

# Instructions

Included in this DocuSign are the assembled copies of the filings for the organization's records as follows:

- 1. **Internal Copy:** Includes all letters, instructions, and return pages without any redaction. Please review this file, sign, and date where indicated and submit back to CLA.
- 2. **Public Inspection Copy:** Redacted to just the information that is required for public inspection. If anyone from the public were to request a copy of the return or if the return were to be posted, the Public Inspection Copy should be used.
- 3. **PRINT & PAPER FILE Copy:** CLA will not be mailing in these returns. The first page of the PDF is the filing instructions page, this includes instructions on any payment(s) that may be due. **All the remaining pages in the PDF should be printed for signature and mailing.** Any return that must be paper filed we recommend that you use certified mail with return receipt as proof of mailing.

Please note:

After the documents have been e-signed and you click 'Finish' - DocuSign will give you the option to log-in - you can log-in at that time and download the executed documents and print any PRINT & PAPER FILE documents; alternatively, DocuSign will send you another email indicating that the documents have been 'finished' and you can click that link to download and/or print the documents. **Downloading is important as you will not be receiving a paper copy. You have 120 days to download.** 

CLA cannot e-file any return until its signed e-file authorization is returned to CLA.

CLA does recommend all returns included in each PDF be signed and dated for your records.

CLA is not making any payments as part of the e-file or submitting any paper returns on your behalf.

Please initial to indicate that you have read and understand the above:



#### CLAconnect.com

#### CPAs | CONSULTANTS | WEALTH ADVISORS

CLA (CliftonLarsonAllen LLP) is an independent network member of CLA Global. See <u>CLAglobal.com/disclaimer</u>. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.





CliftonLarsonAllen LLP CLAconnect.com

# ARTS & SCIENCE COUNCIL CHARLOTTE/MECKLENBURG, INC.

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED JUNE 30, 2023



CliftonLarsonAllen LLP CLAconnect.com

May 9, 2024

Arts & Science Council Charlotte/Mecklenburg, Inc. PO Box 30246 Charlotte, NC 28230

Arts & Science Council Charlotte/Mecklenburg, Inc.:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

# FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by May 15, 2024 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

# A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

Form 8879-TE	IRS e-file Signature Authorization for a Tax Exempt Entity	n L	OMB No. 1545-0047
	For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 3	0 2023	0000
	Do not send to the IRS. Keep for your records.	, 20 23	2022
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information	n.	
Name of filer ARTS & SC	IENCE COUNCIL	EIN or SSN	
CHARLOTTE	MECKLENBURG, INC.	56-069	3436
Name and title of officer or pe			
Part I Type of	BOARD CHAIR Return and Return Information		
		( (	
Form 5330 filers may enter or <b>10a</b> below, and the amount	rn for which you are using this Form 8879-TE and enter the applicable amount, i r dollars and cents. For all other forms, enter whole dollars only. If you check the bunt on that line for the return being filed with this form was blank, then leave line lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the a	e box on line <b>1a, 2a, 3</b> e <b>1b, 2b, 3b, 4b, 5b,</b>	a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h			<b>1b</b> 9,721,899.
2a Form 990-EZ che			2b
3a Form 1120-POL			3b
4a Form 990-PF che			4b
5a Form 8868 check			5b
6a Form 990-T chec			6b
7a Form 4720 check			7b
8a Form 5227 check			8b
9a Form 5330 check 10a Form 8038-CP ch			9b
Part II Declarat	neck here <b>b Amount of credit payment requested</b> (Form 8038-CP) tion and Signature Authorization of Officer or Person Subject	to Tax	10b
	, I declare that I am an officer of the above entity or I am a person su		ect to (name
of entity)		-	examined a copy of the
financial institution to deb later than 2 business days payment of taxes to receiv	ution account indicated in the tax preparation software for payment of the federa t the entry to this account. To revoke a payment, I must contact the U.S. Treasu prior to the payment (settlement) date. I also authorize the financial institutions i e confidential information necessary to answer inquiries and resolve issues relat nber (PIN) as my signature for the electronic return and, if applicable, the consen	rry Financial Agent at - involved in the proces ed to the payment. I h	I-888-353-4537 no sing of the electronic ave selected a
	FTONLARSONALLEN LLP	to enter my Pl	N 79274
	ERO firm name		Enter five numbers, but
with a state age on the return's o	on the tax year 2022 electronically filed return. If I have indicated within this retuncy(ies) regulating charities as part of the IRS Fed/State program, I also authoriz disclosure consent screen.	e the aforementioned	ERO to enter my PIN
return. If I have	indicated with this return that a copy of the return is being filed with a state age rogram 1 will efficiently him in the return's disclosure consent screen.	•	arities as part of the
Signature of officer or person subje		Date	5/10/2024
Part III Certifica	ition and Authentication		
-	bur six-digit electronic filing identification your five-digit self-selected PIN. Do not enter		
	neric entry is my PIN, which is my signature on the 2022 electronically filed retur ccordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) Informa		
ERO's signatureCLIF'	TONLARSONALLEN LLP Date	05/09/24	
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form to the IRS Unless Requested	10 00 50	
LHA For Privacy Act and	d Paperwork Reduction Act Notice, see instructions.		Form <b>8879-TE</b> (2022)
202521 12-16-22			

Form **99** 

Department of the Treasury

**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. OMB No. 1545-0047

Inter	nal Reve	nue Service Go to www.ii S.gow/Formaso for instructions and th	ie latest in		Inspection								
Α	For the	2022 calendar year, or tax year beginning JUL 1, 2022 and e	ending JT	JN 30, 2023									
в	Check if	C Name of organization		D Employer identif	ication number								
â	applicabl	ARTS & SCIENCE COUNCIL											
	Addre	e CHARLOTTE/MECKLENBURG, INC.											
	Name Chang	Doing business as 56-0693436											
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	E Telephone number	er									
	Final return	PO BOX 30246		704-333-2272	2								
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	9,721,899.								
	Amen return	ded CHARLOTTE, NC 28230		H(a) Is this a group r	return								
	Applic tion	F Name and address of principal officer. Month Provider		for subordinate	s? Yes X No								
	pendi	SAME AS C ABOVE		H(b) Are all subordinates i	included? Yes No								
1	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	r 🗌 527	If "No," attach a	a list. See instructions								
J	Websi	te: WWW.ARTSANDSCIENCE.ORG		H(c) Group exemption	on number								
ĸ	Form of	organization: X Corporation Trust Association Other	L Year of	of formation: 1958	M State of legal domicile: NC								
Pa	art I	Summary											
	1	Briefly describe the organization's mission or most significant activities:	S & SCIE	NCE COUNCIL									
ů S C		INVESTS IN PEOPLE, PROGRAMS AND IDEAS THAT MOVE US TOWARD A M	IORE										
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.								
ove	3	Number of voting members of the governing body (Part VI, line 1a)			23								
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			23								
8 8	5	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5											
vitie	6	Total number of volunteers (estimate if necessary)		6	190								
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.								
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.								
				Prior Year	Current Year								
e	8	Contributions and grants (Part VIII, line 1h)		8,081,427.	9,343,333.								
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.								
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		939.	4,152.								
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		266,078.	374,414.								
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,348,444.	9,721,899.								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,961,331.	6,443,494.								
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	-								
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,385,193.	1,431,400.								
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.								
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 697, 7	76.										
Ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,473,067.	1,468,157.								
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,819,591.	9,343,051.								
	19	Revenue less expenses. Subtract line 18 from line 12		528,853.	378,848.								
Net Assets or	6		Be	ginning of Current Year 37,067,687.	End of Year								
sets	<b>1 20</b>	Total assets (Part X, line 16)											
tAs	21	Total liabilities (Part X, line 26)		7,307,996.	7,898,541.								
ER I	22	Net assets or fund balances. Subtract line 21 from line 20		29,759,691.	32,237,730.								
Pa	art 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	Signature of officer DocuSigned	Date											
-	TONY PEREZ, BOARD CHAIR TONY PL	MA		5/10/2024									
	Type or print name and title	/											
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN									
Paid	JOHN NORMAN	JOHN NORMAN	05/09/24	self-employed P01506766									
Preparer	Firm's name CLIFTONLARSONALLEN LLP		Firm's	sEIN 41-0746749									
Use Only	Firm's address 227 WEST TRADE STREET, SU	ITE 800											
	CHARLOTTE, NC 28202 Phone no.704-												
May the If	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No									
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)												

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III Bridty describe the organization's mission: BE SCHEDULE 0  Did the organization and end of the organization's mission: BE SCHEDULE 0  Did the organization case conducting, or make significant program services during the year which were not listed on the prior Form 990 or 990-E27 Ures, 'describe these new services on Schedule 0. Did the organization case conducting, or make significant changes in how it conducts, any program services? Ves X Nc If 'Yes,' describe these changes on Schedule 0. Did the organization case conducting, or make significant changes in how it conducts, any program services, as measure by expenses. Section 501(6)(3) and 501(6)(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. Coating () (coating 5, 118, 247, includen grants and program services, as measure by expenses, and revenue, if any, for each program service reported. Coating () (coating 5, 118, 247, includen grants and Statistics D TREXCITX ALIGN NITH ARC'S MISSION OF INVESTING IN PEOPLE, PROGRAMS AND TUBES THAT MOVE US TOWARD A MORE EQUITABLE, SUSTAINABILIATY OF THE RESIONAL CULTURAL SECTOR. THESE BRANTS AND SENTIES COMMUNITY EXPENDENCES D THE PROGRAM SIN 10 GEOGRAPHIC AREAS IN MEXICES D TREATONS TO PRESENT PROGRAMS IN 10 GEOGRAPHIC AREAS IN MEXICAL PROGRAM ELEVANCE. Code: 1, 0500mes 1, 1339, 337, includen grants of 1, 329, 432, ) (Reenue S AC'S A MIST SUPPORT GRAPHS FIND REPORTS MAD ARATY THE CULTURAL SECTOR TO SERVICE DIRECTLY ALLONS WITH HOW RESIDENTS MARY THE CULTURAL SECTOR TO SERVICE DIRECTLY ALLONS WITH HOW RESIDENTS MARY THE CULTURAL SECTOR TO SERVICE DIRECTLY ALLONS WITH HOW RESIDENTS MARY THE CULTURAL SECTOR TO SERVICE MEMBERING ADD COMUNITY AND INCREMENT MENTICE DEVELOPMENT FOR MERGING AND ECOMUNITY AND I	Form	ARTS & SCIENCE COUNCIL 990 (2022) CHARLOTTE/MECKLENBURG, INC.	56-0693436	Page 2
Isolay describe the organization's mission:             SEE SCHEDULE 0             Id the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E27       If Year, 'describe these new services on Schedule 0.           Dot the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501 (6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse. [Joint ceach program services growthe grow				Fage
Bieley describe the organization's mission:           SEE SCREEDULE 0           Did the organization undertake any significant program services during the year which were not listed on the prior form 590 or 590 E.2?           Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501 (6)(8) and 501 (6)(4) organizations are equired to report the amount of grants and allocations to others, the total sepanses, and revervue. Tary, or each program services completiments for each of its three largest program services, as measured by expenses. Section 501 (6)(8) and 501 (6)(4) organizations are equired to report the amount of grants and allocations to others, the total sepanses, and revervue. Tary, or each program services completiments for each of its three largest program services, as measured by expenses. Section 501 (6)(8) and 501 (0)(4) organizations are equired to report the amount of grants and allocations to others, the total sepanses, and revervue. Tary, or each program services completiments for each organization's program.           de (case)(exerves		Check if Schedule O contains a response or note to any line in this Part III		X
2       Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-L27       Image: Significant changes on Schedule 0.         10       Wirks, 'describe these new services on Schedule 0.       Image: Significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service economismic reported.         40       (Over	1	Briefly describe the organization's mission:		
proof Porm 980 or 9804272		SEE SCHEDULE O		
prior form 980 or 980427	2	Did the organization undertake any significant program services during the year which were not listed on the		
<ul> <li>3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?</li></ul>		prior Form 990 or 990-EZ?	Ye	es 🗴 No
4 Describe the organization's program service accomplishments for each of its three largest program services, measured by expenses. Section 501(c)(3) and 501(c)(4) and	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? $\dots$	Ye	es 🛛 No
THE ARTS & SCIENCE COUNCIL MAKES A VALIETY OF GRAATS AND FUNDS AN ARRAY         OF SERVICES THAT CONTRIBUTE TO THE VITALITY AND SUSTAINABILITY OF THE         REGIONAL CULTURAL SECTOR. THESE GRAATS AND SERVICES DIRECTLY ALIGN WITH         ASC'S MISSION OF INVESTING IN PEOPLE, PROGRAMS AND IDEAS THAT MOVE US         TONADA D ANDER EQUITABLE, SUSTAINABILE, AND INNOVATIVE CREATIVE         ECOSYSTEM, ASC'S CULTURE ELOCKS PROGRAM CONNECTS COMMUNITIES WITH         BESPONSIVE ARTS AND CULTURE SEPERIENCES CLOSE TO WHERE RESIDENTS LIVE.         THE FROGRAM ENAGES WITH CREATIVE INDIVIDUALS AND ORGANIZATIONS TO         PRESENT FROGRAMS IN 10 GEOGRAPHIC AREAS IN MECKLENEURG COUNTY. THIS         SERVICE DIRECTLY ALIONS WITH HOW RESIDENTS AND THE CULTURAL SECTOR TO         SERVICE THEM BY BUILDING COMMUNITY AND INCREASING CULTURAL PROGRAM         RELEVANCE.         40 (Conc	4	Describe the organization's program service accomplishments for each of its three largest program services, as m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
HEGIONAL CULTURAL SECTOR. THESE GRAFTS AND SERVICES DIRECTLY ALIGN WITH         AGC 5 MISSION OF INVESTING IN FROPLE, FROGRAMS AND DEAS THAT MOVE 05         TONADI A MORE EQUITABLE, SUSTAINABLE, AND INNOATIVE CRAFASTIVE         ECOSYSTEM, ASC'S CULTURE BLOCKS FROGRAM CONNECTS COMMUNITIES WITH         HESPONITYE ARTS AND COUTURE REFERENCES CLOSE TO WHERE HESPENTS LIVE.         THE PROGRAM ENANCES WITH CREATIVE INDIVIDUALS AND ORGANIZATIONS TO         PRESENT FROGRAMS IN 10 GEOGRAPHIC AREAS IN MECKLEMEUNG COUNTY, THIS         SERVICE DIRECTLY ALIANS WITH HOW RESIDENTS AND THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALIANS WITH HOW RESIDENTS ANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALIANS WITH HOW RESIDENTS ANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALIANS WITH HOW RESIDENTS ANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALIANS WITH HOW RESIDENTS ANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALIANS WITH HOW AND INCRASING CULTURAL PROGRAM         RELEVANCE.         40       (ode)(Expenses	4a		÷\$	
ASC'S MISSION OF INVESTING IN PEOPLE, PROGRAMS AND IDEAS THAT MOVE US         TOMARD A MORE RQUITABLE, SUBJAINABLE, AND INNOVATIVE CREATIVE         ECOSYSTEM, ASC'S CULTURE BLOCKS PROGRAM CONNECTS COMMUNITIES WITH         RESPONSIVE ARTS AND CULTURE EXPERIENCES CLOSE TO MHERE RESIDENTS LIVE.         THE FROGRAM ENGAGES WITH CREATIVE INDIVIDUALS AND ORGANIZATIONS TO         PRESENT PROGRAMS IN 10 GEOGRAPHIC AREAS IN MECKLEMBEDIE COUNTY. THIS         SERVICE DIRECTLY ALIGNS WITH HOW RESIDENTS MANT THE CULTURAL SECTOR TO         BERVICE DIRECTLY ALIGNS WITH HOW RESIDENTS MANT THE CULTURAL SECTOR TO         BERVICE DIRECTLY ALIGNS WITH HOW RESIDENTS MANT THE CULTURAL SECTOR TO         BERVICE DIRECTLY ALIGNS WITH HOW RESIDENTS MAIN THE CULTURAL SECTOR TO         BERVICE THEM BY BUILDING COMMUNITY AND INCREASING CULTURAL PROGRAM         RELEVANCE.         40 (Code:       (Rewrine'S)         1,839,337.       including grant of S         POR EMERGING AND ESTABLISHED ARTISTS TO ENHANCE THEIR SKILLS AND         ABLITIES TO FORT GRANTS FORM PROFESSIONAL AND ARTISTIC DEVELOPMENT         POR EMERGING AND RESTABLISHED ARTISTS TO ENHANCES         Cotat       ) (Evenue'S)				
TONARD A MORE EQUITABLE, SUSTAINABLE, AND INNOVATIVE CREATIVE         ECOSYSTEM. ASC'S CULTURE BLOCKS PROGRAM CONNECTS COMMUNITIES WITH         RESPONITE ARTS AND CULTURE EXPERIENCES CLOSE TO WHERE RESIDENTS LIVE.         THE FROGRAMS IN 10 GEOGRAPHIC AREAS IN MECKLENBURG COUNTY. THIS         SERVICE DIRECTLY ALLONS WITH HOW RESIDENTS WANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALLONS WITH MORE RESIDENTS WANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALLONS WITH MORE RESIDENTS WANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALLONS WITH MORE RESIDENTS WANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALLONS WITH MORE RESIDENTS WANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALLONS WITH MORE RESIDENTS AND THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALLONS WITH MORE RESIDENTS TO ENHANCE THEIR SKILLS AND         AG (Code:       ) (Expenses 1, 1,339,337. including grants of 2, 1,329,432. ) (Revenue S         AGC 'S ARTIST SUPPORT GRANTS FON DENGADERET BUSINESS OFERATIONS AND         CAPACITY TO BRING THEIR WORK TO NEW AUDIENCES				
BECOSYSTEM. ASC'S CULTURE BLOCKS PROGRAM CONNECTS COMMUNITIES WITH         RESPONSIVE ARIS AND CULTURE EXPERIENCES CLOSE TO WHERE RESIDENTS LIVE.         THE PROGRAM ENGAGES WITH CREATIVE IDIVIDUALS AND ORGANETS TO         PRESENT FROGRAME SIN 10 GEOGRAPHIC AREAS IN MECKLENDING COUNTY. THIS         SERVICE DIRECTLY ALIGNS WITH HOW RESIDENTS WANT THE CULTURAL SECTOR TO         SERVICE THEM BY BUILDING COMMUNITY AND INCREASING CULTURAL SECTOR TO         SERVICE THEM BY BUILDING COMMUNITY AND INCREASING CULTURAL REGORM         RELEVANCE.         40 (Code:)(Expendents				
RESPONSIVE ARTS AND CULTURE EXPERIENCES CLOSE TO WHERE RESIDENTS LIVE.         THE PROGRAM ENGAGES WITH CREATIVE INDIVIDUALS AND ORGANIZATIONS TO         PRESENT FROMMANITY ENDIVIDUALS AND ORGANIZATIONS TO         SERVICE DIRECTLY ALIGNS WITH HOW RESIDENTS WANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALIGNS WITH HOW RESIDENTS WANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALIGNS WITH HOW RESIDENTS WANT THE CULTURAL SECTOR TO         SERVICE THEM BY BUILDING COMMUNITY AND INCREASING CULTURAL PROGRAM         RELEVANCE.         40 (Code:) (Genemes %				
THE PROGRAM ENGAGES WITH CREATIVE INDIVIDUALS AND ORGANIZATIONS TO         PRESENT FROGRAMS IN 10 GEOGRAPHIC AREAS IN MECKLENBURG COUNTY. THIS         SERVICE DIRECTLY ALIONS WITH HOW RESIDENTS WANT THE CULTURAL SECON TO         SERVICE THEM BY BUILDING COMMUNITY AND INCREASING CULTURAL PROGRAM         RELEVANCE.         40       (Code:) (Expenses 1,639,337. moduling grant of 1,329,432.) (meware \$		ECOSYSTEM. ASC'S CULTURE BLOCKS PROGRAM CONNECTS COMMUNITIES WITH		
PRESENT PROGRAMS IN 10 GEOGRAPHIC AREAS IN MECKLENEURG COUNTY. THIS         SERVICE DIRECTLY ALIONS WITH HOW RESIDENTS WANT THE CULTURAL SECTOR TO         SERVICE THEM BY BUILDING COMMUNITY AND INCREASING CULTURAL PROGRAM         RELEVANCE.         40 (Code) (Expenses 1, 0.39, 337. including grants of s1, 329, 432. ) (Revenue \$		RESPONSIVE ARTS AND CULTURE EXPERIENCES CLOSE TO WHERE RESIDENTS LIVE.		
SERVICE DIRECTLY ALIGNS WITH HOW RESIDENTS WANT THE CULTURAL SECTOR TO SERVE THEM BY BUILDING COMMUNITY AND INCREASING CULTURAL PROGRAM RELEVANCE. 40 (Code:) (Expenses 1 1,839,337. including grants of 2 1,329,432. ) (Revenue S		THE PROGRAM ENGAGES WITH CREATIVE INDIVIDUALS AND ORGANIZATIONS TO		
SERVE THEM BY BUILDING COMMUNITY AND INCREASING CULTURAL PROGRAM RELEVANCE.  40  (code:		PRESENT PROGRAMS IN 10 GEOGRAPHIC AREAS IN MECKLENBURG COUNTY. THIS		
RELEVANCE.         4b       (Code:		SERVICE DIRECTLY ALIGNS WITH HOW RESIDENTS WANT THE CULTURAL SECTOR TO		
40       (Code:		SERVE THEM BY BUILDING COMMUNITY AND INCREASING CULTURAL PROGRAM		
ASC'S ARTIST SUPPORT GRANTS FUND PROFESSIONAL AND ARTISTIC DEVELOPMENT FOR EMERCING 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 		RELEVANCE.		
ABILITIES TO CREATE NEW WORK OR IMPROVE THEIR BUSINESS OPERATIONS AND CAPACITY TO BRING THEIR WORK TO NEW AUDIENCES  CAPACITY TO BRING THEIR PROVIDES MANAGEMENT SERVICES FOR THE CITY OF  CHARLOTTE, MECKLENBURG COUNTLY, AND OTHER PRIVATE PARTNERS TO ENSURE  EXCELLENCE AND RELEVANCE OF PUBLIC ART PROGRAMMING AND INSTALLATION  CAPACITY FOR THE COUNTLY AND OTHER PRIVATE PARTNERS TO ENSURE  EXCELLENCE AND RELEVANCE OF PUBLIC ART PROGRAMMING AND INSTALLATION  CAPACITY FOR THE OPTIGES (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  CAPACITY OF TOTAL PROGRAM \$ 8,142,394.  Form <b>990</b> (202	4b		÷\$	
CAPACITY TO BRING THEIR WORK TO NEW AUDIENCES   CAPACITY TO BRING THEIR WORK TO NEW AUDIENCES		FOR EMERGING AND ESTABLISHED ARTISTS TO ENHANCE THEIR SKILLS AND		
4c       (Code:) (Expenses \$1,184,770. including grants of \$) (Revenue \$374,414.         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		ABILITIES TO CREATE NEW WORK OR IMPROVE THEIR BUSINESS OPERATIONS AND		
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		CAPACITY TO BRING THEIR WORK TO NEW AUDIENCES		
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				
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				
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				
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	4c	(Code: ) (Expenses \$ 1,184,770. including grants of \$ ) (Revenue	e \$	374,414.
EXCELLENCE AND RELEVANCE OF PUBLIC ART PROGRAMMING AND INSTALLATION  EXCELLENCE AND RELEVANCE OF PUBLIC ART PROGRAMMING AND INSTALLATION  44 Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  44 Total program service expenses 8,142,394.  Form 990 (202		THE ARTS & SCIENCE COUNCIL PROVIDES MANAGEMENT SERVICES FOR THE CITY OF		
4d       Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses         8,142,394.		CHARLOTTE, MECKLENBURG COUNTY, AND OTHER PRIVATE PARTNERS TO ENSURE		
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses       8,142,394.         Form 990 (202		EXCELLENCE AND RELEVANCE OF PUBLIC ART PROGRAMMING AND INSTALLATION		
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses       8,142,394.         Form 990 (202				
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses       8,142,394.         Form 990 (202				
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses       8,142,394.         Form 990 (202				
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses       8,142,394.         Form 990 (202				
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses       8,142,394.         Form 990 (202				
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses       8,142,394.         Form 990 (202				
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses       8,142,394.         Form 990 (202				
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses       8,142,394.         Form 990 (202				
4e       Total program service expenses       8,142,394.         Form 990 (202	4d	Other program services (Describe on Schedule O.)		
Form <b>990</b> (202			)	
· · · · · · · · · · · · · · · · · · ·	4e	Total program service expenses 8,142,394.		
32002 12-13-22			Form	n <b>990</b> (2022
	32002	12-13-22		

