BLOCKS PROGRAM INVESTMENT
MATTHEWS PLAYHOUSE OF THE PERFORMING ARTS - 100 MCDOWELL STREET - CHARLOTTE, NC 28105	56-1937368	501(C)3	92,352.	0.			OPERATING SUPPORT GRANT, CARES FUNDING: ORGANIZATIONS, CULTURE BLOCKS PROGRAM INVESTMENT
MCCOLL CENTER FOR ART + INNOVATION 721 N. TRYON ST. CHARLOTTE, NC 28202	51-0195015	501(C)3	161,880.	0.			OPERATING SUPPORT GRANT, TECHNICAL ASSISTANCE GRANT
MINT HILL ARTS 11205 LAWYER'S RD SUITE A MINT HILL, NC 28227	04-3846871	501(C)3	8,839.	0.			OPERATING SUPPORT GRANT
MINT MUSEUM OF ART, INC. 2730 RANDOLPH ROAD CHARLOTTE, NC 28207	56-0670666	501(C)3	509,494.	0.			OPERATING SUPPORT GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOVING SPIRITS, INC. 1647 CLOONEY LANE CHARLOTTE, NC 28262	45-3503467	501(C)3	8,750.	0.			CULTURE BLOCKS PROGRAM INVESTMENT
MUSIC AT ST. ALBAN'S PO BOX 731 DAVIDSON, NC 28036	46-4695666	501(C)3	8,500.	0.			CULTURAL VISION GRANT
MUSIC MAKER RELIEF FOUNDATION 224 WEST CORBIN STREET HILLSBOROUGH, NC 27278	13-3782018	501(C)3	9,600.	0.			CULTURE BLOCKS PROGRAM INVESTMENT
NORTH MECKLENBURG COMMUNITY CHORUS, INC. - P.O. BOX 1234 - HUNTERSVILLE, NC 28078	27-1469178	501(C)3	5,000.	0.			CULTURAL VISION GRANT
OBEY FOUNDATION INC 8410 ROCKMOOR RIDGE RD CHARLOTTE, NC 28215	13-3985609	501(C)3	23,150.	0.			CULTURE BLOCKS PROGRAM INVESTMENT
ONE VOICE INC. PO BOX 9241 CHARLOTTE, NC 28299	58-1979889	501(C)3	37,948.	0.			OPERATING SUPPORT GRANT, CARES FUNDING: ORGANIZATIONS
OPERA CAROLINA 1600 ELIZABETH AVENUE CHARLOTTE, NC 28204	56-6019660	501(C)3	196,191.	0.			OPERATING SUPPORT GRANT, AT&T EDUCATION ENDOWMENT GRANT
ORDER MY STEPS (OMS) 9229 LAWYERS ROAD SUITE I MINT HILL, NC 28227	90-0582305	501(C)3	8,360.	0.			CULTURE BLOCKS PROGRAM INVESTMENT
PIEDMONT MUSIC THERAPY, LLC 224 WESTINGHOUSE BOULEVARD, SUITE 6 CHARLOTTE, NC 28273	46-2215322	501(C)3	7,100.	0.			CULTURE BLOCKS PROGRAM INVESTMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAYING FOR OTHERS (PFO) 2205 E 5TH ST CHARLOTTE, NC 28204	20-1426441	501(C)3	7,600.	0.			CULTURAL VISION GRANT
PROJECT SCIENTIST 4117 PARK ROAD, UNIT 11291 CHARLOTTE, NC 28209	46-1763945	501(C)3	9,000.	0.			CULTURAL VISION GRANT
PROMISE RESOURCE NETWORK 1041 HAWTHORNE LANE CHARLOTTE, NC 28205	27-2648129	501(C)3	6,000.	0.			CULTURAL VISION GRANT
PURPLE CHARLOTTE STEPPERS 5418 FREESTONE DR CHARLOTTE, NC 28216	81-3130327	501(C)3	10,000.	0.			CULTURE BLOCKS PROGRAM INVESTMENT
QUEEN CITY ROBOTICS ALLIANCE PO BOX 31483 CHARLOTTE, NC 28231	46-1843966	501(C)3	16,600.	0.			CULTURE BLOCKS PROGRAM INVESTMENT
QUE-OS PO BOX 11256 CHARLOTTE, NC 28220	46-0643659	501(C)3	52,949.	0.			OPERATING SUPPORT GRANT, CULTURE BLOCKS PROGRAM INVESTMENT, CARES FUNDING: ORGANIZATIONS
SOUTHEND ARTS 2143 PARK ROAD CHARLOTTE, NC 28203	83-2061483	501(C)3	17,500.	0.			CULTURAL VISION GRANT, CARES FUNDING: ORGANIZATIONS
THE ARTS EMPOWERMENT PROJECT 11402 JAMES JACK LANE CHARLOTTE, NC 28202	45-4837497	501(C)3	22,000.	0.			CARES FUNDING: ORGANIZATIONS
THE CAROLINAS LATIN DANCE COMPANY PO BOX 43770 CHARLOTTE, NC 28215	56-2276606	501(C)3	14,191.	0.			OPERATING SUPPORT GRANT, CARES FUNDING: ORGANIZATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHOIR SCHOOL AT ST. PETER'S 115 WEST SEVENTH STREET CHARLOTTE, NC 28202	56-2271723	501(C)3	22,000.	0.			CARES FUNDING: ORGANIZATIONS
THE LIGHT FACTORY 700 N. TRYON CHARLOTTE, NC 28202	51-0185359	501(C)3	46,718.	0.			OPERATING SUPPORT GRANT, CARES FUNDING: ORGANIZATIONS
THEATRE CHARLOTTE 501 QUEENS RD CHARLOTTE, NC 28207	56-0591306	501(C)3	88,806.	0.			OPERATING SUPPORT GRANT, CARES FUNDING: ORGANIZATIONS, TECHNICAL ASSISTANCE GRANT
THREE BONE THEATRE 842 LINDA LN CHARLOTTE, NC 28211	46-4220126	501(C)3	30,732.	0.			OPERATING SUPPORT GRANT, CARES FUNDING: ORGANIZATIONS, CULTURE BLOCKS PROGRAM INVESTMENT
TOSCO MUSIC 4953 ALBEMARLE RD CHARLOTTE, NC 28205	56-2135861	501(C)3	96,272.	0.			OPERATING SUPPORT GRANT, CARES FUNDING: ORGANIZATIONS, CULTURE BLOCKS PROGRAM INVESTMENT
UNIVERSITY OF NORTH CAROLINA SCHOOL OF THE ARTS FOUNDATION INC. - 1533 SOUTH MAIN STREET - WINSTON-SALEM, NC 27127	56-6064850	501(C)3	14,500.	0.			NC SCHOOL OF THE ARTS - WACHOVIA
VISART, INC 3104 EASTWAY DRIVE CHARLOTTE, NC 28205	83-1863226	501(C)3	22,000.	0.			CARES FUNDING: ORGANIZATIONS
WDAV CLASSICAL PUBLIC RADIO (DAVIDSON COLLEGE) - BOX 8990 - DAVIDSON, NC 28035	56-0529961	501(C)3	5,100.	0.			CULTURAL VISION GRANT
WING HAVEN 260 RIDGEWOOD AVENUE CHARLOTTE, NC 28207	56-1014180	501(C)3	108,063.	0.			OPERATING SUPPORT GRANT, CARES FUNDING: ORGANIZATIONS