ARTS & SCIENCE COUNCIL

	990 (2022) CHARLOTTE/MECKLENBURG, INC. 56-06934	36	P	Page 3
Par	t 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)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	──
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			<u></u>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		x	
	Schedule D, Parts XI and XII	12a	~	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	148		+
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	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			<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."	<u> </u>		1
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	x	
232003	12-13-22		990	(2022)

ARTS & SCIENCE COUNCIL CHARLOTTE/MECKLENBURG INC

Form	990 (2022) CHARLOTTE/MECKLENBURG, INC. 56-06934	36	Р	age <b>4</b>
Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
<b>h</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		-
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 exception's prior Forms 200 or 200 EZ2. (Clivical language to the exception of th			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	
05 -	Part V, line 1	34	Δ	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		<u> </u>
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	•	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 37	5		
	Enter the number of forms wind included of line fa. Enter to in not applicable	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	4 12-13-22	Form	990	(2022)

	ARTS & SCIENCE COUNCIL									
Form	990 (2022) CHARLOTTE/MECKLENBURG, INC. 56-069343	6	Р	age 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			<u> </u>						
			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 15									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3a 3b		X						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			<u> </u>						
14	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x						
h	If "Yes," enter the name of the foreign country	14								
, N	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						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		<u> </u>						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			├──						
Ua		6a		x						
h	any contributions that were not tax deductible as charitable contributions?			<u> </u>						
D D		6b								
7		00								
7	Organizations that may receive deductible contributions under section 170(c).	70		x						
a L	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 75								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x						
		7c								
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		v						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X						
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		──						
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>						
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		<u> </u>						
9	Sponsoring organizations maintaining donor advised funds.									
а	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		<u> </u>						
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	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.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		<u> </u>						
	<b>Note:</b> 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									
	Enter the amount of reserves on hand									
	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 the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		$\square$						
	If "Yes," complete Form 6069.									
232005	5 12-13-22	Form	990	(2022)						

15080509 131839 A174131

# ARTS & SCIENCE COUNCIL

Form	990 (2022) CHARLOTTE/MECKLENBURG, INC.		56-0693			age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 thi	rough	7b below, and for	a "No"	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	3		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		ny other			
	officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99					x
5	Did the organization become aware during the year of a significant diversion of the organization's asse					x
6	Did the organization have members or stockholders?			6		x
	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
~	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10		
	The governing body?		•	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach					
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev					
	The internal new concession of requests information about policies not required by the internal new	enue	500e.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	x
	If "Yes," did the organization have written policies and procedures governing the activities of such cha			100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	proro,	unnatoo,	10b		
119	Has the organization provided a complete copy of this Form 990 to all members of its governing body	hefore	filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Delete		110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t				х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $\gamma_e$					
U		,		12c	x	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	x	
14					х	
15	Did the organization have a written document retention and destruction policy?			17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by inc	lependent			
а	The organization's CEO, Executive Director, or top management official			15a	x	
				15a	x	
U	Other officers or key employees of the organization			150		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ont wi	th a			
104	taxable entity during the year?			16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz					
				16b		
Sec	exempt status with respect to such arrangements?					
17	List the states with which a copy of this Form 990 is required to be filedNC					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	1 000	T (section 501(c)(		availal	blo
10	for public inspection. Indicate how you made these available. Check all that apply.	1 3 3 0 -		) s only)	avalla	
10			,	nd finan	cial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con statements available to the public during the tax year.	mot 0	i interest policy, a	nu iirian	udi	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's book	~ ~~~	records			
20	MONIFA DRAYTON - (704)957-3938	s anu	1000103			
	1422 S TRYON STREET, CHARLOTTE, NC 28203					
222000				For	n <b>990</b>	(2022)
232006	12-13-22 6			FUIT		(2022)

ARTS	&	SCIENCE	COUNCIL

CHARLOTTE/MECKLENBURG TI

<u>Form 990 (2</u>	022) CHARLOTTE/MECKLENBURG, INC.	56-0693436	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes	t Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complet	te this table for all persons required to be listed. Report compensation for the calendar year en	ding with or within the organization's t	tax vear

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	not c		itior			Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	lirecto	or/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KRISTA TERRELL	40.00	_	_			<u> </u>				
PRESIDENT (CURRENT)				х				173,646.	0.	2,406.
(2) MIKE VASAUNE	3.00									
BOARD CHAIR		Х		Х				٥.	٥.	0.
(3) TONY PEREZ	3.00									
CHAIR-ELECT		Х		Х				٥.	0.	0.
(4) SUSAN PATTERSON	3.00									
IMMEDIATE PAST CHAIR		X		Х				0.	0.	0.
(5) DURRAL GILBERT	3.00									
TREASURER		Х		Х				0.	0.	0.
(6) NALAN KARAKAY MULDER	3.00									
SECRETARY		Х		Х				0.	0.	0.
(7) MATTIE MARSHALL	3.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(8) TIM MILLER	3.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(9) ASHLEY KAKAS	1.00									
MEMBER		Х						0.	0.	0.
(10) BANU VALLADERES	1.00									
MEMBER		Х						0.	0.	0.
(11) BRANDON BECK	1.00									
MEMBER		Х						0.	0.	0.
(12) DEB STEWART	1.00									
MEMBER		Х						0.	0.	0.
(13) DENYTRA LOGAN WHITNER	1.00									
MEMBER		Х						0.	0.	0.
(14) ED DRIGGS	1.00									
MEMBER		Х						0.	0.	0.
(15) GEORGE DUNLAP	1.00									
MEMBER		Х						0.	0.	0.
(16) HUY VU	1.00									
MEMBER		х						0.	0.	0.
(17) IRENE VOGELSONG	1.00									
MEMBER		Х						0.	0.	0.

232007 12-13-22

Form 990 (2022)

ARTS & SCIENCE COUNCIL

Form 990 (2022) CHARLOTTE/ME		INC							56-069	343	6	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			Ŭ
(A) Name and title	<b>(B)</b> Average hours per week	(do box	not cl , unles	( Pos heck as pe	C) sitior more rson i		one 1 an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related	I	<b>(F</b> Estim amou oth	ated nt of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	5/	comper from organiz and re organiz	the zation lated
(18) LESLIE JOHNSON	1.00											
MEMBER	1 00	Х				<u> </u>		0.		0.		0.
(19) MARCIE KELSO MEMBER	1.00	x						0.		٥.		0
(20) MICHELE GLESSNER	1.00	~				-		0.		••		0.
MEMBER	1.00	х						0.		٥.		0.
(21) RENEE GARNER	1.00									-		
MEMBER		х						0.		٥.		0.
(22) RUSTY KNOX	1.00											
MEMBER		х						0.		٥.		0.
(23) SAMANTHA SOSA	1.00											0
MEMBER (24) TIFFANY FULLER	1.00	Х				-		0.		0.		0.
MEMBER	1.00	x						0.		٥.		0.
1b Subtotal								173,646.		٥.		2,406.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								173,646.		0.		2,406.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	o ac	oove	e) wn	o re	eceived more than \$100,	000 of reportable		Ve	1
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	key e	mp	loye	e, or	hig	hest compensated empl	oyee on	[	Ye	
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4 X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com											5	x
Section B. Independent Contractors												
1 Complete this table for your five highest co the organization. Report compensation for	-									ensat	ion from	
(A)				ig w		51 101		(B)			(C)	
Name and business	address	NO	NE					Description of s	ervices	C	ompensa	tion
							_					
2 Total number of independent contractors (ii \$100.000 of compensation from the organic	•	ot lin	nitec	to	thos	se lis 0	ted	above) who received mo	ore than			

232008 12-13-22

ARTS & SCIENCE COUNCIL

Page **9** 56-0693436 CHARLOTTE/MECKLENBURG, INC.

Form	<u>1 99</u>	0 (2	2022) CHARLOTTE/MECKLENE	BURG, INC.			56-069343	6 Page <b>9</b>
Pa	rt \	/111						
			Check if Schedule O contains a respons	e or note to any lin		(=)	(-)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns 1a					
, Grants mounts			Membership dues 1b					
¶ Bug		с	Fundraising events 1c					
ar <i>I</i>			Related organizations 1d					
is, C		е	Government grants (contributions) 1e	6,918,675.				
rion S		f	All other contributions, gifts, grants, and					
ibu			similar amounts not included above 1f	2,424,658.				
Contributions, Gifts, and Other Similar Ar		-	Noncash contributions included in lines 1a-1f					
<u>ų p</u>		h	Total. Add lines 1a-1f		9,343,333.			
				Business Code				
ice	2	а		-				
erv ue		b	-					
ven S		C d						
gra Re		d		-				
Program Service Revenue		e f	All other program service revenue	-				
_		' a						
	3	<u> </u>	Investment income (including dividends, inte					
			other similar amounts)		4,152.			4,152.
	4		Income from investment of tax-exempt bond					
	5		Royalties	·				
			(i) Real	(ii) Personal				
	6	а	Gross rents	1.				
		b		).				
		С	Rental income or (loss) 6c 374, 414	1.				
			Net rental income or (loss)		374,414.	374,414.		
	7	а	Gross amount from sales of (i) Securities	s (ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
evenue			and sales expenses 7b					
eve			Gain or (loss) 7c					
Other R	8		Net gain or (loss) Gross income from fundraising events (not					
ō			including \$ of					
			contributions reported on line 1c). See					
		•	· · · · · · · · · · · · · · · · · · ·	Ba Bb				
			Less: direct expenses Net income or (loss) from fundraising events					
	9		Gross income from gaming activities. See					
	5	-		a				
		b		)b				
	10		Gross sales of inventory, less returns					
				0a				
		b		0b				
		с	Net income or (loss) from sales of inventory					
s				Business Code				
Miscellaneous Revenue	11	а						ļ
lan. enu		b		-				
Sev		С						
Mis			All other revenue					
			Total. Add lines 11a-11d		0 701 000	27/ /14	0.	1 150
00000	12		Total revenue. See instructions		9,721,899.	374,414.	I <sup>0</sup> .	4,152. Form <b>990</b> (2022)
23200	9 I2	-13-	<u> </u>					

# 15080509 131839 A174131

9

### ARTS & SCIENCE COUNCIL

#### CHARLOTTE/MECKLENBURG, INC. Functional Expenses

$2^{++}$	ion 501(c)(3) and 501(c)(4) organizations must comple	ate all columns All atha	r organizations must com	n lete column (A)	
ecti	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a respons		U	ipiete column (A).	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,393,440.	4,393,440.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,050,054.	2,050,054.		
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				
6	Compensation not included above to disgualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	873,019.	489,260.	142,361.	241,398
8	Pension plan accruals and contributions (include				/
0	section 401(k) and 403(b) employer contributions)	290,874.	160,375.	97,736.	32,763
9		190,959.	105,286.	64,164.	21,509
	Other employee benefits	76,548.	42,206.	25,720.	8,622
0	Payroll taxes	70,540.	42,200.	23,720.	0,022
1	Fees for services (nonemployees):				
а	Management				
b	Legal	121 012	67.260	20.070	42 56
С	Accounting	131,812.	67,369.	20,879.	43,564
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		25 (55		
	column (A), amount, list line 11g expenses on Sch 0.)	35,677.	35,677.		
2	Advertising and promotion	125,907.	99,854.	1,015.	25,038
3	Office expenses	11,442.	7,208.	1,372.	2,862
4	Information technology	175,372.	94,600.	12,117.	68,655
5	Royalties	-			
6	Occupancy	455,265.	259,093.	76,999.	119,173
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	42,321.	8,627.	7,993.	25,701
0	Interest	93,986.	51,475.	19,012.	23,499
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	163,987.	97,884.	21,417.	44,686
3	Insurance	11,723.	6,997.	1,531.	3,195
4	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 0.)				
а	INDIRECT AND OTHER GRAN	99,831.	99,831.	0.	C
b	PROCESSING FEES	77,583.	71,571.	3,140.	2,872
c	MISCELLANEOUS	28,876.		, — — · ·	28,876
d	PROFESSIONAL DEVELOPMEN	7,648.	1,400.	2,924.	3,324
	All other expenses	6,727.	187.	4,501.	2,039
e 5	Total functional expenses. Add lines 1 through 24e	9,343,051.	8,142,394.	502,881.	697,776
5 6		5,010,001.	·,±12,55±.		
6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

232010 12-13-22

Form 990 (2022)

Form 990 (2022)

ARTS & SCIENCE COUNCIL

CHARLOTTE/MECKLENBURG, INC.

Part	X	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	208.	1	341.		
	2	Savings and temporary cash investments $\dots$			5,146,362.	2	6,088,778.
	3	Pledges and grants receivable, net			1,600,588.	3	847,877.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of the	hese pers	ons		5	
	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons describ				6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ϋ́	9	Prepaid expenses and deferred charges			65,717.	9	31,537.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	589,259.	1,181,393.	10c	1,017,406.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	29,073,419.	12	30,341,370.		
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	0.	15	1,808,962.		
	16	Total assets. Add lines 1 through 15 (must e			37,067,687.	16	40,136,271.
	17	Accounts payable and accrued expenses $\dots$			893,909.	17	282,827.
	18	Grants payable				18	
	19	Deferred revenue			2,922,664.	19	3,285,581.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es :	22	Loans and other payables to any current or fo					
i£i		trustee, key employee, creator or founder, substantial contributor, or 35%					
Liabilities		controlled entity or family member of any of the	-			22	
	23	Secured mortgages and notes payable to unr				23	0 0 0 1 0 0
	24	Unsecured notes and loans payable to unrela				24	2,330,133.
1	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24	). Complete Part X	2 401 422		2 000 000
		of Schedule D			3,491,423.	25	2,000,000.
	26	Total liabilities. Add lines 17 through 25		<b>v</b>	7,307,996.	26	7,898,541.
s		Organizations that follow FASB ASC 958, o	check hei	re X			
e	~-	and complete lines 27, 28, 32, and 33.			602 020		1 116 221
alai	27				-693,030. 30,452,721.	27	1,116,331.
9	28	Net assets with donor restrictions			30,432,721.	28	31,121,399.
<u>Ĕ</u>		Organizations that do not follow FASB ASC	3958, ch	eck here			
5	~~	and complete lines 29 through 33.					
ste	29 20	Capital stock or trust principal, or current fun				29	
SS	30 04	Paid-in or capital surplus, or land, building, or				30	
÷	31	Retained earnings, endowment, accumulated			20 750 601	31	20 000 700
_	32	Total net assets or fund balances			29,759,691.	32	32,237,730.
	33	Total liabilities and net assets/fund balances			37,067,687.	33	40,136,271. Form <b>990</b> (2022)

Form 990 (2022)

232011 12-13-22

ISIgn	Envelope ID: 1B/CDE3C-537E-4576-A9D8-39027583064D				
	ARTS & SCIENCE COUNCIL				
	1990 (2022) CHARLOTTE/MECKLENBURG, INC.	56-0693	436	Ра	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	,721,	899.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	,343,	051.
3	Revenue less expenses. Subtract line 2 from line 1	3		378,	848.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29	,759,	691.
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	2	,099,	191.
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	,237,	730.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. <b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. <u>2c</u>	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
_	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. <b>3</b> b		

Form **990** (2022)

232012 12-13-22

(Form 990)			omplete if the organ 494	blic Charity Status and Public Support ete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.					OMB No. 1545-0047
	ternal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.					Inspection			
Name o	f the organizati		SCIENCE COUNCI					Employer	identification number
		CHARLO	TTE/MECKLENBURG	, INC.					56-0693436
Part I	Reason	for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	IS.	
The orga				For lines 1 through 12, cl					
1 🗂	7	•	•	on of churches described		,	I)(A)(i).		
2	A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	990).)				
3	7			anization described in se		(b)(1)(A)(ii	i).		
4	A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
	city, and state	e:							
5	] An organizati	on operated fo	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
	section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6	] A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7 X	] An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in
	section 170(	b)(1)(A)(vi). (C	omplete Part II.)						
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II.)				
9	An agricultura	al research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
	or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
	_ university:								
10	An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities rela	ted to its exem	npt functions, subjec	t to certain exceptions; a	nd (2) no	more than	33 1/3% of it	s support f	rom gross investment
				(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	after June 30, 1975.
	7		mplete Part III.)						
11	-	-	-	ively to test for public saf	•				
12	-	-	-	ively for the benefit of, to	-			•	
			-	d in section 509(a)(1) o					Check the box on
Г		•	• ·	f supporting organization				-	
a			-	upervised, or controlled I	•	-			
		-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
<b>b</b> [			complete Part IV, Se		ion with it	- our nort o	d organizatio	n(a) hy hay	vin a
b L				l or controlled in connect					
		-	t complete Part IV,	anization vested in the sa	ime perso	ns that co	ntroi or mana	ge the supp	Joned
сГ	~	. ,	•	g organization operated i	n connoct	ion with	and functional	ly intograte	od with
ιL				). You must complete F				iy integrate	a with,
d [		•	.,.	orting organization operation			-	ted organia	zation(s)
u		-	•	ation generally must sati				0	
				nplete Part IV, Sections					
еГ				written determination from				II. Type III	
		•		nally integrated supportir			· )  ·, · )	···, · <b>,  </b> ···	
f Er	ter the number			, , , , , , , , , , , , , , , , , , , ,					
			about the supporte						
	(i) Name of supp	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	-	(vi) Amount of other
	organization			above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
<b>T</b>									<u> </u>
Total							1		

U	AF	RTS & SCIENCE	COUNCIL				
Sched	ule A (Form 990) 2022 CF	HARLOTTE/MECKL	ENBURG, INC.			56-0693	436 Page <b>2</b>
Part				Sections 170(b	)(1)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked	-					-
	fails to qualify under the tests			-	1		5
Secti	on A. Public Support						
	ar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ifts, grants, contributions, and	(0) 2010	(6) 2010	(0) 2020	(0) 2021		
	nembership fees received. (Do not						
	iclude any "unusual grants.")	13,800,154.	11,826,758.	11,546,800.	8,081,427.	9,343,333.	54,598,472
	ax revenues levied for the organ-				, , , = , = = .		
	ation's benefit and either paid to						
	r expended on its behalf						
	he value of services or facilities						
	irnished by a governmental unit to						
	ne organization without charge						
	a ta ta dat l'a sa data	13,800,154.	11,826,758.	11,546,800.	8,081,427.	9,343,333.	54,598,472
	he portion of total contributions		,••,••••	,,	•,••=,==,==,•		
	y each person (other than a						
	overnmental unit or publicly						
-	upported organization) included						
	n line 1 that exceeds 2% of the						
	mount shown on line 11,						
	olumn (f)						
	ublic support. Subtract line 5 from line 4.						54,598,472
	on B. Total Support						51,550,172
		(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ar year (or fiscal year beginning in) mounts from line 4	13,800,154.	11,826,758.	11,546,800.	8,081,427.	9,343,333.	54,598,472
	ross income from interest,	10,000,1011	11,010,700.	11,510,000.	0,001,127.	5,515,555.	51,550,172
	ividends, payments received on						
	ecurities loans, rents, royalties,		4,092.		704.	4,152.	8,948
	nd income from similar sources et income from unrelated business		4,052.		/04.	4,152.	0,540
	ctivities, whether or not the						
	usiness is regularly carried on						
	ther income. Do not include gain						
	r loss from the sale of capital			57 627			57 627
	ssets (Explain in Part VI.)			57,627.			57,627 54,665,047
	otal support. Add lines 7 through 10					40	640,492
	ross receipts from related activities,						040,492
	irst 5 years. If the Form 990 is for th						
	rganization, check this box and stor on C. Computation of Publi	-					
	• • • • • • • • • • • • • • • • • • •						99.88
	ublic support percentage for 2022 (li					14	
	ublic support percentage from 2021					15	
	3 1/3% support test - 2022. If the c						v
	top here. The organization qualifies		-				
	3 1/3% support test - 2021. If the c				ine 15 is 33 1/3%	or more, check th	is box
	nd <b>stop here.</b> The organization qual						
	0% -facts-and-circumstances test						
	nd if the organization meets the facts			-	-	VI how the organi	zation
	neets the facts-and-circumstances te	-					
	0% -facts-and-circumstances test						10% or
m	nore, and if the organization meets th	ne facts-and-circum	istances test, cheo	ck this box and sto	op here. Explain i	n Part VI how the	

organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization **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

Schedule A (Form 990) 2022

232022 12-09-22

### 15080509 131839 A174131

Schedule A (Form 990) 2022

ARTS & SCIENCE COUNCIL CHARLOTTE/MECKLENBURG,

56-0693436 Page **3** 

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.)

INC.

Se	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
t	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 See	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
	check this box and <b>stop here</b>	<u></u>					
See	ction C. Computation of Publi	ic Support Per	rcentage				
15	Public support percentage for 2022 (	ine 8, column (f), c	livided by line 13,	column (f))		15	%
	Public support percentage from 2021		1			16	%
See	ction D. Computation of Inves	stment Income	e Percentage			· · · ·	
17	Investment income percentage for 20	<b>)22</b> (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18						18	%
<b>19</b> a	1 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qua	lifies as a publicly	supported organiza	ation	
k	<b>33 1/3% support tests - 2021.</b> If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> t	t <b>op here.</b> The orga	anization qualifies	as a publicly supp	orted organiza	ition
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in	structions	
2320	23 12-09-22			_		Scheo	dule A (Form 990) 2022
			15	5			

ARTS & SCIENCE COUNCIL

CHARLOTTE/MECKLENBURG, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

# Schedule A (Form 990) 2022 CHARL Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

16

232024 12-09-22

ARTS & SCIENCE COUNCIL

	ARIS & SCIENCE COUNCIL			
		56-0693436	Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a		110		
	11c below, the governing body of a supported organization?	<u>11a</u>		
	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i>	ers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among to			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). ction D. All Type III Supporting Organizations	1		
Sec				
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
~				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	supported organizations played in this regard. etion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ictions).		
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instructior	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
а	and dependent of game and on to minimum and organization mad roop on onor 11 TES. [[[E]] [[] I art Traditilly			
а	,			
а	those supported organizations and explain how these activities directly furthered their exempt purposes,			
а	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	-		
а	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		
a b	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		
	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		
	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. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	<u>2a</u>		
	<ul> <li>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.</li> <li>Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in</li> </ul>			
b	<ul> <li>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.</li> <li>Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</li> </ul>	2a 2b		
b 3	<ul> <li>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.</li> <li>Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement.</li> <li>Parent of Supported Organizations. Answer lines 3a and 3b below.</li> </ul>			
b	<ul> <li>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.</li> <li>Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement.</li> <li>Parent of Supported Organizations. Answer lines 3a and 3b below.</li> <li>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or</li> </ul>	<u>2b</u>		
ь 3	<ul> <li>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.</li> <li>Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement.</li> <li>Parent of Supported Organizations. Answer lines 3a and 3b below.</li> </ul>			
b 3 a	<ul> <li>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.</li> <li>Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement.</li> <li>Parent of Supported Organizations. Answer lines 3a and 3b below.</li> <li>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or</li> </ul>	<u>2b</u>		
b 3 a	<ul> <li>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.</li> <li>Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI the reasons for the organization's involvement.</li> <li>Parent of Supported Organizations. Answer lines 3a and 3b below.</li> <li>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? <i>If</i> "Yes" or "No" provide details in Part VI.</li> </ul>	<u>2b</u>		

17

15080509 131839 A174131

ARTS & SCIENCE COUNCIL

Sche	dule A (Form 990) 2022 CHARLOTTE / MECKLENBURG, INC.			56-0693436	Page 6
Pa		ng Orgai	nizations		0
1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se	ng trust on	Nov. 20, 1970 ( explain in	Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations mus				
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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			
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
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			
Sect	on C - Distributable Amount			Current Y	'ear
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	Check here if the current year is the organization's first as a non-functiona	ally integrat	ed Type III supporting org	anization (see	

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

ARTS & SCIENCE COUNCIL

	AKIS & SCIENCE COON	CID			
	dule A (Form 990) 2022 CHARLOTTE / MECKLENBU				56-0693436 Page <b>7</b>
Par	, , ,	(a)(3) Supporting Orga	nizations (continu	<u>led)</u>	
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity	a of our ported are orizotions		2	
3					
4	Amounts paid to acquire exempt-use assets			4 5	
<u>5</u> 6	Qualified set-aside amounts (prior IRS approval required - pr Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.	ovide details in Part VI)		6	
				7	
 	Total annual distributions. Add lines 1 through 6.	a organization is responsive			
8	Distributions to attentive supported organizations to which the (provide details in <b>Part VI</b> ). See instructions.	le organization is responsive		8	
9	Distributable amount for 2022 from Section C, line 6			9	
 10	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
		1			

Schedule A (Form 990) 2022

232027 12-09-22

		ARTS & SCIENCE COUNCIL	
Schedule A	(Form 990) 2022	CHARLOTTE/MECKLENBURG, INC.	56-0693436 Page <b>8</b>
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	<b>mation.</b> Provide the explanations required by Part II, line 10; , 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; P 8; and Part V, Section E, lines 2, 5, and 6. Also complete this p	; Part II, line 17a or 17b; Part III, line 12; , Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V,
SCHEDULE	A, PART II, LINE 10	, EXPLANATION FOR OTHER INCOME:	
MISCELLAN	IEOUS		
2020 AMOL	JNT:\$ 57,627.		
	,		
232028 12-09-	22	20	Schedule A (Form 990) 2022

# Schedule B (Form 990)

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

AR	TS & SCIENCE COUNCIL	
CH2	ARLOTTE/MECKLENBURG, INC.	56-0693436
Organization type (check of	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	

	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

#### **General Rule**

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

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

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

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

	B (Form 990) (2022)		Page <b>2</b>
	rganization SCIENCE COUNCIL	E	mployer identification number
CHARLOTT	TE/MECKLENBURG, INC.		56-0693436
Part I	Contributors (see instructions). Use duplicate copies of Part I if an	dditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	FOUNDATION FOR THE CAROLINAS		Person X Payroll
	220 N TRYON STREET	\$\$	(Complete Part II for
	CHARLOTTE, NC 28202		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MECKLENBURG COUNTY GOVERNMENT		Person X Payroll
	600 E 4TH STREET	\$\$	
	CHARLOTTE, NC 28202		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NORTH CAROLINA ARTS COUNCIL		Person X
	109 E JONES STREET	\$940,21	Payroll       .3.     Noncash       (Complete Part II for
	RALEIGH, NC 27601		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CITY OF CHARLOTTE		Person
	600 E 4TH STREET	\$3,460,06	Payroll
	CHARLOTTE, NC 28202		(Complete Part II for noncash contributions.)
			,
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ESTATE OF MARIE MITCHELL		Person X
	550 S. TRYON STREET	\$\$	
	CHARLOTTE, NC 28202		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll Noncash
			(Complete Part II for noncash contributions.)

22

223452 11-15-22

	3 (Form 990) (2022)		Page S
	ganization CIENCE COUNCIL		Employer identification number
	E/MECKLENBURG, INC.		56-0693436
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	j.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	

23

Schedule I	B (Form 990) (2022)				Page <sup>2</sup>
Name of o	rganization				Employer identification number
	SCIENCE COUNCIL				
	E/MECKLENBURG, INC. Exclusively religious, charitable, etc., contribution	one to organizations descri	hed in section 50	$\frac{1}{2}$ (2) (2) (8) or (10) th	56-0693436
r ar t m	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of	through (e) and the followin	a line entry. For or	rganizations	
	Use duplicate copies of Part III if additional	space is needed.	1,000 of less for th	ie year. (Enter this into, o	nce.) +
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held
		e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
				Γ	
(a) No. from	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held
Part I					
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No.					
`from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held
		(e) Transf	er of aift		
		(0)	e. e. g		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of g	iift		ription of how gift is held
Part I			int	(u) Desc	suption of now girt is neith
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee

24

Schedule B (Form 990) (2022)

	HEDULE D n 990)	OMB No. 1545-0047		
Depart	ment of the Treasury	Open to Public		
Interna	Revenue Service	Inspection		
Nam	e of the organizatio			Employer identification number
Par	t I Organiza	CHARLOTTE/MECKLENBURG, INC.	d Funds or Other Similar Funds or A	56-0693436
Fai		answered "Yes" on Form 990, Part IV, lin		Complete if the
	organization		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at en	d of year		
2		contributions to (during year)		
3		grants from (during year)		
4		end of year		
5			I writing that the assets held in donor advised fun	ds
Ŭ	-		exclusive legal control?	
6			dvisors in writing that grant funds can be used o	
•	e e	<b>c</b>	r donor advisor, or for any other purpose confer	•
	impermissible priva			
Par			ganization answered "Yes" on Form 990, Part IV	
1		ervation easements held by the organization		,
-		of land for public use (for example, recrea		orically important land area
		natural habitat	,	tified historic structure
		of open space		
2			ied conservation contribution in the form of a co	onservation easement on the last
_	day of the tax year.	<b>o o i</b>		Held at the End of the Tax Year
а				2a
b		and the second se		2b
	-		ucture included in (a)	2c
		ration easements included in (c) acquired a		
				2d
3		•	eased, extinguished, or terminated by the organ	
•	year			
4	-	where property subject to conservation eas	ement is located	
5		ion have a written policy regarding the per		
	0	prcement of the conservation easements it		Yes No
6			handling of violations, and enforcing conservation	
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation ea	asements during the year
8	Does each conserv	ration easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B	)(i)
	and section 170(h)(	(4)(B)(ii)?		Yes 📃 No
9	In Part XIII, describ	e how the organization reports conservation	on easements in its revenue and expense staten	nent and
	balance sheet, and	include, if applicable, the text of the footn	ote to the organization's financial statements th	at describes the
	organization's acco	ounting for conservation easements.		
Par	t III Organiza	tions Maintaining Collections of	Art, Historical Treasures, or Other S	Similar Assets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.	
<b>1</b> a	If the organization e	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	ance sheet works
	of art, historical trea	asures, or other similar assets held for pub	lic exhibition, education, or research in furthera	nce of public
	service, provide in l	Part XIII the text of the footnote to its finar	icial statements that describes these items.	
b	If the organization e	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balanc	e sheet works of
	art, historical treasu	ures, or other similar assets held for public	exhibition, education, or research in furtheranc	e of public service,
	provide the followin	ng amounts relating to these items:		
	(i) Revenue incluc	led on Form 990, Part VIII, line 1		\$
	(ii) Assets included	d in Form 990, Part X		\$
2	If the organization r	received or held works of art, historical trea	asures, or other similar assets for financial gain,	provide
	the following amou	nts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included of	on Form 990, Part VIII, line 1		\$
b	Assets included in	Form 990, Part X		
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2022
232051	09-01-22		<b>a</b> -	
			25	

15080509 131839 A174131

<sup>2022.05090</sup> ARTS & SCIENCE COUNCIL CH A1741311

	ARTS & SCIE	NCE COUNCIL							
Sche		ECKLENBURG, INC				56-069		Р	age <b>2</b>
Pa	rt III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	er Simila	' Assets	(contir	nued)	
3	Using the organization's acquisition, accessio						(		
	collection items (check all that apply):		•	Ū	U U				
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е		51 5					
c	Preservation for future generations	-							
4	Provide a description of the organization's col	lections and explain	how they further th	e organization's exe	empt purpos	se in Part '	xIII		
5	During the year, did the organization solicit or	-	•	-					
Ũ	to be sold to raise funds rather than to be mai		,	,			Yes		No
Pa	rt IV Escrow and Custodial Arrang					Part IV			
	reported an amount on Form 990, Part		to in the organizatio			, i aiciv, i			
1a	Is the organization an agent, trustee, custodia	in or other intermedi	arv for contributions	s or other assets no	t included				
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII a					······			
			owing table.				Amoun	t	
с	Beginning balance				1c				
ь Ч	Additions during the year								
u									
f	Distributions during the year				1f				
f	Ending balance Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •		165	-	
	rt V Endowment Funds. Complete if								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	vears	back
10	Beginning of year balance	26,573,419.	30,731,842.	24,774,590.		30,570.			657.
h	Contributions		500,000.	250,000	· · · ·		,	,	
0		1,977,136.	-3,347,406.	7,434,962.		91,797.		385	731.
ט ה	Net investment earnings, gains, and losses	144,000.	1,259,643.	1,656,646.		24,818.			356.
a	Grants or scholarships	111,000.	1,200,040.	1,030,040.	5,2	24,010.	±,	<u> 450,</u>	550.
е	Other expenditures for facilities				3.2	50,000.			
	and programs	65,185.	51,374.	71,064.		72,959.			
t	Administrative expenses	28,341,370.	26,573,419.	30,731,842.			20	620	570.
g	End of year balance	· · · ·			24,7	74,590.	<u> </u>	030,	570.
2	Provide the estimated percentage of the curre	ent year end balance		)) held as:					
a	Board designated or quasi-endowment		_%						
b		%							
С	Term endowment9								
	The percentages on lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posses	sion of the organizat	tion that are held ar	nd administered for	the		ſ	Maria	
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat						3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Pa	t VI Land, Buildings, and Equipme				( 1				
	Complete if the organization answered								
	Description of property	(a) Cost or ot			Accumulate	ed	<b>(d)</b> Boo	< valu	е
		basis (investm	ient) basis	(other) d	epreciation				
	Land								
	Buildings								
С	Leasehold improvements		1	,564,480.	563,		1,	000,	600.
d	Equipment			42,185.	25,	379.		16,	806.
e	Other								
Tota	. Add lines 1a through 1e. (Column (d) must ec	ual Form 990 Part )	( column (B) line 1	0c)			1,	017,	406.