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Part II	Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)
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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
ARTIST SUPPORT GRANTS	42	75,005.	0.		
CREATIVE RENEWAL FELLOWSHIP GRANT	8	80,000.	0.		
EMERGING CREATIVE FELLOWSHIP	6	30,000.	0.		
CULTURAL VISION GRANT	19	106,100.	0.		
CULTURE BLOCKS PROGRAM INVESTMENT	25	143,907.	0.		

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:

OPERATING SUPPORT GRANT RECIPIENTS ARE REQUIRED TO SUBMIT THE FOLLOWING

DOCUMENTATION TO MONITOR THE USE OF GRANT FUNDS: SIGNED GRANT AGREEMENT -

REQUIRED BEFORE FIRST PAYMENT; METRICS GRID (CREATED BY EACH ORGANIZATION

LISTING THEIR TOP 3 METRICS OF SUCCESS FOR THE FISCAL YEAR) IS SUBMITTED IN

JULY, UPDATED IN JANUARY, WITH A FINAL REPORT SUBMITTED IN JULY; QUARTERLY

BUDGET TO ACTUAL FINANCIALS; AUDIT OR COMPILATION OF PREVIOUS YEAR; COPIES

OF BROCHURES AND MAILINGS; QUARTERLY ATTENDANCE FIGURES AND BOARD OF

DIRECTORS LIST. ASC STAFF ALSO MONITORS GRANT RECIPIENTS BY CONDUCTING

ARTS & SCIENCE COUNCIL
CHARLOTTE/MECKLENBURG, INC.