Schedule D (Form 990) 2022

232052 09-01-22

### ARTS & SCIENCE COUNCIL

Schedule D (Form 990) 2022 CHARLOTTE/MECKLEN	BURG, INC.	56	5-0693436	Page <b>3</b>
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. 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	28,341,370.	END-OF-YEAR MARKET VALUE		
(B) BENEFICIAL INTEREST NOTES RECEIVABLE	2,000,000.	END-OF-YEAR MARKET VALUE		
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	20 241 270			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	30,341,370.			
	n Form 000 Dort IV line 1	1. See Form 000 Part V line 12		
Complete if the organization answered "Yes" c (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of year market	value
		(c) method of valuation. Cost of end	orycai markel	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" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.		
	Description		<b>(b)</b> Book v	alue
(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" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.		
1.(a) Description of liability			<b>(b)</b> Book v	alue
(1) Federal income taxes				
(2) DUE TO ENDOWMENT			2,0	000,000.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>25.)</u>		2,0	000,000.
<b>Total.</b> ( <i>Column (b) must equal Form 990, Part X, col. (B) line</i> <b>2.</b> Liability for uncertain tax positions. In Part XIII, provide	,	the organization's financial statements th		00,00

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) 2022

232053 09-01-22

	ARTS & SCIENCE COUNCIL				
Sche	charlotte/Mecklenburg, INC.			56-0693436	6 Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	L <b>.</b>			
1	Total revenue, gains, and other support per audited financial statements			1	10,174,573.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		831,240.		
е	Add lines 2a through 2d			2e	831,240.
3	Subtract line 2e from line 1			3	9,343,333.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b	378,566.		
с	Add lines 4a and 4b			4c	378,566.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,721,899.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With E	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	L <b>.</b>			
1	Total expenses and losses per audited financial statements			1	9,343,051.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	. 2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	9,343,051.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	٥.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)	<u></u>		5	9,343,051.
Pa	rt 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.

28

PART V, LINE 4:

ASC'S ENDOWMENT CONSISTS OF 21 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY

OF PURPOSES.

PART X, LINE 2:

ASC IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). IN ACCORDANCE WITH IRC

REGULATIONS, ASC IS TAXED ON UNRELATED BUSINESS INCOME, WHICH CONSISTS OF

EARNINGS FROM ACTIVITIES NOT RELATED TO THE EXEMPT PURPOSE OF ASC. ASC

ACCOUNTS FOR TAX UNCERTAINTIES BASED ON A MORE LIKELY THAN NOT RECOGNITION

THRESHOLD WHEREBY TAX BENEFITS ARE ONLY RECOGNIZED WHEN ASC BELIEVES THAT

THEY HAVE A GREATER THAN 50% LIKELIHOOD OF BEING SUSTAINED UPON

232054 09-01-22

Schedule D (Form 990) 2022

DocuSign Envelope ID: 1B7CDE3C-537E-4576-A9D8-39027583	064D
--	------

	ARTS & SCIENCE COUNCIL			
Schedule D (Form 990) 2022 Part XIII Supplemental Int	CHARLOTTE/MECKLENBURG, INC.		56-0693436	Page 5
	formation (continued)			
EXAMINATION BY TAXING AUTH	OPTTTES			
EXAMINATION BI TAXING AUT	ORTITES			
PART XI, LINE 2D - OTHER A	DJUSTMENTS:			
ALLOCATION OF ALLOWABLE EN	DOWMENT BEFORE SPENDING	831,240.		
/ /				
PART XI, LINE 4B - OTHER A	DJUSTMENTS:			
RENTAL INCOME		374 414		
		374,414.		
INVESTMENT INCOME		4,152.		
		_,		
TOTAL TO SCHEDULE D, PART	XI, LINE 4B	378,566.		
·	·	•		
			Schedule D (Form	990) 2022
				,

232055 09-01-22

SCHEDULE I Form 990) Department of the Treasury		OMB No. 1545-0047 <b>2022</b> Open to Public						
Internal Revenue Service			Inspection					
Name of the organization	ON ARTS & SCIENCI CHARLOTTE/MECI							Employer identification number 56-0693436
Part I General In	formation on Grants a	nd Assistance						
criteria used to av 2 Describe in Part I	ation maintain records t ward the grants or assis V the organization's pro	stance?	oring the use of grant	funds in the United	States.			Yes 🖾 N
	d Other Assistance to I hat received more than \$	-				anization answered "Y	'es" on Form 990, Part	IV, line 21, for any
<b>1 (a)</b> Name and add	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN CAPOEIRA 2422 MADELINE MEA CHARLOTTE, NC 282	DOW DRIVEØ	47-1250928	501(C)3	10,000.	0.			CULTURAL VISION GRANT ACTIVE GRANT
ARTPOP STREET GAL 113 FREELAND LANE CHARLOTTE, NC 282	0	47-3269773	501(C)3	13,500.	0.			CULTURAL VISION GRANT ACTIVE GRANT
BARRE BELLE 5643 TIPPERLINN W. CHARLOTTE, NC 282	78	83-3468094	501(C)3	20,000.	0.			CULTURAL VISION GRANT ACTIVE GRANT
BLACK GIRLS FILM 3540 TORINGDON WA SUITE 200-130 - CHARLOTTE, NC	Y	87-2502815	501(C)3	10,000.	0.			CULTURAL VISION GRANT ACTIVE GRANT
BLUMENTHAL PERFOR 130 N. TRYON STØ CHARLOTTE, NC 282		58-1791724	501(C)3	10,000.	0.			CULTURAL VISION GRANT ACTIVE GRANT
BNS PRODUCTIONS 9611 BROOKDALE DR 100-161	• 28215	81-0705805	501/012	10,000.	0.			CULTURAL VISION GRANT ACTIVE GRANT

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

Schedule I (Form 990) 2022

ARTS & SCIENCE COUNCIL

Schedule I (Form 990) CHAR

CHARLOTTE/MECKLENBURG, INC.

Page 1

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	I
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRAVEWORKS							
1717 CLEVELAND AVE							CULTURAL VISION GRANT
CHARLOTTE, NC 28203	32-0423402	501(C)3	15,000.	0.			ACTIVE GRANT
CARTERA & CARRELLA ENGENDLE							
CARITAS A CAPPELLA ENSEMBLE 4101 MEADOWRIDGE DRIVE							CULTURAL VISION GRANT
CHARLOTTE, NC 28202	82-0652632	501(C)3	10,000.	0.			ACTIVE GRANT
	02 0052052	501(0)5	10,000.	0.			ACTIVE GRANT
CHAMBER MUSIC FOR ALL							
1230 LYNBROOK DRIVE							CULTURAL VISION GRANT
CHARLOTTE, NC 28209	81-1892465	501(C)3	9,000.	0.			ACTIVE GRANT
CHARLOTTE BALLET							
701 N.TRYON STREET							CULTURAL VISION GRANT
CHARLOTTE, NC 28202	58-1314711	501(C)3	10,000.	0.			ACTIVE GRANT
CUARL DRACH ROAM AGOGTAMION							
CHARLOTTE DRAGON BOAT ASSOCIATION 4700 CARSONS POND RD2							CULTURAL VISION GRANT
CHARLOTTE, NC 28226	27-0270077	501(0)3	15,000.	0.			ACTIVE GRANT
CHARLOTTE, NC 20220	27-0270077	501(0)5	15,000.	0.			ACTIVE GRANT
CHARLOTTE PRIDE BAND							
PO BOX 115662							CULTURAL VISION GRANT
CHARLOTTE, NC 28220	35-2380910	501(C)3	20,000.	0.			ACTIVE GRANT
CHARLOTTE PRIDE, INC.							
1900 THE PLAZA	56 0005000	504 ( 7) 2					CULTURAL VISION GRANT
CHARLOTTE, NC 28205	56-2225983	501(C)3	20,000.	0.			ACTIVE GRANT
CHARLOTTE STRINGS COLLECTIVE							
9201 UNIVERSITY CITY BLVD							CULTURAL VISION GRANT
CHARLOTTE, NC 28223	56-0791228	501(C)3	10,000.	0.			ACTIVE GRANT
CHARLOTTE SYMPHONY ORCHESTRA							
SOCIETY, INC 128 S. TRYON ST							
STE 350							CULTURAL VISION GRANT
- CHARLOTTE, NC 28202	56-6011568	501(C)3	10,000.	0.			ACTIVE GRANT

Schedule I (Form 990)

ARTS & SCIENCE COUNCIL

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	.,	if applicable	Cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
CINEODYSSEY FILM FESTIVAL							
4022 CANTERBROOK DRØ							CULTURAL VISION GRANT
CHARLOTTE, NC 28269	46-4906906	501(C)3	7,000.	0.			ACTIVE GRANT
DANCE ARTIST ALLIANCE CLT							
10515 HAWICK COURTØ							CULTURAL VISION GRANT
CHARLOTTE, NC 28278	26-1781095	501(C)3	9,000.	0.			ACTIVE GRANT
DIGI-BRIDGE							
1026 JAY STREET SUITE B-1280							CULTURAL VISION GRANT
CHARLOTTE, NC 28208	46-4859045	501(C)3	15,000.	0.			ACTIVE GRANT
FRIENDSHIP CIRCLE							
6619 SARDIS ROAD							CULTURAL VISION GRANT
CHARLOTTE, NC 28270	86-2748481	501(C)3	15,000.	0.			ACTIVE GRANT
HISPANIC FEDERATION - NORTH							
CAROLINA - 55 EXCHANGE PLACE,							
SUITE 501							CULTURAL VISION GRANT
- NEW YORK, NY 10005	13-3573852	501(C)3	20,000.	0.			ACTIVE GRANT
HOLIDAY WISH FOUNDATION							
6800 RAMBLING ROSE DRIVE							CULTURAL VISION GRANT
CHARLOTTE, NC 28212	85-0092356	501(C)3	20,000.	0.			ACTIVE GRANT
HOPE FOR HARVEST YOUTH CENTER							
1800 BREWTON DR.Ø							CULTURAL VISION GRANT
CHARLOTTE, NC 28206	82-0832111	501(C)3	20,000.	0.			ACTIVE GRANT
HUNTERSVILLE PUBLIC ART COMMISSION							
105 GILEAD RD							
PO BOX 2879							CULTURAL VISION GRANT
- HUNTERSVILLE, NC 28078	56-6001252		8,500.	0.			ACTIVE GRANT
INDIA ASSOCIATION OF CHARLOTTE							
3212 DEVON CROFT LN.O							CULTURAL VISION GRANT
CHARLOTTE, NC 28202	56-1907586	501(C)3	15,000.	Ο.			ACTIVE GRANT

Schedule I (Form 990)

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
INDIA ASSOCIATION OF CHARLOTTE							
3212 DEVON CROFT LN.0							CULTURAL VISION GRANT
CHARLOTTE, NC 28202	56-1907586	501(C)3	10,000.	0.			ACTIVE GRANT
JAZZARTS CHARLOTTE							
VAPA CENTER							
700 N. TRYON ST.							CULTURAL VISION GRANT
- CHARLOTTE, NC 28202	27-1728470	501(C)3	14,000.	0.			ACTIVE GRANT
KINSHIP PLOT							
2435 ROZZELLES FERRY RDØ							CULTURAL VISION GRANT
CHARLOTTE, NC 28208	86-3745086	501(C)3	5,700.	0.			ACTIVE GRANT
LORIEN ACADEMY OF THE ARTS							
2461 ARTY AVEØ							CULTURAL VISION GRANT
CHARLOTTE, NC 28208	82-2409144	501(C)3	20,000.	0.			ACTIVE GRANT
NARMIA CONNERMON (KINEMIC NORKO							
MARTHA CONNERTON/KINETIC WORKS, INC 1609 NASSAU BLVD							CULTURAL VISION GRANT
- CHARLOTTE, NC 28205	56-2266383	501(0)3	15,000.	0.			ACTIVE GRANT
- CHARDOTTE, NC 20205	50-2200505	501(0)5	15,000.	0.			ACTIVE GRANT
MARTHA CONNERTON/KINETIC WORKS,							
INC. – 1609 NASSAU BLVD							CULTURAL VISION GRANT
- CHARLOTTE, NC 28205	56-2266383	501(C)3	7,400.	0.			ACTIVE GRANT
MATTHEWS PLAYHOUSE OF THE							
PERFORMING ARTS - 100 E MCDOWELL							CULTURAL VISION GRANT
ST MATTHEWS, NC 28105	56-1937368	501(C)3	20,000.	0.			ACTIVE GRANT
,,							
MINT MUSEUM OF ART, INC.							
2730 RANDOLPH ROAD							CULTURAL VISION GRANT
CHARLOTTE, NC 28205	56-0670666	501(C)3	20,000.	0.			ACTIVE GRANT
MOVING POETS CHARLOTTE INC							
2107 MANDARIN BLVD							CULTURAL VISION GRANT
CHARLOTTE, NC 28205	46-1514126	501 ( 2) 2	20,000.	0.			ACTIVE GRANT

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

Part II Continuation of Grants and Oth	er Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	I
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSIC AT ST. ALBAN'S							
PO BOX 7310							CULTURAL VISION GRANT
DAVIDSON, NC 28036	46-4695666	501(C)3	15,000.	0.			ACTIVE GRANT
NORTH MECKLENBURG COMMUNITY							
CHORUS, INC PO BOX 1234							CULTURAL VISION GRANT
- CORNELIUS, NC 28031	27-1469178	501(C)3	12,000.	0.			ACTIVE GRANT
OUR DAILY BREAD FOUNDATION							
501 N. TRYON ST.Ø	83-1487766	E01(a)2	10 000	0.			CULTURAL VISION GRANT
CHARLOTTE, NC 28202	83-148//66	501(C)3	10,000.	0.			ACTIVE GRANT
OURBRIDGE							
3925 WILLARD FARROW DR. $\emptyset$							CULTURAL VISION GRANT
CHARLOTTE, NC 28215	46-3784901	501(C)3	17,000.	0.			ACTIVE GRANT
PLAYING FOR OTHERS							
2205 EAST 5TH STREETØ CHARLOTTE, NC 28204	20-1426441	501(0)3	10,000.	0.			CULTURAL VISION GRANT ACTIVE GRANT
PROJECT SCIENTIST	20-1420441	501(075	10,000.	0.			ACTIVE GRANT
548 MARKET ST							
PMB 83994							CULTURAL VISION GRANT
- CHARLOTTE, NC 28215	46-1763945	501(C)3	15,000.	0.			ACTIVE GRANT
QC FAMILY TREE							
2910 PARKWAY AVE							CULTURAL VISION GRANT
CHARLOTTE, NC 28208	20-4091165	501(C)3	6,600.	0.			ACTIVE GRANT
QUE-OS							
PO BOX 112560							CULTURAL VISION GRANT
CHARLOTTE, NC 28220	46-0643659	501(C)3	15,000.	0.			ACTIVE GRANT
SOUTHEND ARTS							
2143 PARK ROAD							CULTURAL VISION GRANT
CHARLOTTE, NC 28202	83-2061483	501(C)3	10,000.	0.			ACTIVE GRANT

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGCLEAN							
932 SEIGLE AVENUE							CULTURAL VISION GRANT
CHARLOTTE, NC 28205	83-4195019	501(C)3	15,000.	0.			ACTIVE GRANT
THE ARTS EMPOWERMENT PROJECT							
700 N TRYON STØ							CULTURAL VISION GRANT
CHARLOTTE, NC 28202	45-4837497	501(C)3	20,000.	0.			ACTIVE GRANT
,,			,				
THE INDEPENDENT PICTURE HOUSE							
4237 RALEIGH STREET, SUITE 4 $\! \oslash$							CULTURAL VISION GRANT
CHARLOTTE, NC 28213	27-3319192	501(C)3	20,000.	0.			ACTIVE GRANT
THE ROYAL CITY COLLABORATION CORP							
11004 BALLARDS POND LN	00.0001.040	501 ( 2) 2					CULTURAL VISION GRANT
MATTHEWS, NC 28105	82-3281642	501(C)3	20,000.	0.			ACTIVE GRANT
THEATRE GAP INITIATIVE							
3415 CHARDMORE DRIVE							CULTURAL VISION GRANT
MATTHEWS, NC 28105	86-1460904	501(C)3	20,000.	0.			ACTIVE GRANT
			,	- •			
THEATRE GAP INITIATIVE							
3415 CHARDMORE DRIVE							CULTURAL VISION GRANT
MATTHEWS, NC 28105	86-1460904	501(C)3	15,000.	0.			ACTIVE GRANT
WDAV CLASSICAL PUBLIC RADIO							
(DAVIDSON COLLEGE) - BOX 8990		F01(a)2		^			CULTURAL VISION GRANT
- DAVIDSON, NC 28035	56-0529961	501(C)3	20,000.	0.			ACTIVE GRANT
WE ROCK CHARLOTTE							
423 E. 22ND STØ							CULTURAL VISION GRANT
CHARLOTTE, NC 28206	47-3489351	501(C)3	15,000.	0.			ACTIVE GRANT
,			, ,				
BRAVEWORKS							
1717 CLEVELAND AVE							CULTURAL VISION GRANT
CHARLOTTE, NC 28203	32-0423402	501(C)3	20,000.	0.			CLOSED GRANT

ARTS & SCIENCE COUNCIL

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

		nestie organizations	and Domestic de	Contention (Contention		e ii.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLOTTE CIRQUE & DANCE CENTER							
9315 MONROE ROAD							
STE E							CULTURAL VISION GRANT
- CHARLOTTE, NC 28270	20-3607784	501(C)3	10,000.	0.			CLOSED GRANT
,			, ,				
METROLINA NATIVE AMERICAN							
ASSOCIATION - 8001 N. TRYON STREET							CULTURAL VISION GRANT
- MINT HILL, NC 28227	85-2156373	501(C)3	9,250.	0.			CLOSED GRANT
OPEN DOOR DANCE FOUNDATION							
614 CLEMENT AVE $\mathcal{O}$							CULTURAL VISION GRANT
CHARLOTTE, NC 28204	46-2074511	501(C)3	6,500.	0.			CLOSED GRANT
THE CHARLOTTE MUSEUM OF HISTORY,							
INC 3500 SHAMROCK DRIVE							CULTURAL VISION GRANT
- CHARLOTTE, NC 28215	21-7125613	501(C)3	6,000.	٥.			CLOSED GRANT
THREE BONE THEATRE							
842 LINDA LANE $0$							CULTURAL VISION GRANT
CHARLOTTE, NC 28211	46-4220126	501(C)3	14,000.	0.			CLOSED GRANT
A SIGN OF THE TIMES OF THE							CULTURE BLOCKS PROGRAM
CAROLINAS - 6228 EAGLE PEAK DR							INVESTMENT
- CHARLOTTE, NC 28214	20-4766220	501(C)3	28,750.	0.			ACTIVE
ARTSPLUS							CULTURE BLOCKS PROGRAM
PO BOX 327570							INVESTMENT
CHARLOTTE, NC 28232	59-1356847	501(C)3	11,500.	0.			ACTIVE
CHARLOTTE BALLET							CULTURE BLOCKS PROGRAM
701 N.TRYON STREET	F0 1014511	501(0)2	11 500				INVESTMENT
CHARLOTTE, NC 28202	58-1314711	DUT(C)3	11,500.	0.			ACTIVE
CHARLOTTE BALLET							CULTURE BLOCKS PROGRAM
701 N.TRYON STREET							INVESTMENT
-	50 121/711	501/C)2	20 750	_			
CHARLOTTE, NC 28202	58-1314711	DOT(C)3	28,750.	0.			ACTIVE

Schedule I (Form 990) CHARLOTTE / MECK	LENBURG, INC.						56-0693436 Page 1
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLOTTE SYMPHONY ORCHESTRA SOCIETY, INC. – 128 S. TRYON ST STE 350 – CHARLOTTE, NC 28202	56-6011568	501(C)3	6,000.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
CHILDREN'S THEATRE OF CHARLOTTE 300 EAST 7TH STREETØ CHARLOTTE, NC 28202	56-1028031	501(C)3	28,750.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
CLAYWORKS 4506 MONROE ROAD0 CHARLOTTE, NC 28205	90-0198258	501(C)3	28,750.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
CLAYWORKS 4506 MONROE ROAD CHARLOTTE, NC 28205	90-0198258	501(C)3	57,500.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
CREATING EXPOSURE THROUGH THE ARTS 4604 EMORY LANE2 CHARLOTTE, NC 28211	46-1921527	501(C)3	17,250.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
MOVEMENT MIGRATION 14311 REESE BLVD WEST STE 2A 3070 HUNTERSVILLE, NC 28078	84-1954743	501(C)3	11,500.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
MOVING SPIRITS, INC. 1647 CLOONEY LANEØ CHARLOTTE, NC 28262	45-3503467	501(C)3	17,250.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
OBEY FOUNDATION INC 7926 ROBINSON CHURCH RD CHARLOTTE, NC 28215	13-3985609	501(C)3	5,750.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
OPEN DOOR DANCE FOUNDATION 614 CLEMENT AVE.Ø CHARLOTTE, NC 28204	46-2074511	501(C)3	28,750.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERA CAROLINA 1600 ELIZABETH AVE2 CHARLOTTE, NC 28204	56-6019660	501(C)3	11,500.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
OPERA CAROLINA 1600 ELIZABETH AVE2 CHARLOTTE, NC 28204	56-6019660	501(C)3	5,750.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
THE LIGHT FACTORY 700 NORTH TRYON STREETØ CHARLOTTE, NC 28203	51-0185359	501(C)3	11,500.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
THE LIGHT FACTORY 700 NORTH TRYON STREETØ CHARLOTTE, NC 28203	51-0185359	501(C)3	11,500.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
YOUNG ICONS 3717 LATROBE DR STE 7400 CHARLOTTE, NC 28227	85-3635794	501(C)3	57,500.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
CHARLOTTE IS CREATIVE 5639 REBEL DRØ CHARLOTTE, NC 28210	47-5329696	501(C)3	75,000.	0.			KNIGHT TECH INFUSION FUND ACTIVE
CHARLOTTE PRIDE BAND PO BOX 115660 CHARLOTTE, NC 28220	35-2380910	501(C)3	6,500.	0.			KNIGHT TECH INFUSION FUND ACTIVE
CINEODYSSEY FILM FESTIVAL 4022 CANTERBROOK DRØ CHARLOTTE, NC 28269	46-4906906	501(C)3	65,000.	0.			KNIGHT TECH INFUSION FUND ACTIVE
CREATING EXPOSURE THROUGH THE ARTS 4604 EMORY LANE CHARLOTTE, NC 28211	46-1921527	501(C)3	20,000.	0.			KNIGHT TECH INFUSION FUND ACTIVE

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OBRA COLLECTIVE 628 SWEETGUM LNØ CHARLOTTE, NC 28211	87-1736320	501(C)3	15,288.	0.			KNIGHT TECH INFUSION FUND ACTIVE
OPEN DOOR DANCE FOUNDATION 614 CLEMENT AVE.Ø CHARLOTTE, NC 28204	46-2074511	501(C)3	22,473.	0.			KNIGHT TECH INFUSION FUND ACTIVE
OUR DAILY BREAD FOUNDATION 501 N. TRYON ST.Ø CHARLOTTE, NC 28202	83-1487766	501(C)3	20,000.	0.			KNIGHT TECH INFUSION FUND ACTIVE
POWER UP USA 201 N. MCDOWELL STREET UNIT 334750 CHARLOTTE, NC 28202	27-4941564	501(C)3	35,000.	0.			KNIGHT TECH INFUSION FUND ACTIVE
THE INDEPENDENT PICTURE HOUSE 4237 RALEIGH STREET, SUITE 40 CHARLOTTE, NC 28213	27-3319192	501(C)3	26,500.	0.			KNIGHT TECH INFUSION FUND ACTIVE
BECHTLER MUSEUM OF MODERN ART 420 S. TRYON ST. CHARLOTTE, NC 28202 - CHARLOTTE, NC 28213	56-2225722	501(C)3	329,868.	0.			OPERATING SUPPORT GRANT ACTIVE GRANT
MCCOLL CENTER FOR ART + INNOVATION 721 N. TRYON STREET CHARLOTTE, NC 28202	51-0195015	501(C)3	13,130.	0.			ORGANIZATION SUPPORT GRANT
A SIGN OF THE TIMES OF THE CAROLINAS - 6228 EAGLE PEAK DR - CHARLOTTE, NC 28214	20-4766220	501(C)3	20,000.	0.			ORGANIZATION SUPPORT GRANT ACTIVE
AMERICAN CAPOEIRA FOUNDATION 2422 MADELINE MEADOW DRIVE CHARLOTTE, NC 28217	47-1250928	501(C)3	10,000.	0.			ORGANIZATION SUPPORT GRANT ACTIVE

ARTS & SCIENCE COUNCIL

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTSPLUS							ORGANIZATION SUPPORT
PO BOX 327570							GRANT
CHARLOTTE, NC 28232	59-1356847	501(C)3	10,000.	0.			ACTIVE
BARRE BELLE							ORGANIZATION SUPPORT
5643 TIPPERLINN WAY							GRANT
CHARLOTTE, NC 28278	83-3468094	501(C)3	10,000.	0.			ACTIVE
BLACK GIRLS FILM CAMP							
3540 TORINGDON WAY							ORGANIZATION SUPPORT
SUITE 200-130							GRANT
- CHARLOTTE, NC 28277	87-2502815	501(C)3	10,000.	0.			ACTIVE
BNS PRODUCTIONS							
9611 BROOKDALE DR.							ORGANIZATION SUPPORT
100-161							GRANT
- CHARLOTTE, NC 28215	81-0705805	501(C)3	20,000.	0.			ACTIVE
CAIN CENTER FOR THE ARTS							ORGANIZATION SUPPORT
21348 CATAWBA AVE.0							GRANT
CORNELIUS, NC 28031	81-4628087	501(C)3	10,000.	0.			ACTIVE
CAROLINA VOICES							ORGANIZATION SUPPORT
							GRANT
1900 QUEENS RDØ	EC 0910410	E01(0)2	20.000	0			
CHARLOTTE, NC 28207	56-0810412	501(C)3	20,000.	0.			ACTIVE
CHARLOTTE PRIDE BAND							ORGANIZATION SUPPORT
PO BOX 115660							GRANT
CHARLOTTE, NC 28220	35-2380910	501(C)3	12,000.	0.			ACTIVE
CLAYWORKS							ORGANIZATION SUPPORT
4506 MONROE ROAD							GRANT
CHARLOTTE, NC 28205	90-0198258	501(C)3	6,475.	0.			ACTIVE
GAY MENS CHORUS OF CHARLOTTE							ORGANIZATION SUPPORT
3601 CENTRAL AVEØ							GRANT
CHARLOTTE, NC 28205	20-5361365	501(C)3	20,000.	Ο.			ACTIVE

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVEY B. GANTT CENTER FOR							
AFRICAN-AMERICAN ARTS + CULTURE -							ORGANIZATION SUPPORT
551 S TRYON STREET							GRANT
- CHARLOTTE, NC 28202	56-1152286	501(C)3	20,000.	0.			ACTIVE
HOLIDAY WISH FOUNDATION							ORGANIZATION SUPPORT
6800 RAMBLING ROSE DRIVE							GRANT
CHARLOTTE, NC 28212	85-0092356	501(C)3	15,500.	٥.			ACTIVE
LORIEN ACADEMY OF THE ARTS							ORGANIZATION SUPPORT
2461 ARTY AVE							GRANT
CHARLOTTE, NC 28208	82-2409144	501(0)3	20,000.	0.			ACTIVE
	02 2409144	501(0/5	20,000.	••			ACTIVE
MOVING POETS CHARLOTTE INC							ORGANIZATION SUPPORT
2107 MANDARIN BLVDØ							GRANT
CHARLOTTE, NC 28205	46-1514126	501 (C) 3	10,000.	0.			ACTIVE
	10 1011120	501(0/5	10,000.				
MUSIC AT ST. ALBAN'S							ORGANIZATION SUPPORT
PO BOX 7310							GRANT
DAVIDSON, NC 28036	46-4695666	501 (C) 3	20,000.	0.			ACTIVE
	10 1050000	501(0)5					
OPEN DOOR DANCE FOUNDATION							ORGANIZATION SUPPORT
614 CLEMENT AVE.Ø							GRANT
CHARLOTTE, NC 28204	46-2074511	501(C)3	15,000.	0.			ACTIVE
	10 10,1011	501(0)5	10,000.				
							ORGANIZATION SUPPORT
OUR DAILY BREAD FOUNDATION							GRANT
501 N. TRYON ST.	83-1487766	501(C)3	20,000.	0.			ACTIVE
			, ,				
POWER UP USA							ORGANIZATION SUPPORT
201 N. MCDOWELL STREET UNIT 334750							GRANT
CHARLOTTE, NC 28202	27-4941564	501(C)3	20,000.	٥.			ACTIVE
OC FAMILY TOFF							ODCANTZANTON CUDDODM
QC FAMILY TREE							ORGANIZATION SUPPORT
2910 PARKWAY AVE	00 4001465	501 (2) 2					GRANT
CHARLOTTE, NC 28208	20-4091165	501(C)3	6,000.	٥.			ACTIVE

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
QUE-OS							ORGANIZATION SUPPORT
- PO BOX 112560							GRANT
CHARLOTTE, NC 28220	46-0643659	501(C)3	20,000.	0.			ACTIVE
THE CAROLINAS LATIN DANCE COMPANY							ORGANIZATION SUPPORT
PO BOX 437702							GRANT
CHARLOTTE, NC 28215	56-2276606	501(C)3	10,000.	0.			ACTIVE
THE CHARLOTTE MUSEUM OF HISTORY,							ORGANIZATION SUPPORT
INC 3500 SHAMROCK DRIVE							GRANT
- CHARLOTTE, NC 28215	21-7125613	501(C)3	10,200.	0.			ACTIVE
		501(0)5	10,200.	· ·			
THE ROYAL CITY COLLABORATION CORP							ORGANIZATION SUPPORT
11004 BALLARDS POND LNØ							GRANT
MATTHEWS, NC 28105	82-3281642	501(C)3	20,000.	0.			ACTIVE
			,				
THEATRE GAP INITIATIVE							ORGANIZATION SUPPORT
3415 CHARDMORE DRIVEØ							GRANT
MATTHEWS, NC 28105	86-1460904	501(C)3	20,000.	0.			ACTIVE
THEATRE GAP INITIATIVE							ORGANIZATION SUPPORT
3415 CHARDMORE DRIVE							GRANT
MATTHEWS, NC 28105	86-1460904	501(C)3	6,000.	0.			ACTIVE
		501(0)5		••			
THREE BONE THEATRE							ORGANIZATION SUPPORT
842 LINDA LANEØ							GRANT
CHARLOTTE, NC 28211	46-4220126	501(C)3	20,000.	0.			ACTIVE
TOSCO MUSIC							ORGANIZATION SUPPORT
4953 ALBEMARLE RDØ							GRANT
CHARLOTTE, NC 28205	56-2135861	501(C)3	20,000.	0.			ACTIVE
							DEGANTZANTON GUDDOD
VAPA CENTER							ORGANIZATION SUPPORT
700 N TRYON STO	07 2500000	F01(0)2		2			GRANT
CHARLOTTE, NC 28202	87-3529263	DOT(C)3	20,000.	0.		1	ACTIVE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APA CENTER 00 N TRYON STØ HARLOTTE, NC 28202	87-3529263	501(C)3	20,000.	0.			ORGANIZATION SUPPORT GRANT ACTIVE
HILDREN'S THEATRE OF CHARLOTTE 00 EAST 7TH STREETØ HARLOTTE, NC 28202	56-1028031	501(C)3	8,000.	0.			THRIVE FUND CLOSED GRANT

Schedule I (Form 990) 2022 CHARLOTTE/MECKLENBURG, INC.

### 56-0693436

Page 2

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 assistanc
RTIST SUPPORT GRANTS	75	209,887.	0.		
SEED GRANTS	14	42,000.	0.		
CREATIVE MECKLENBURG GRANT	25	71,500.	0.		
		,			
CREATIVE RENEWAL FELLOWSHIP GRANT	7	105,000.	0.		
CULTURE VISION GRANT	40	416,650.	0.		
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
OPERATING SUPPORT GRANT RECIPIENTS ARE REQUIRED	TO SUBMIT THE F	OLLOWING			
OCUMENTATION TO MONITOR THE USE OF GRANT FUNDS:	SIGNED GRANT	AGREEMENT -			
EQUIRED BEFORE FIRST PAYMENT; METRICS GRID (CRE	EATED BY EACH OR	GANIZATION			
ISTING THEIR TOP 3 METRICS OF SUCCESS FOR THE F	FISCAL YEAR) IS	SUBMITTED IN			
ULY, UPDATED IN JANUARY, WITH A FINAL REPORT SU	JEMITTED IN JULY	; QUARTERLY			
UDGET TO ACTUAL FINANCIALS; AUDIT OR COMPILATIO	ON OF PREVIOUS Y	EAR; COPIES			
F BROCHURES AND MAILINGS; QUARTERLY ATTENDANCE	FIGURES AND BOA	RD OF			
IRECTORS LIST. ASC STAFF ALSO MONITORS GRANT F	RECIPIENTS BY CO	NDUCTING			
32102 10-31-22					Schedule I (Form 990) 2

ARTS & SCIENCE COUNCIL						
Schedule I (Form 990) CHARLOTTE/MECKLENBURG,					56-0693436	Page <b>2</b>
Part III Continuation of Grants and Other Assistance to Domes	tic Individuals (	Schedule I (Form 99	90), Part III.)			
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of nonca	ish assistance
CULTURE BLOCKS PROGRAM INVESTMENT	26.	501,000.	0.			
EMERGING CREATOR FELLOWSHIP	8.	80,000.	0.			
FOUNDERS GRANT	6.	300,000.	0.			
KNIGHT TECH INFUSION FUND	12.	148,507.	0.			
SCHOOL FUNDING OPPORTUNITY	142.	175,510.	0.			
	I		1	I	1	

ARTS & SCIENCE COUNCIL

CHARLOTTE/MECKLENBURG, INC.

Schedule I (Form 990) CHARLOT 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.

Schedule I (Form 990)

56-0693436

Page 2

232291 04-01-22

SC	HEDULE J	Compensation Information		OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 3	22	20	<b>_</b> _	-
Depar	tment of the Treasury	Attach to Form 990.		Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information	1		ection	
Nam	e of the organization		r identificati	on nu	mber	
		CHARLOTTE/MECKLENBURG, INC.	56-	-0693436		
Ра	rt I Question	s Regarding Compensation				
_					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on F	orm 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	• • · ·				
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation				
		spending account Personal services (such as maid, cha	Iffeur, chet)			
h	If any of the bayes	an line to ave checked, did the exercitation follow a written policy recording normant even				
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		416		
•		provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all director		2		
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?				
3	Indicato which if a	ny, of the following the organization used to establish the compensation of the organizati	on's			
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.	24101110			
	X Compensation					
		compensation consultant X Compensation survey or study				
	X Form 990 of o		on committee			
			on 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 re					
а	-	e payment or change-of-control payment?		4a		x
		eive payment from a supplemental nonqualified retirement plan?				x
		eive payment from an equity-based compensation arrangement?				x
•		nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compension	ation			
	contingent on the r					
а	0					x
b	Any related organiz	ation?		5b		х
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compension	ation			
	contingent on the n	net earnings of:				
а	The organization?	-		6a		x
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paym	ents			
		nes 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	n 53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		edule J (Forr	n 990	) 2022

232111 10-18-22

CHARLOTTE/MECKLENBURG, INC.

Schedule J	(Form 990)	2022
Ochicadic 0		12022

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

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

56-0693436

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KRISTA TERRELL	(i)	173,646.	0.	0.	0.	2,406.	176,052.	0.
PRESIDENT (CURRENT)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Page 2

Schedule J (Form 990) 2022 CHARLOTTE/MECKLENBURG, INC.

#### Part III Supplemental Information

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

PART I, LINE 3:

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/HER DIRECT REPORTS, INCLUDING KEY EMPLOYEES. COMPENSATION

ADJUSTMENTS FOR KEY EMPLOYEES ARE SHARED WITH THE OFFICERS OF THE BOARD OF

DIRECTORS TO ENSURE REASONABLENESS.

56-0693436 Page 3

SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.		OMB No. 1545-0047
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Employee	
Name of the organization	CHARLOTTE/MECKLENBURG, INC.		<b>identification numbe</b> 693436
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
EQUITABLE, SUSTAIN	ABLE 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, HIS	TORY AND HERITAGE, A GATHERER AND STEWARD OF PUBLIC		
AND PRIVATE COMMUN	ITY RESOURCES, AN INVESTOR OF THOSE RESOURCES IN THE		
CULTURAL SECTOR AN	D COMMUNITY, THE STRATEGIC PLANNER FOR THE		
COMMUNITY'S CULTUR	AL SECTOR, AND THE PUBLIC ART AGENT FOR THE CITY OF		
CHARLOTTE AND MECK	LENBURG COUNTY. THE MISSION OF THE ORGANIZATION IS		
INVESTING IN PEOPL	E, PROGRAMS AND IDEAS THAT MOVE US TOWARD A MORE		
EQUITABLE, SUSTAIN	ABLE AND INNOVATIVE CREATE ECOSYTEM. THE VISION IS		
AN EQUITABLE, CONN	ECTED COMMUNITY WHERE CREATIVITY IS CENTRAL,		
CELEBRATED AND SUP	PORTED.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE BOARD TREASURE	R AND CONTROLLER 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.		
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 A	ND ASKED TO REVIEW AND SIGN THE FORM INDICATING THEY HAVE		
READ THE POLICY AN	D MADE ANY APPROPRIATE DISCLOSURES. SHOULD A CONFLICT		
EXIST ON A MATTER	COMING TO A VOTE, THE MEMBER WITH THE CONFLICT WOULD		
	SELF FROM THE VOTE.	Caba	dule O (Form 990) 202
232211 10-28-22	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	aale O (Form 990) 202

15080509 131839 A174131

Schedule O (Form 990) 20	22	Page 2
Name of the organization	ARTS & SCIENCE COUNCIL	Employer identification number
	CHARLOTTE/MECKLENBURG, INC.	56-0693436

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.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2024.

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

2,099,191.

FORM 990, PART XII, LINE 2C:

PROCESS IS UNCHANGED FROM PRIOR YEAR.