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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
CARES FUNDING, INIVIDUAL ARTIST	123.	623,205.	0.		

ARTS & SCIENCE COUNCIL
CHARLOTTE/MECKLENBURG, INC.

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Schedule I (Form 990)

Part IV Supplemental Information

SITE VISITS AND CONDUCTING FACE-TO-FACE MEETINGS DURING THE AWARD YEAR.

PROJECT GRANT RECIPIENTS ARE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTATION

TO MONITOR THE USE OF GRANT FUNDS:

INITIAL PAPERWORK - SIGNED GRANT AGREEMENT; REVISED NARRATIVE AND BUDGET

(IF THE GRANTEE RECEIVED LESS THAN THE AMOUNT REQUESTED).

FINAL PAPERWORK - FINAL REPORT OUTLINING ASSESSMENT AND EVALUATION; FINAL

BUDGET AND PROJECT DOCUMENTATION.

ADDITIONALLY, PROJECT GRANT RECIPIENTS WHO RECEIVE STATE SUB-GRANTS ARE

REQUIRED TO SUBMIT ADDITIONAL PAPERWORK, INCLUDING A NOTARIZED CONFLICT OF

INTEREST POLICY, A NOTARIZED NO OVERDUE TAX DEBT FORM, A STATE GRANT

CERTIFICATION AND A SWORN STATEMENT AND STATE GRANT COMPLIANCE REPORT.

ASC STAFF ALSO PERIODICALLY MONITORS GRANT RECIPIENTS BY CONDUCTING SITE

VISITS TO FUNDED PROJECTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CLAYWORKS

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING SUPPORT GRANT, CARES

FUNDING: ORGANIZATIONS, TECHNICAL ASSISTANCE GRANT, CULTURE BLOCKS

PROGRAM INVESTMENT

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020**Open to Public
Inspection**Name of the organization
ARTS & SCIENCE COUNCIL
CHARLOTTE/MECKLENBURG, INC.Employer identification number
56-0693436**Part I Questions Regarding Compensation****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.☐ First-class or charter travel☐ Housing allowance or residence for personal use☐ Travel for companions☐ Payments for business use of personal residence☐ Tax indemnification and gross-up payments☐ Health or social club dues or initiation fees☐ Discretionary spending account☐ 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**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?**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.☒ Compensation committee☒ Written employment contract☐ Independent compensation consultant☐ Compensation survey or study☒ Form 990 of other organizations☒ 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?**b** Participate in or receive payment from a supplemental nonqualified retirement plan?**c** Participate in or receive payment from an equity-based compensation arrangement?

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?**b** Any related organization?

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?**b** Any related organization?

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**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**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ) <small>Department of the Treasury Internal Revenue Service</small>	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	<small>OMB No. 1545-0047</small> 2020 Open to Public Inspection
Name of the organization ARTS & SCIENCE COUNCIL CHARLOTTE/MECKLENBURG, INC.		Employer identification number 56-0693436

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ARTS & SCIENCE COUNCIL INVESTS IN PEOPLE, PROGRAMS AND IDEAS THAT
MOVE US TOWARD A MORE EQUITABLE, SUSTAINABLE AND INNOVATIVE CREATIVE
ECOSYSTEM.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ARTS & SCIENCE COUNCIL (ASC) IS THE COMMUNITY'S CHIEF ADVOCATE FOR
ARTS, SCIENCE, HISTORY AND HERITAGE, A GATHERER AND STEWARD OF PUBLIC
AND PRIVATE COMMUNITY RESOURCES, AN INVESTOR OF THOSE RESOURCES IN THE
CULTURAL SECTOR AND COMMUNITY, THE STRATEGIC PLANNER FOR THE
COMMUNITY'S CULTURAL SECTOR, AND THE PUBLIC ART AGENT FOR THE CITY OF
CHARLOTTE AND MECKLENBURG COUNTY. THE MISSION OF THE ORGANIZATION IS
INVESTING IN PEOPLE, PROGRAMS AND IDEAS THAT MOVE US TOWARD A MORE
EQUITABLE, SUSTAINABLE AND INNOVATIVE CREATE ECOSYTEM. THE VISION IS
AN EQUITABLE, CONNECTED COMMUNITY WHERE CREATIVITY IS CENTRAL,
CELEBRATED AND SUPPORTED.