232212 10-28-22

SCHEDULE R (Form 990)	<b>Related Organizations and Unrelated Partnerships</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Open to Public Inspection
Name of the organizati	ARTS & SCIENCE COUNCIL	Employer identification number
	CHARLOTTE/MECKLENBURG, INC.	56-0693436

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> 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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
GREATER CHARLOTTE CULTURAL TRUST -							
82-0576292, 217 S. TRYON ST., CHARLOTTE, NC	ENDOWMENT INVESTMENT &						
28202	ADMINISTRATION	NORTH CAROLINA	501(C)(3)	LINE 12A, I			х
	-						
	-						
	_						
	-						
						1	

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

Schedule R (Form 990) 2022 CHARLOTTE / MECKLENBURG, INC.

56-0693436 Page **2** 

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.

organizations treated as a pa												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	ral or F Iging her?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
	-											
										+		
	-											
	-											
	-											
	1											
	1											

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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income			Sec 512(k contr ent	tion b)(13) rolled tity?
		country)						Yes	No

1

ARTS & SCIENCE COUNCIL

CHARLOTTE/MECKLENBURG, INC. Schedule R (Form 990) 2022

56-0693436 Page 3 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Yes No 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 Х 1a Х **b** Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) Х 1c Х d Loans or loan guarantees to or for related organization(s) 1d Х e Loans or loan guarantees by related organization(s) 1e

f Dividends from related organization(s)	1f		Х
g Sale of assets to related organization(s)	1g		Х
h Purchase of assets from related organization(s)	1h		Х
i Exchange of assets with related organization(s)	1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
I Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
o Sharing of paid employees with related organization(s)	10		Х
p Reimbursement paid to related organization(s) for expenses	1p		Х
q Reimbursement paid by related organization(s) for expenses	1q		Х
r Other transfer of cash or property to related organization(s)	1r		Х
s Other transfer of cash or property from related organization(s)	1s		Х

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. 2

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

Schedule R (Form 990) 2022 CHARLOTTE/MECKLENBURG, INC.

56-0693436 Page **4** 

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

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

(a)	(b)	(c)	(d)	(e	e)	(f)	(g)	(	(h)	(i)	(	)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501 ( org	e all rs sec.	Share of	Share of	Disp	oropor- onate	Code V-UBI	Gene	al or F	Percenta
of entity		(state or foreign	(related, unrelated, lexcluded from tax under	501( org	c)(3) IS.?	total	end-of-year	alloc	ations?	amount in box 20	part	ner?	ownersh
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes		income	assets		s No		Yes	NO	
								-					
										1	1		

Schedule R	(Form 990) 2022 CHARLOTTE/MECKLENBURG, INC.	56-0693436	Page 5
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		
232165 09-14-2	2	Schedule R (Form	990) 2022
202 100 09-14-2	56	Conedule N (FOIII	. 555, 2022



Form

## **\*\* PUBLIC INSPECTION COPY \*\* Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Open to Public Inspection

Depa Inter	rtment nal Reve	of the Treasury enue Service	nformation.	Open to Public Inspection	
AI	or th	e 2022 calenda	ar year, or tax year beginning JUL 1, 2022 and ending J	UN 30, 2023	
	Check if pplicab	tion number			
	Addre chang	ess CHARLO	TTE/MECKLENBURG, INC.		
	Name		isiness as	56-0693436	
	Initial return		and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number	
	Final returr	PO BOX	, , , , , , , , , , , , , , , , , , , ,	704-333-2272	
	termi ated	n-	own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	9,721,899.
	Amer returr	1 CHARLO	TTE, NC 28230	H(a) Is this a group retu	Irn
	Appli tion	F Name ar	nd address of principal officer: MONIFA DRAYTON	for subordinates?	Yes 🗴 No
	pend	ING SAME AS		H(b) Are all subordinates inclu	ded? Yes No
1	Tax-ex	empt status: 🛽	₭ 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or 527	If "No," attach a lis	t. See instructions
	Nebsi		ISANDSCIENCE.ORG	H(c) Group exemption	number
		f organization: [	Corporation Trust Association Other L Year	of formation: 1958 M	State of legal domicile: NC
Pa	art I	Summary			
6	1		e the organization's mission or most significant activities: THE ARTS & SCI	ENCE COUNCIL	
Ű		INVESTS IN	PEOPLE, PROGRAMS AND IDEAS THAT MOVE US TOWARD A MORE		
rna	2	Check this box	if the organization discontinued its operations or disposed of more	than 25% of its net asset	S.
Governance	3		ing members of the governing body (Part VI, line 1a)		23
ۍ م	4		ependent voting members of the governing body (Part VI, line 1b)		23
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a)		15
iti	6		of volunteers (estimate if necessary)		190
Act			I business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated I	pusiness taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
P	8		and grants (Part VIII, line 1h)	8,081,427.	9,343,333.
Revenue	9	•	ce revenue (Part VIII, line 2g)	0.	0.
Bev	10		ome (Part VIII, column (A), lines 3, 4, and 7d)	939.	4,152.
_	יין		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	266,078.	374,414.
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,348,444.	9,721,899.
	13		hilar amounts paid (Part IX, column (A), lines 1-3)	4,961,331.	6,443,494.
	14	-	o or for members (Part IX, column (A), line 4)	-	0.
ses	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	1,385,193.	1,431,400.
Expenses	16a		Indraising fees (Part IX, column (A), line 11e)	0.	υ.
- Å	b		<u> </u>	1,473,067.	1,468,157.
_	1 "		s (Part IX, column (A), lines 11a-11d, 11f-24e)	7,819,591.	9,343,051.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	528,853.	378,848.
<u> </u>	19	nevenue less e	expenses. Subtract line 18 from line 12	eginning of Current Year	End of Year
Net Assets or	20	Total assets (P	—	37,067,687.	40,136,271.
Asse	20 21			7,307,996.	7,898,541.
Vet ∕	21		und balances. Subtract line 21 from line 20	29,759,691.	32,237,730.
		Signature	und palanees. Oubtract IIIE 21 110111 111E 20		

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 TONY PEREZ, BOARD CHAIR Type or print name and title DocuSign D			Date 5/10/2024					
Paid	Print/Type preparer's name JOHN NORMAN	Preparer's signature JOHN NORMAN	Date 05/09/24	it	Check f self-employed	PTIN P01506766			
Preparer	Firm's name CLIFTONLARSONALLEN LLP			Firm's E	EIN 41-	0746749			
Use Only	Firm's address 227 WEST TRADE STREET, SU	ITE 800							
	CHARLOTTE, NC 28202			Phone r	no.704-99	8-5200			
May the I	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes	No		
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Check if Schedule O contains a response or note to any line in this Part III Bridty describe the organization's mission: BE SCHEDULE 0  Did the organization and end of the organization's mission: BE SCHEDULE 0  Did the organization case conducting, or make significant program services during the year which were not listed on the prior Form 990 or 990-E27 Ures, 'describe these new services on Schedule 0. Did the organization case conducting, or make significant changes in how it conducts, any program services? Ves X Nc If 'Yes,' describe these changes on Schedule 0. Did the organization case conducting, or make significant changes in how it conducts, any program services, as measure by expenses. Section 501(6)(3) and 501(6)(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. Coating () (coating 5, 114, 062) (Reemone 5, 114, 062) (Reemone 5, 114, 062) (Reemone 5, 118, 247 including parts of 5, 114, 062) (Reemone 5, 118, 247 including parts of 5, 114, 062) (Reemone 5, 118, 247 including parts of 5, 114, 062) (Reemone 5, 118, 247 including parts of 5, 114, 062) (Reemone 5, 118, 247 including parts of 5, 114, 062) (Reemone 5, 118, 247 including parts of 5, 114, 062) (Reemone 5, 118, 247 including parts of 5, 114, 062) (Reemone 5, 118, 247 including parts of 5, 114, 062) (Reemone 5, 118, 247 including parts of 5, 114, 062) (Reemone 6, 118, 067 including parts of 5, 114, 062) (Reemone 6, 118, 067 including parts of 5, 114, 062) (Reemone 6, 118, 067 including parts of 5, 114, 062) (Reemone 6, 118, 067 including parts of 5, 114, 062) (Reemone 6, 118, 067 including parts of 5, 114, 067) (Reemone 6, 118, 067 including parts of 5, 114, 067) (Reemone 6, 118, 067 including parts of 5,	Form	ARTS & SCIENCE COUNCIL 990 (2022) CHARLOTTE/MECKLENBURG, INC.	56-0693436	Page 2
Isolay describe the organization's mission:             SEE SCHEDULE 0             Id the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E27       If Y'se, 'describe these new services on Schedule 0.           Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses.             Social bits the expension of Schedule 0.              Describe the organization's program services compliationents for each of its three largest program services, as measured by expenses.            Sections to ceach program service accompliationents for each of its three largest program services, as measured by expenses.            Sections to ceach program service reported.             Sections to ceach program service accompliation by program services, as measured by expenses.             Sections to compliation's program services accompliation by program services, as measured by expenses.             Sections to compliation's program services accompliation by program services as measured by expenses.             Sections to ceach program services accompliation by program services accompliatin the				Fage
Bieley describe the organization's mission:           SEE SCREEDULE 0           Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ?           If Yes, 'deacribe these new services on Schedule 0.           D D dn the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501 (6)(8) and 501 (6)(4) organizations are equired to report the amount of grants and allocations to others, the total sepanses, and revervue. Tarry, for each program services complishments for each of its three largest program services, as measured by expenses. Section 501 (6)(8) and 501 (6)(4) organizations are equired to report the amount of grants and allocations to others, the total sepanses, and revervue. Tarry, for each program services complishments for each of its three largest program services, as measured by expenses. Section 501 (6)(8) and 501 (0)(4) organizations are equired to report the amount of grants and allocations to others, the total sepanses, and revervue. Tarry, for each program services complishments for each of the total sepanses, and revervue. Tarry, for each program services complishments for each of the total sepanses. Section 501 (6)(8) and 501 (6)(4) organizations are equired or parts of an advice section 501 (6)(8) and 501 (6)(4) organizations and biots for the Difference 51 (6) (1000 (6) (		Check if Schedule O contains a response or note to any line in this Part III		X
2       Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-L27       Image: Significant changes on Schedule 0.         10       Wirks, 'describe these new services on Schedule 0.       Image: Significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service economismic reported.         40       (Over	1	Briefly describe the organization's mission:		
proof Porm 980 or 9804272		SEE SCHEDULE O		
prior form 980 or 980427	2	Did the organization undertake any significant program services during the year which were not listed on the		
<ul> <li>3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?</li></ul>		prior Form 990 or 990-EZ?	Ye	es 🗴 No
4 Describe the organization's program service accomplishments for each of its three largest program services, measured by expenses. Section 501(c)(3) and 501(c)(4) and	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? $\dots$	Ye	es 🛛 No
THE ARTS & SCIENCE COUNCIL MAKES A VALIETY OF GRAATS AND FUNDS AN ARRAY         OF SERVICES THAT CONTRIBUTE TO THE VITALITY AND SUSTAINABILITY OF THE         REGIONAL CULTURAL SECTOR. THESE GRAATS AND SERVICES DIRECTLY ALIGN WITH         ASC'S MISSION OF INVESTING IN PEOPLE, PROGRAMS AND IDEAS THAT MOVE US         TONADA D ANDER EQUITABLE, SUSTAINABILE, AND INNOVATIVE CREATIVE         ECOSYSTEM, ASC'S CULTURE ELOCKS PROGRAM CONNECTS COMMUNITIES WITH         BESPONSIVE ARTS AND CULTURE SEPERIENCES CLOSE TO WHERE RESIDENTS LIVE.         THE FROGRAM ENAGES WITH CREATIVE INDIVIDUALS AND ORGANIZATIONS TO         PRESENT FROGRAMS IN 10 GEOGRAPHIC AREAS IN MECKLENEURG COUNTY. THIS         SERVICE DIRECTLY ALIONS WITH HOW RESIDENTS AND THE CULTURAL SECTOR TO         SERVICE THEM BY BUILDING COMMUNITY AND INCREASING CULTURAL PROGRAM         RELEVANCE.         40 (Conc	4	Describe the organization's program service accomplishments for each of its three largest program services, as m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
HEGIONAL CULTURAL SECTOR. THESE GRAFTS AND SERVICES DIRECTLY ALIGN WITH         AGC 5 MISSION OF INVESTING IN FROPLE, FROGRAMS AND DEAS THAT MOVE 05         TONADI A MORE EQUITABLE, SUSTAINABLE, AND INNOATIVE CRAFASTIVE         ECOSYSTEM, ASC'S CULTURE BLOCKS FROGRAM CONNECTS COMMUNITIES WITH         HESPONITYE ARTS AND COUTURE REFERENCES CLOSE TO WHERE HESPENTS LIVE.         THE PROGRAM ENANCES WITH CREATIVE INDIVIDUALS AND ORGANIZATIONS TO         PRESENT FROGRAMS IN 10 GEOGRAPHIC AREAS IN MECKLEMEDIG COUNTY, THIS         SERVICE DIRECTLY ALIANS WITH HOW RESIDENTS AND THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALIANS WITH HOW RESIDENTS ANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALIANS WITH HOW RESIDENTS ANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALIANS WITH HOW RESIDENTS ANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALIANS WITH HOW RESIDENTS ANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALIANS WITH HOW AND INCRASING CULTURAL PROGRAM         RELEVANCE.         40         (Code) (Expenses	4a		÷\$	
ASC'S MISSION OF INVESTING IN PEOPLE, PROGRAMS AND IDEAS THAT MOVE US         TOMARD A MORE ROUTTABLE, SUBJAINABLE, AND INNOVATIVE CREATIVE         ECOSYSTEM, ASC'S CULTURE BLOCKS PROGRAM CONNECTS COMMUNITIES WITH         RESPONSIVE ARTS AND CULTURE EXPERIENCES CLOSE TO WHERE RESIDENTS LIVE.         THE FROGRAM ENGAGES WITH CREATIVE INDIVIDUALS AND ORGANIZATIONS TO         PRESENT PROGRAMS IN 10 GEOGRAPHIC AREAS IN MECKLEMBEDIE COUNTY. THIS         SERVICE DIRECTLY ALIGNS WITH HOW RESIDENTS MANT THE CULTURAL SECTOR TO         BERVICE DIRECTLY ALIGNS WITH HOW RESIDENTS MANT THE CULTURAL SECTOR TO         BERVICE DIRECTLY ALIGNS WITH HOW RESIDENTS MANT THE CULTURAL SECTOR TO         BERVICE DIRECTLY ALIGNS WITH HOW RESIDENTS MAIN THE CULTURAL SECTOR TO         BERVICE THEM BY BUILDING COMMUNITY AND INCREASING CULTURAL PROGRAM         RELEVANCE.         40 (Code:       (Rewrine'S)         1,839,337.       including grant of S         POR EMERGING AND ESTABLISHED ARTISTS TO ENHANCE THEIR SKILLS AND         ABLITIES TO FORT GRANTS FORM PROFESSIONAL AND ARTISTIC DEVELOPMENT         POR EMERGING AND RESTABLISHED ARTISTS TO ENHANCES         Cotat       ) (Evenue'S)				
TONARD A MORE EQUITABLE, SUSTAINABLE, AND INNOVATIVE CREATIVE         ECOSYSTEM. ASC'S CULTURE BLOCKS PROGRAM CONNECTS COMMUNITIES WITH         RESPONITE ARTS AND CULTURE EXPERIENCES CLOSE TO WHERE RESIDENTS LIVE.         THE FROGRAMS IN 10 GEOGRAPHIC AREAS IN MECKLENBURG COUNTY. THIS         SERVICE DIRECTLY ALLONS WITH HOW RESIDENTS WANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALLONS WITH MOR RESIDENTS WANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALLONS WITH MOR RESIDENTS WANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALLONS WITH MOR RESIDENTS WANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALLONS WITH MOR RESIDENTS WANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALLONS WITH MOR RESIDENTS WANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALLONS WITH MOR RESIDENTS WANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALLONS WITH MOR RESIDENTS TO ENHANCE THEIR SKILLS AND         AG (Code:       ) (Expenses 1, 1,339,337. including grants of 2, 1,329,432. ) (Revenue S         AGC (Code:       ) (Expenses 1,1,84,770. including grants of 2, 1,329,432. ) (Revenue S				
BECOSYSTEM. ASC'S CULTURE BLOCKS PROGRAM CONNECTS COMMUNITIES WITH         RESPONSIVE ARIS AND CULTURE EXPERIENCES CLOSE TO WHERE RESIDENTS LIVE.         THE PROGRAM ENGAGES WITH CREATIVE IDIVIDUALS AND ORGANETS TO         PRESENT FROGRAME SIN 10 GEOGRAPHIC AREAS IN MECKLENDING COUNTY. THIS         SERVICE DIRECTLY ALIGNS WITH HOW RESIDENTS WANT THE CULTURAL SECTOR TO         SERVICE THEM BY BUILDING COMMUNITY AND INCREASING CULTURAL SECTOR TO         SERVICE THEM BY BUILDING COMMUNITY AND INCREASING CULTURAL REGORM         RELEVANCE.         40 (Code:)(Expendents				
RESPONSIVE ARTS AND CULTURE EXPERIENCES CLOSE TO WHERE RESIDENTS LIVE.         THE PROGRAM ENGAGES WITH CREATIVE INDIVIDUALS AND ORGANIZATIONS TO         PRESENT FROMMANITY ENDIVIDUALS AND ORGANIZATIONS TO         SERVICE DIRECTLY ALIGNS WITH HOW RESIDENTS WANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALIGNS WITH HOW RESIDENTS WANT THE CULTURAL SECTOR TO         SERVICE DIRECTLY ALIGNS WITH HOW RESIDENTS WANT THE CULTURAL SECTOR TO         SERVICE THEM BY BUILDING COMMUNITY AND INCREASING CULTURAL PROGRAM         RELEVANCE.         40 (Code:) (Genemes %				
THE PROGRAM ENGAGES WITH CREATIVE INDIVIDUALS AND ORGANIZATIONS TO         PRESENT FROGRAMS IN 10 GEOGRAPHIC AREAS IN MECKLENBURG COUNTY. THIS         SERVICE DIRECTLY ALIONS WITH HOW RESIDENTS WANT THE CULTURAL SECON TO         SERVIC THEM BY BUILDING COMMUNITY AND INCREASING CULTURAL PROGRAM         RELEVANCE.         40       (Code:) (Expenses 1,639,337. moduling grant of 1,329,432.) (meware \$		ECOSYSTEM. ASC'S CULTURE BLOCKS PROGRAM CONNECTS COMMUNITIES WITH		
PRESENT PROGRAMS IN 10 GEOGRAPHIC AREAS IN MECKLENEURG COUNTY. THIS         SERVICE DIRECTLY ALIONS WITH HOW RESIDENTS WANT THE CULTURAL SECTOR TO         SERVICE THEM BY BUILDING COMMUNITY AND INCREASING CULTURAL PROGRAM         RELEVANCE.         40 (Code) (Expenses 1, 0.39, 337. including grants of s1, 329, 432. ) (Revenue \$		RESPONSIVE ARTS AND CULTURE EXPERIENCES CLOSE TO WHERE RESIDENTS LIVE.		
SERVICE DIRECTLY ALIGNS WITH HOW RESIDENTS WANT THE CULTURAL SECTOR TO SERVE THEM BY BUILDING COMMUNITY AND INCREASING CULTURAL PROGRAM RELEVANCE. 40 (Code:) (Expenses 1 1,839,337. including grants of 1,329,432. ) (Revenue S		THE PROGRAM ENGAGES WITH CREATIVE INDIVIDUALS AND ORGANIZATIONS TO		
SERVE THEM BY BUILDING COMMUNITY AND INCREASING CULTURAL PROGRAM RELEVANCE.  40  (code:		PRESENT PROGRAMS IN 10 GEOGRAPHIC AREAS IN MECKLENBURG COUNTY. THIS		
RELEVANCE.         4b       (Code:		SERVICE DIRECTLY ALIGNS WITH HOW RESIDENTS WANT THE CULTURAL SECTOR TO		
40       (Code:		SERVE THEM BY BUILDING COMMUNITY AND INCREASING CULTURAL PROGRAM		
ASC'S ARTIST SUPPORT GRANTS FUND PROFESSIONAL AND ARTISTIC DEVELOPMENT FOR EMERCING 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 		RELEVANCE.		
ABILITIES TO CREATE NEW WORK OR IMPROVE THEIR BUSINESS OPERATIONS AND CAPACITY TO BRING THEIR WORK TO NEW AUDIENCES  CAPACITY TO BRING THEIR PROVIDES MANAGEMENT SERVICES FOR THE CITY OF  CHARLOTTE, MECKLENBURG COUNTLY, AND OTHER PRIVATE PARTNERS TO ENSURE  EXCELLENCE AND RELEVANCE OF PUBLIC ART PROGRAMMING AND INSTALLATION  CAPACITY FOR THE COUNTLY AND OTHER PRIVATE PARTNERS TO ENSURE  EXCELLENCE AND RELEVANCE OF PUBLIC ART PROGRAMMING AND INSTALLATION  CAPACITY FOR THE OPTIGES (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  CAPACITY OF TOTAL PROGRAM \$ 8,142,394.  Form <b>990</b> (202	4b		÷\$	
CAPACITY TO BRING THEIR WORK TO NEW AUDIENCES   CAPACITY TO BRING THEIR WORK TO NEW AUDIENCES		FOR EMERGING AND ESTABLISHED ARTISTS TO ENHANCE THEIR SKILLS AND		
4c       (Code:) (Expenses \$1,184,770. including grants of \$) (Revenue \$374,414.         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		ABILITIES TO CREATE NEW WORK OR IMPROVE THEIR BUSINESS OPERATIONS AND		
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		CAPACITY TO BRING THEIR WORK TO NEW AUDIENCES		
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				
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				
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				
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	4c	(Code: ) (Expenses \$ 1,184,770. including grants of \$ ) (Revenue	e \$	374,414.
EXCELLENCE AND RELEVANCE OF PUBLIC ART PROGRAMMING AND INSTALLATION  EXCELLENCE AND RELEVANCE OF PUBLIC ART PROGRAMMING AND INSTALLATION  44 Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  44 Total program service expenses 8,142,394.  Form 990 (202		THE ARTS & SCIENCE COUNCIL PROVIDES MANAGEMENT SERVICES FOR THE CITY OF		
4d       Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses         8,142,394.		CHARLOTTE, MECKLENBURG COUNTY, AND OTHER PRIVATE PARTNERS TO ENSURE		
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses       8,142,394.         Form 990 (202		EXCELLENCE AND RELEVANCE OF PUBLIC ART PROGRAMMING AND INSTALLATION		
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses       8,142,394.         Form 990 (202				
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses       8,142,394.         Form 990 (202				
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses       8,142,394.         Form 990 (202				
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses       8,142,394.         Form 990 (202				
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses       8,142,394.         Form 990 (202				
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses       8,142,394.         Form 990 (202				
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses       8,142,394.         Form 990 (202				
(Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses       8,142,394.         Form 990 (202				
4e       Total program service expenses       8,142,394.         Form 990 (202	4d	Other program services (Describe on Schedule O.)		
Form <b>990</b> (202			)	
· · · · · · · · · · · · · · · · · · ·	4e	Total program service expenses 8,142,394.		
32002 12-13-22			Form	n <b>990</b> (2022
	32002	12-13-22		

ARTS & SCIENCE COUNCIL

	990 (2022) CHARLOTTE/MECKLENBURG, INC. 56-06934	36	P	Page 3
Par	t 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	──
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			<u></u>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		x	
	Schedule D, Parts XI and XII	12a	~	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	148		+
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	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			<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."	<u> </u>		1
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	x	
232003	12-13-22		990	(2022)

15320509 131839 A174131

ARTS & SCIENCE COUNCIL CHARLOTTE/MECKLENBURG INC

Form	990 (2022) CHARLOTTE/MECKLENBURG, INC. 56-06934	36	Р	age <b>4</b>
Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
<b>h</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		-
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 exception's prior Forms 200 or 200 EZ2. (Clivical language to the exception of th			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	
05 -	Part V, line 1	34	Δ	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		<u> </u>
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	•	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 37	5		
	Enter the number of forms wind included of line fa. Enter to in not applicable	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	4 12-13-22	Form	990	(2022)

	ARTS & SCIENCE COUNCIL				
Form	<u>990 (2022)</u> CHARLOTTE/MECKLENBURG, INC. 56-069343	6	Р	age 5	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			<u> </u>	
			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 15				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х		
		20 3a		x	
		3b			
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	30			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			
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).				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>	
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).				
а	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			
с	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				
	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	
a	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					
U					
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8			
		9a			
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9b		<u> </u>	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90			
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12       10a         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.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	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.				
а	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				
	Enter the amount of reserves on hand				
	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 the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x	
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.				
232005	j 12-13-22	Form	990	(2022)	
	_				

15320509 131839 A174131

# ARTS & SCIENCE COUNCIL

Form	990 (2022) CHARLOTTE/MECKLENBURG, INC.		56-0693			age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 thi	rough	7b below, and for	a "No"	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	3		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		ny other			
	officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99					x
5	Did the organization become aware during the year of a significant diversion of the organization's asse					x
6	Did the organization have members or stockholders?			6		x
	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
~	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10		
	The governing body?		•	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach					
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev					
	The section brequests information about policies not required by the internal new	enue	500e.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	x
	If "Yes," did the organization have written policies and procedures governing the activities of such cha			100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	p.010,	unnatoo,	10b		
119	Has the organization provided a complete copy of this Form 990 to all members of its governing body	hefore	filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Delete		110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t				х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $\gamma_e$					
U		,		12c	x	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	x	
14					х	
15	Did the organization have a written document retention and destruction policy?			17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by inc	lependent			
а	The organization's CEO, Executive Director, or top management official			15a	x	
				15a	x	
U	Other officers or key employees of the organization			150		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ont wi	th a			
100	taxable entity during the year?			16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			104		
D D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz					
				16b		
Sec	exempt status with respect to such arrangements?					
17	List the states with which a copy of this Form 990 is required to be filedNC					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	1 000	T (section 501(c)(		availal	blo
10	for public inspection. Indicate how you made these available. Check all that apply.	1 330-		) s only)	avalla	
10			,	nd finan	cial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con statements available to the public during the tax year.	mot 0	i interest policy, a	nu iirian	udi	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's book	~ ~~~	records			
20	MONIFA DRAYTON - (704)957-3938	s anu	1000103			
	1422 S TRYON STREET, CHARLOTTE, NC 28203					
22000				For	n <b>990</b>	(2022)
232006	12-13-22 6			FUIT		(2022)

ARTS	&	SCIENCE	COUNCIL	

Form 990 (202		56-0693436	Page 7
Part VII C	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
E	mployees, and Independent Contractors		
C	heck 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		
1. 0	this balls for all a second and the ball that a Department of the fact the second second second in the		

Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

Name and title         Average hour sper week week         Description outcommon and entertain builty any biols any	(A)	(B)		(C)		(D)	(E)	(F)			
hours prove week (list any number of an archivation bulk or and a archivation (list any number of an archivation) related organizations (list any number of archivation) bulk organization (list any number of archivation) bul	Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
Week (ist ary hours for related organizations (w2/1099-MISC)         Interface organization (w2/1099-MISC)         Compensation from the organizations (w2/109-MISC)         Compensation from the organizations (w2/109-MISC)         Compensation from the organizations (w2/109-MISC)         Compensation from the organization for the organization f		hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
(1)         KRISTA TERRELL         40.00         x         173,646.         0.         2,466.           (2)         MIKE VASADNE         3.00         x         x         0.         0.         0.           BOARD CHAIR         x         x         x         0.         0.         0.           CAIRE-ELECT         x         x         0.         0.         0.         0.           (4)         SUSAN PATTERSON         3.00         x         x         0.         0.         0.           (5)         SUSAN FATTERSON         3.00         x         x         0.         0.         0.           (5)         SURAL OLLBERT         3.00         x         x         0.         0.         0.           (7)         MATTIE MARSHALL         3.00         x         x         0.         0.         0.           (7)         MATTIE MARSHALL         3.00         x         x         0.         0.         0.           VICE-CHAIR         3.00         x         x         0.         0.         0.         0.           VICE-CHAIR         3.00         x         x         0.         0.         0.         0.				cer ar I	nd a d I	irecto	r/trus	tee)			
(1)         KRISTA TERRELL         40.00         x         173,646.         0.         2,466.           (2)         MIKE VASADNE         3.00         x         x         0.         0.         0.           BOARD CHAIR         x         x         x         0.         0.         0.           CAIRE-ELECT         x         x         0.         0.         0.         0.           (4)         SUSAN PATTERSON         3.00         x         x         0.         0.         0.           (5)         SUSAN FATTERSON         3.00         x         x         0.         0.         0.           (5)         SURAL OLLBERT         3.00         x         x         0.         0.         0.           (7)         MATTIE MARSHALL         3.00         x         x         0.         0.         0.           (7)         MATTIE MARSHALL         3.00         x         x         0.         0.         0.           VICE-CHAIR         3.00         x         x         0.         0.         0.         0.           VICE-CHAIR         3.00         x         x         0.         0.         0.         0.			rector							J. J	
(1)         KRISTA TERRELL         40.00         x         173,646.         0.         2,466.           (2)         MIKE VASADNE         3.00         x         x         0.         0.         0.           BOARD CHAIR         x         x         x         0.         0.         0.           CAIRE-ELECT         x         x         0.         0.         0.         0.           (4)         SUSAN PATTERSON         3.00         x         x         0.         0.         0.           (5)         SUSAN FATTERSON         3.00         x         x         0.         0.         0.           (5)         SURAL OLLBERT         3.00         x         x         0.         0.         0.           (7)         MATTIE MARSHALL         3.00         x         x         0.         0.         0.           (7)         MATTIE MARSHALL         3.00         x         x         0.         0.         0.           VICE-CHAIR         3.00         x         x         0.         0.         0.         0.           VICE-CHAIR         3.00         x         x         0.         0.         0.         0.			or di	96			ated		-		
(1)         KRISTA TERRELL         40.00         x         173,646.         0.         2,466.           (2)         MIKE VASADNE         3.00         x         x         0.         0.         0.           BOARD CHAIR         x         x         x         0.         0.         0.           CAIRE-ELECT         x         x         0.         0.         0.         0.           (4)         SUSAN PATTERSON         3.00         x         x         0.         0.         0.           (5)         SUSAN FATTERSON         3.00         x         x         0.         0.         0.           (5)         SURAL OLLBERT         3.00         x         x         0.         0.         0.           (7)         MATTIE MARSHALL         3.00         x         x         0.         0.         0.           (7)         MATTIE MARSHALL         3.00         x         x         0.         0.         0.           VICE-CHAIR         3.00         x         x         0.         0.         0.         0.           VICE-CHAIR         3.00         x         x         0.         0.         0.         0.			ustee	trust		96	bens			1099-NEC)	-
(1)         KRISTA TERRELL         40.00         x         173,646.         0.         2,466.           (2)         MIKE VASADNE         3.00         x         x         0.         0.         0.           BOARD CHAIR         x         x         x         0.         0.         0.           CAIRE-ELECT         x         x         0.         0.         0.         0.           (4)         SUSAN PATTERSON         3.00         x         x         0.         0.         0.           (5)         SUSAN FATTERSON         3.00         x         x         0.         0.         0.           (5)         SURAL OLLBERT         3.00         x         x         0.         0.         0.           (7)         MATTIE MARSHALL         3.00         x         x         0.         0.         0.           (7)         MATTIE MARSHALL         3.00         x         x         0.         0.         0.           VICE-CHAIR         3.00         x         x         0.         0.         0.         0.           VICE-CHAIR         3.00         x         x         0.         0.         0.         0.		l °	ual tr	tional		yolqr	vee Vee	_	1099-1120)		
(1)         KRISTA TERRELL         40.00         x         173,646.         0.         2,466.           (2)         MIKE VASADNE         3.00         x         x         0.         0.         0.           BOARD CHAIR         x         x         x         0.         0.         0.           CAIRE-ELECT         x         x         0.         0.         0.         0.           (4)         SUSAN PATTERSON         3.00         x         x         0.         0.         0.           (5)         SUSAN FATTERSON         3.00         x         x         0.         0.         0.           (5)         SURAL OLLBERT         3.00         x         x         0.         0.         0.           (7)         MATTIE MARSHALL         3.00         x         x         0.         0.         0.           (7)         MATTIE MARSHALL         3.00         x         x         0.         0.         0.           VICE-CHAIR         3.00         x         x         0.         0.         0.         0.           VICE-CHAIR         3.00         x         x         0.         0.         0.         0.			ndivid	nstitu	Officer	(ey en	Highes	orme			organizations
(2)       MIKE VASAUNE       3.00       x       x       x       0.       0.       0.         BOARD CHAIR       x       x       x       x       0.       0.       0.         (3)       TONY PEREZ       3.00       x       x       0.       0.       0.         (4)       SUSAN PATERSON       3.00       x       x       0.       0.       0.         (5)       DURALAI GILBERT       3.00       x       x       0.       0.       0.         (6)       NALAN KARAKAY MULDER       3.00       x       x       0.       0.       0.         (7)       MATTE MARSHALL       3.00       x       x       0.       0.       0.         (6)       NALAN KARAKAY MULDER       3.00       x       x       0.       0.       0.         SECRETARY       x       x       0.       0.       0.       0.       0.       0.       0.       0.         (6)       TM MILLER       3.00       x       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0	(1) KRISTA TERRELL	40.00				-		-			
BOARD CHAIR         x         x         x         x         x         0.         0.         0.           (3) TONY FEREZ         3.00         x         x         x         0.         0.         0.           CHAIR-ELECT         x         x         x         x         0.         0.         0.           IMMEDIATE FAST CHAIR         x         x         x         0.         0.         0.           (5) DURRAL GILBERT         3.00         x         x         0.         0.         0.           TRASURER         x         x         0.         0.         0.         0.           (6) NALAN KARAKAY MULDER         3.00         x         x         0.         0.         0.           SECRETARY         x         x         0.         0.         0.         0.         0.           VICE-CHAIR         3.00         x         x         0.         0.         0.         0.           VICE-CHAIR         3.00         x         x         0.         0.         0.         0.           MEMER         1.00         x         x         0.         0.         0.           (1) BANU VALLADERES	PRESIDENT (CURRENT)		1		x				173,646.	0.	2,406.
(3) TONY PEREZ       3.00       x       x       x       0.       0.       0.         (4) SUSAN PATTERSON       3.00       x       x       x       0.       0.       0.         (4) SUSAN PATTERSON       3.00       x       x       0.       0.       0.       0.         (5) DURAL GLEERT       3.00       x       x       0.       0.       0.       0.         SECRETARY       x       x       0.       0.       0.       0.       0.         (6) NALAN KARAKAY MULDER       3.00       x       x       0.       0.       0.       0.         (7) MATTIE MARSHALL       3.00       x       x       0.       0.       0.       0.         (8) TIM MILLER       3.00       x       x       0.       0.       0.       0.         (9) ASHLEY KAKAS       1.00       x       0.       0.       0.       0.       0.         MEMBER       x       0.       0.       0.       0.       0.       0.       0.         (11) BRANDON BECK       1.00       x       0.       0.       0.       0.       0.       0.         (12) DEB STEWART       1.00 </td <td>(2) MIKE VASAUNE</td> <td>3.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(2) MIKE VASAUNE	3.00									
CHAIR-ELECT         x         x         x         0.         0.         0.           (4) SUSAN PATTERSON         3.00         x         x         0.         0.         0.           IMMEDIATE PAST CHAIR         x         x         0.         0.         0.         0.           TREASURER         3.00         x         x         0.         0.         0.           (5) DURAL GILBERT         3.00         x         x         0.         0.         0.           (7) MATTIE MARSHALL         3.00         x         x         0.         0.         0.           (7) MATTIE MARSHALL         3.00         x         x         0.         0.         0.           VICE-CHAIR         x         x         0.         0.         0.         0.           (9) ASHLEY KAKAS         1.00         x         x         0.         0.         0.           (10) BANU VALLADERES         1.00         x         0.         0.         0.         0.           (11) BANDON BECK         1.00         x         0.         0.         0.         0.           (12) DEE STEWART         1.00         x         0.         0.         0.	BOARD CHAIR		Х		х				0.	Ο.	0.
(4)         SUSAN PATTERSON         3.00         x	(3) TONY PEREZ	3.00									
IMMEDIATE PAST CHAIR         x	CHAIR-ELECT		Х		х				0.	0.	0.
(5)       DURRAL GILBERT       3.00       x       x       x       0.       0.       0.         (6)       NALAN KARAKAY MULDER       3.00       x       x       x       0.       0.       0.         (6)       NALAN KARAKAY MULDER       3.00       x       x       x       0.       0.       0.         (7)       MATTIE MARSHALL       3.00       x       x       x       0.       0.       0.         (8)       TIM MILLER       3.00       x       x       0.       0.       0.       0.         (9)       ASHLEY KAKAS       1.00       x       0.       0.       0.       0.       0.         MEMBER       x       0.       0.       0.       0.       0.       0.       0.         MEMBER       1.00       x       0.       0.       0.       0.       0.       0.         MEMBER       1.00       x       0.       0.       0.       0.       0.       0.       0.       0.         MEMBER       x       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(4) SUSAN PATTERSON	3.00									
TREASURER         X         X         X         X         0.         0.         0.           (6) NALAN KARAKAY MULDER         3.00         X         X         X         0.         0.         0.           SECEPTARY         3.00         X         X         X         0.         0.         0.           (7) MATTIE MARSHALL         3.00         X         X         0.         0.         0.           VICE-CHAIR         X         X         0.         0.         0.         0.           (8) TIM MILLER         3.00         X         X         0.         0.         0.           (9) ASHLEY KAKAS         1.00         X         X         0.         0.         0.           MEMBER         X         X         0.         0.         0.         0.         0.           (10) BANU VALLADERES         1.00         X         0.         0.         0.         0.           MEMBER         X         0.         0.         0.         0.         0.         0.           (12) DEB STEWART         1.00         X         0.         0.         0.         0.         0.           (14) ED DRIGGS         1.00	IMMEDIATE PAST CHAIR		х		х				0.	0.	0.
(6) NALAN KARAKAY MULDER       3.00       X       X       0       0.       0.         SECETARY       3.00       X       X       0.       0.       0.         (7) MATTIE MARSHALL       3.00       X       X       0.       0.       0.         (8) TIM MILLER       3.00       X       X       0.       0.       0.         (9) ASHLEY KAKAS       1.00       X       X       0.       0.       0.         (10) BANU VALLADERES       1.00       X       0.       0.       0.       0.         (11) BRANDON BECK       1.00       X       0.       0.       0.       0.       0.         (12) DEB STEWART       1.00       X       0.       0.       0.       0.       0.         (14) ED DRIGGS       1.00       X       0.       0.       0.       0.       0.         (14) ED DRIGGS       1.00       X       0.       0.       0.       0.       0.         (14) ED DRIGGS       1.00       X       0.       0.       0.       0.       0.         (15) GEORGE DUNLAP       1.00       X       0.       0.       0.       0.       0.	(5) DURRAL GILBERT	3.00									
SECRETARY         X         X         X         X         0.         0.         0.         0.           (7) MATTIE MARSHALL         3.00         X         X         X         0.         0.         0.         0.           (8) TIM MILLER         3.00         X         X         X         0.         0.         0.         0.           (9) ASHLEY KAKAS         1.00         X         X         0.         0.         0.         0.           (10) BANU VALLADERES         1.00         X         X         0.         0.         0.           (11) BRANDON BECK         1.00         X         X         0.         0.         0.           (12) DEB STEWART         1.00         X         X         0.         0.         0.           MEMBER         X         0         0.         0.         0.         0.         0.           (13) DENTTRA LOGAN WHITNER         1.00         X         0         0.         0.         0.         0.         0.           (14) ED DRIGGS         1.00         X         0         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.<	TREASURER		Х		Х				٥.	٥.	0.
(7) MATTIE MARSHALL       3.00       x       x       x       0.       0.       0.         VICE-CHAIR       x       x       x       0.       0.       0.       0.         VICE-CHAIR       x       x       x       0.       0.       0.       0.         VICE-CHAIR       x       x       x       0.       0.       0.       0.         (9) ASHLEY KAKAS       1.00       x       x       0.       0.       0.       0.         MEMBER       x       x       0.       0.       0.       0.       0.       0.         (10) BANU VALLADERES       1.00       x       0.       0.       0.       0.       0.         (11) BRANDON BECK       1.00       x       0.       0.       0.       0.       0.         (11) DED STEWART       1.00       x       0.	(6) NALAN KARAKAY MULDER	3.00									
VICE-CHAIR         X         X         X         X         X         0.         0.         0.           (8) TIM MILLER         3.00         X         X         X         0.         0.         0.         0.           (9) ASHLEY KAKAS         1.00         X         X         0.         0.         0.         0.           MEMBER         X         X         0.         0.         0.         0.         0.           (10) BANU VALLADERES         1.00         X         0.         0.         0.         0.           (11) BRANDON BECK         1.00         X         0.         0.         0.         0.           (12) DEB STEWART         1.00         X         0.         0.         0.         0.           (13) DENYTRA LOGAN WHITNER         1.00         X         0.         0.         0.         0.           (14) ED DRIGGS         1.00         X         0.         0.         0.         0.         0.           (15) GEORGE DUNLAP         1.00         X         0.         0.         0.         0.           MEMBER         X         0.         0.         0.         0.         0.	SECRETARY		Х		Х				٥.	٥.	0.
(8)         TIM MILLER         3.00         x         x         x         x         0.	(7) MATTIE MARSHALL	3.00									
VICE-CHAIR         x         x         x         x         x         0.	VICE-CHAIR		Х		Х				٥.	٥.	0.
(9) ASHLEY KAKAS       1.00       x       0.       0.       0.         MEMBER       x       0.       0.       0.       0.         (10) BANU VALLADERES       1.00       x       0.       0.       0.         MEMBER       x       0.       0.       0.       0.         (11) BRANDON BECK       1.00       x       0.       0.       0.         MEMBER       x       0.       0.       0.       0.         (12) DEB STEWART       1.00       x       0.       0.       0.         MEMBER       x       0.       0.       0.       0.       0.         (13) DENYTRA LOGAN WHITNER       1.00       X       0.       0.       0.       0.         MEMBER       x       0.       0.       0.       0.       0.       0.       0.         (14) ED DRIGGS       1.00       X       0.       0.       0.       0.       0.         MEMBER       x       0.       0.       0.       0.       0.       0.       0.         (15) GEORGE DUNLAP       1.00       X       0.       0.       0.       0.       0.       0.       0.	(8) TIM MILLER	3.00									
MEMBER         X         X         0         0.	VICE-CHAIR		Х		Х				٥.	٥.	0.
(10) BANU VALLADERES         1.00         0         0         0.0         0.0           MEMBER         x         0.0         0.0         0.0         0.0           (11) BRANDON BECK         1.00         x         0.0         0.0         0.0           MEMBER         x         0.0         0.0         0.0         0.0           (12) DEB STEWART         1.00         x         0.0         0.0         0.0           MEMBER         x         0.0         0.0         0.0         0.0           (13) DENYTRA LOGAN WHITNER         1.00         0.0         0.0         0.0         0.0           (14) ED DRIGGS         1.00         0         0.0         0.0         0.0         0.0           (15) GEORGE DUNLAP         1.00         0         0.0         0.0         0.0         0.0           MEMBER         x         0         0.0         0.0         0.0         0.0           (16) HUY VU         1.00         0         0.0         0.0         0.0         0.0           MEMBER         x         0         0.0         0.0         0.0         0.0         0.0	(9) ASHLEY KAKAS	1.00									
MEMBER         X         X         0         0.	MEMBER		Х						٥.	٥.	0.
(11) BRANDON BECK       1.00       x       0       0.       0.         MEMBER       1.00       x       0.       0.       0.       0.         (12) DEB STEWART       1.00       x       0.       0.       0.       0.         MEMBER       x       0       0.       0.       0.       0.       0.         (13) DENYTRA LOGAN WHITNER       1.00       x       0       0.       0.       0.         MEMBER       X       0       0.       0.       0.       0.       0.         (14) ED DRIGGS       1.00       X       0       0.       0.       0.       0.         MEMBER       X       0       0.       0.       0.       0.       0.       0.         (15) GEORGE DUNLAP       1.00       X       0       0.       0.       0.       0.         MEMBER       X       0       0.       0.       0.       0.       0.       0.         (16) HUY VU       1.00       X       0       0.       0.       0.       0.         MEMBER       X       0       0.       0.       0.       0.       0.       0.	(10) BANU VALLADERES	1.00									
MEMBER         x         x         0         0.	MEMBER		Х						٥.	٥.	0.
(12) DEB STEWART       1.00       X       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.         (13) DENYTRA LOGAN WHITNER       1.00       X       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.         (14) ED DRIGGS       1.00       X       0.       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.         (15) GEORGE DUNLAP       1.00       X       0.       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.       0.         (16) HUY VU       1.00       X       0.       0.       0.       0.       0.       0.         MEMBER       X       0.       0.       0.       0.       0.       0.       0.         (17) IRENE VOGELSONG       1.00       X       0.       0.       0.       0.       0.       0.	(11) BRANDON BECK	1.00									
MEMBER         X         X         0.         0	MEMBER		Х						٥.	٥.	0.
(13) DENYTRA LOGAN WHITNER       1.00       X       0.	(12) DEB STEWART	1.00									
MEMBER         X         X         0.         0	MEMBER		Х						0.	0.	0.
(14) ED DRIGGS       1.00       x       0       0.       0.       0.         MEMBER       1.00       x       0       0.       0.       0.       0.         (15) GEORGE DUNLAP       1.00       x       0       0.       0.       0.       0.         MEMBER       x       0       0.       0.       0.       0.       0.         (16) HUY VU       1.00       x       0       0.       0.       0.         MEMBER       x       0       0.       0.       0.       0.         (16) HUY VU       1.00       x       0.       0.       0.       0.         MEMBER       X       0       0.       0.       0.       0.         (17) IRENE VOGELSONG       1.00       X       0.       0.       0.       0.         MEMBER       X       0       0.       0.       0.       0.       0.	(13) DENYTRA LOGAN WHITNER	1.00									
MEMBER         X         X         0         0.	MEMBER		Х						0.	0.	0.
(15) GEORGE DUNLAP     1.00     x     0.     0.     0.       MEMBER     X     0.     0.     0.     0.       (16) HUY VU     1.00     X     0.     0.     0.       MEMBER     X     0.     0.     0.     0.       (17) IRENE VOGELSONG     1.00     X     0.     0.     0.       MEMBER     X     0.     0.     0.     0.	(14) ED DRIGGS	1.00									
MEMBER         X         0         0.         0	MEMBER		Х						0.	0.	0.
(16) HUY VU     1.00     x     0.     0.       MEMBER     x     0.     0.     0.       (17) IRENE VOGELSONG     1.00     x     0.     0.       MEMBER     X     0.     0.     0.	(15) GEORGE DUNLAP	1.00									
MEMBER         X         0.	MEMBER		Х						٥.	0.	0.
(17) IRENE VOGELSONG         1.00         x         0. </td <td>(16) HUY VU</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(16) HUY VU	1.00									
MEMBER X 0. 0. 0.	MEMBER		Х						0.	0.	0.
	(17) IRENE VOGELSONG	1.00									
	MEMBER		Х						0.	0.	