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

THIS SERVICE DIRECTLY ALIGNS WITH HOW RESIDENTS WANT THE CULTURAL
SECTOR TO SERVE THEM BY BUILDING COMMUNITY AND INCREASING CULTURAL
PROGRAM RELEVANCE.

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

THE ADMINISTRATION AND OPERATIONS COMMITTEE, ASC PRESIDENT AND CFO EACH
REVIEW A DRAFT OF THE 990 IN DETAIL. UPON THEIR ACCEPTANCE OF THE
DOCUMENT, THE FORM 990 IS SHARED WITH THE FULL BOARD OF DIRECTORS FOR
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization ARTS & SCIENCE COUNCIL
CHARLOTTE/MECKLENBURG, INC.

Employer identification number
56-0693436

REVIEW PRIOR TO FILING.

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

THE BOARD MEMBERS AND STAFF ARE PROVIDED A COPY OF THE CONFLICT OF INTEREST
POLICY EACH JULY AND ASKED TO REVIEW AND SIGN THE FORM INDICATING THEY HAVE
READ THE POLICY AND MADE ANY APPROPRIATE DISCLOSURES. SHOULD A CONFLICT
EXIST ON A MATTER COMING TO A VOTE, THE MEMBER WITH THE CONFLICT WOULD
EXCUSE HIMSELF/HERSELF FROM THE VOTE.

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

THE PRESIDENT'S COMPENSATION IS ESTABLISHED ANNUALLY BY THE OFFICERS OF THE
BOARD OF DIRECTORS. COMPENSATION ADJUSTMENTS ARE MADE BASED ON INDIVIDUAL
PERFORMANCE (AS DETERMINED THROUGH A 360 DEGREE REVIEW), MARKET CONDITIONS,
AND COMPARABLE NONPROFIT PEER COMPENSATION. DISCUSSIONS ARE DOCUMENTED IN
THE MEETING MINUTES. THE OFFICERS OF THE BOARD OF DIRECTORS ALSO ESTABLISH
THE PRESIDENT'S ANNUAL PERFORMANCE BONUS BASED ON ORGANIZATIONAL AND
PERSONAL PERFORMANCE WITHIN THE GUIDELINES OF THE BONUS PROGRAM APPROVED BY
THE BOARD OF DIRECTORS. THE PRESIDENT IS RESPONSIBLE FOR ESTABLISHING THE
SALARIES OF HIS DIRECT REPORTS, INCLUDING KEY EMPLOYEES. COMPENSATION
ADJUSTMENTS FOR KEY EMPLOYEES ARE SHARED WITH THE OFFICERS OF THE BOARD OF
DIRECTORS TO ENSURE REASONABLENESS.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST 5,734,918.

Name of the organization	ARTS & SCIENCE COUNCIL CHARLOTTE/MECKLENBURG, INC.
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Employer identification number
56-0693436

ALLOCATION OF ALLOWABLE ENDOWMENT BEFORE SPENDING	1,656,509.
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OTHER ADJUSTMENT	-954,336.
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TOTAL TO FORM 990, PART XI, LINE 9 6,437,091.

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020**Open to Public
Inspection**Name of the organization **ARTS & SCIENCE COUNCIL
CHARLOTTE/MECKLENBURG, INC.****Employer identification number**
56-0693436**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

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
GREATER CHARLOTTE CULTURAL TRUST - 82-0576292, 217 S. TRYON ST., CHARLOTTE, NC 28202	ENDOWMENT INVESTMENT & ADMINISTRATION	NORTH CAROLINA	501(C)(3)	LINE 12A, I			X

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

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

[illegible]

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)			

Schedule R (Form 990) 2020

Part VII	Supplemental Information
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Provide additional information for responses to questions on Schedule R. See instructions.