232007 12-13-22

Form 990 (2022)

ARTS & SCIENCE COUNCIL

Form 990 (2022) CHARLOTTE/MEC		INC							56-069	3436	5	P	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one 1 an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related		<b>(F)</b> Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	5/	fro orga and	oensa om th anizat I relat nizati	e ion ed
(18) LESLIE JOHNSON	1.00		_		-	<u> </u>							
MEMBER		х						0.		٥.			٥.
(19) MARCIE KELSO	1.00												
MEMBER		Х						0.		٥.			0.
(20) MICHELE GLESSNER MEMBER	1.00	x						0.		٥.			٥.
(21) RENEE GARNER MEMBER	1.00	x						0.		٥.			٥.
(22) RUSTY KNOX MEMBER	1.00	x						0.		0.			0.
(23) SAMANTHA SOSA	1.00	21								<u>.</u>			••
MEMBER		x						٥.		٥.			٥.
(24) TIFFANY FULLER MEMBER	1.00	x						0.		٥.			Ο.
1b Subtotal								173,646.		٥.		2,	406.
c Total from continuation sheets to Part VI	I, Section A							0.		0. 0.		2	0. 406.
d Total (add lines 1b and 1c)2Total number of individuals (including but n								,	000 of reportable	••1		<u></u> ,	400.
compensation from the organization												Yes	1
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	key e	mp	loye	e, or	hig	hest compensated emp	loyee on	ſ		Tes	No
<ul><li>line 1a? If "Yes," complete Schedule J for s</li><li>For any individual listed on line 1a, is the su</li></ul>											3		X
and related organizations greater than \$150										[	4	X	
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com								ed organization or individ	lual for services		5		х
Section B. Independent Contractors		<u>, , , , , , , , , , , , , , , , , , , </u>	51 30		0013	011 .				1			
1 Complete this table for your five highest con the organization. Report compensation for the	-									ensat	ion fro	m	
(A) Name and business		NO		<u>ig w</u>		51 111		(B) Description of s		C	(C ompen	) Isatio	
		1101											
							_						
2 Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nitec	l to	thos	se lis 0	ted	above) who received mo	ore than				

232008 12-13-22

ARTS & SCIENCE COUNCIL

Page **9** 56-0693436 CHARLOTTE/MECKLENBURG, INC.

Form	<u>199</u>	0 (2	2022) CHARLOTTE/MECKLENB	URG, INC.			56-069343	6 Page <b>9</b>
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	e or note to any lin				
					<b>(A)</b> Total revenue	(B) Related or exempt	(C)	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ς, ω	1	а	Federated campaigns 1a					
ant	•		Membership dues 1b					
, Grants mounts			Fundraising events 1c					
Contributions, Gifts, and Other Similar Ar			Related organizations 1d					
nila			Government grants (contributions) <b>1e</b>	6,918,675.				
Sin		f All other contributions, gifts, grants, and			•			
utio			similar amounts not included above <b>1f</b>	2,424,658.				
G∄		~	Noncash contributions included in lines 1a-1f	_//				
uo:		-	Total. Add lines 1a-1f		9,343,333.			
0.0			Total. Add lines ta 11	Business Code				
	~	_		Busiliess Code				
Program Service Revenue	2	a h		-				
ier,		b						
ven S		C L						
gra Re		d						
j,		e 4	All other program contine revenue					
			All other program service revenue					
	3	g						
	3		Investment income (including dividends, inte other similar amounts)		4,152.			4,152.
			other similar amounts) Income from investment of tax-exempt bond		1,101.			1,102.
	4 5		•	•				
	5		Royalties	(ii) Personal				
	6	_						
				-				
			· · · <b>_ · · · ·</b>	•	374,414.	374,414.		
			Net rental income or (loss)         Gross amount from sales of         (i) Securities	(ii) Other	5/1,111.	5,1,111.		
	'	a	assets other than inventory <b>7a</b>					
		h	Less: cost or other basis					
e		D	and sales expenses					
evenue		~	Gain or (loss)					
eve			Net gain or (loss)					
Other R	8		Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
		<b>b</b>	Part IV, line 18 8 Less: direct expenses 8					
	~		Net income or (loss) from fundraising events Gross income from gaming activities. See					
	9	а						
		h	Part IV, line 19 9 Less: direct expenses 9					
	10		Gross sales of inventory, less returns					
		u	and allowances1	ງອ				
		b		)b				
			Net income or (loss) from sales of inventory					
			,,,,,,	Business Code				
Miscellaneous Revenue	11	а						
nec		b						
iells eve		с						
Alisc B.		d	All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		9,721,899.	374,414.	0.	4,152.
23200	9 12	-13-	22					Form <b>990</b> (2022)

## 15320509 131839 A174131

9

#### CHARLOTTE/MECKLENBURG, INC. Functional Expenses

oct:	<b>t IX</b> Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must comple		r organizationa must com	aploto column (A)	
ecti	Check if Schedule O contains a respons		U	npiete column (A).	
<b>D</b> a .		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,393,440.	4,393,440.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,050,054.	2,050,054.		
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				
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	873,019.	489,260.	142,361.	241,398
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	290,874.	160,375.	97,736.	32,763
9	Other employee benefits	190,959.	105,286.	64,164.	21,509
0	Payroll taxes	76,548.	42,206.	25,720.	8,622
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	131,812.	67,369.	20,879.	43,564
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	25 688	25 688		
	column (A), amount, list line 11g expenses on Sch 0.)	35,677.	35,677.	1 015	05.000
12	Advertising and promotion	125,907.	99,854.	1,015.	25,038
3	Office expenses	11,442.	7,208.	1,372.	2,862
4	Information technology	175,372.	94,600.	12,117.	68,655
15	Royalties	455,265.	259,093.	76,999.	119,173
16		455,205.	255,055.	10,999.	119,175
7					
8	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials Conferences, conventions, and meetings	42,321.	8,627.	7,993.	25,701
9	н Г	93,986.	51,475.	19,012.	23,499
20 21	Payments to affiliates		,		,155
22	Depreciation, depletion, and amortization	163,987.	97,884.	21,417.	44,686
3		11,723.	6,997.	1,531.	3,195
.3 24	Other expenses. Itemize expenses not covered	,,		_,	5,195
.4	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 0.)				
а	INDIRECT AND OTHER GRAN	99,831.	99,831.	0.	0
b	PROCESSING FEES	77,583.	71,571.	3,140.	2,872
c c	MISCELLANEOUS	28,876.	-,	,•	28,876
d d	PROFESSIONAL DEVELOPMEN	7,648.	1,400.	2,924.	3,324
	All other expenses	6,727.	187.	4,501.	2,039
5	Total functional expenses. Add lines 1 through 24e	9,343,051.	8,142,394.	502,881.	697,776
. <u>5</u> 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)				

232010 12-13-22

15320509 131839 A174131

10 2022.05090 ARTS & SCIENCE COUNCIL CH A1741311

Form 990 (2022)

Form 990 (2022)

ARTS & SCIENCE COUNCIL

CHARLOTTE/MECKLENBURG, INC.

		Check if Schedule O contains a response or r	note to any	ine in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			208.	1	341.
	2	Savings and temporary cash investments	5,146,362.	2	6,088,778.		
	3	Pledges and grants receivable, net	1,600,588.	3	847,877.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the	nese person	s		5	
	6	Loans and other receivables from other disqu	alified perso	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section	on 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9				65,717.	9	31,537
	10a	Land, buildings, and equipment: cost or other	·				
		basis. Complete Part VI of Schedule D	. 10a	1,606,665.			
	b	Less: accumulated depreciation	. 10b	589,259.	1,181,393.	10c	1,017,406
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin	29,073,419.	12	30,341,370.		
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	1,808,962
	16	Total assets. Add lines 1 through 15 (must e	qual line 33	)	37,067,687.	16	40,136,271.
	17	Accounts payable and accrued expenses	893,909.	17	282,827.		
	18	Grants payable		18			
	19	Deferred revenue	2,922,664.	19	3,285,581.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete		21			
s	22	Loans and other payables to any current or fo					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		22			
Ĩ	23	Secured mortgages and notes payable to unr		23			
	24	Unsecured notes and loans payable to unrela	ted third pa	rties		24	2,330,133
	25	Other liabilities (including federal income tax,	payables to	related third			
		parties, and other liabilities not included on lir	nes 17-24). (	Complete Part X			
		of Schedule D			3,491,423.	25	2,000,000.
	26	Total liabilities. Add lines 17 through 25			7,307,996.	26	7,898,541.
		Organizations that follow FASB ASC 958, c	heck here	X			
Ces		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions	-693,030.	27	1,116,331.		
Da	28	Net assets with donor restrictions	30,452,721.	28	31,121,399.		
		Organizations that do not follow FASB ASC					
2		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current fund	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
AS	31	Retained earnings, endowment, accumulated				31	
Net Assets of Fund Balances	32	Total net assets or fund balances			29,759,691.	32	32,237,730.
-	33	Total liabilities and net assets/fund balances			37,067,687.	33	40,136,271.

Form 990 (2022)

232011 12-13-22

ISIGN	Envelope ID: 1B7CDE3C-537E-4576-A9D8-39027583064D				
	ARTS & SCIENCE COUNCIL				
	1990 (2022) CHARLOTTE/MECKLENBURG, INC.	56-0693436	i –	Pa	<sub>.ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,899.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	,343,	,051.
3	Revenue less expenses. Subtract line 2 from line 1	3		378,	,848.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29	,759,	,691.
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	2	,099,	,191.
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	,237,	,730.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		X
		ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule C	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	·····	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed c	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scher	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE A (Form 990)		Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.						OMB No. 1545-0047  2022 Open to Public	
	venue Service			Form990 for instruction			ormation.		Inspection
Name o	f the organizati		SCIENCE COUNCI					Employer	identification number
		CHARLO	TTE/MECKLENBURG	, INC.					56-0693436
Part I	Reason	for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	IS.	
The orga				For lines 1 through 12, cl					
1 🗂	7	•	•	on of churches described		,	I)(A)(i).		
2	A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	990).)				
3	7			anization described in se		(b)(1)(A)(ii	i).		
4	A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
	city, and state	e:							
5	] An organizati	on operated fo	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
	section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6	] A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7 X	] An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in
	section 170(	b)(1)(A)(vi). (C	omplete Part II.)						
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II.)				
9	An agricultura	al research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
	or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
	_ university:								
10	An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities rela	ted to its exem	npt functions, subjec	t to certain exceptions; a	nd (2) no	more than	33 1/3% of it	s support f	rom gross investment
				(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	after June 30, 1975.
	7		mplete Part III.)						
11	-	-	-	ively to test for public saf	•				
12	-	-	-	ively for the benefit of, to	-			•	
			-	d in section 509(a)(1) o					Check the box on
Г		•	• •	f supporting organization				-	
a			-	upervised, or controlled I	•	-			
		-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
<b>b</b> [			complete Part IV, Se		ion with it	- our nort o	d organizatio	n(a) hy hay	vin a
b L				l or controlled in connect					
		•	t complete Part IV,	anization vested in the sa	ime perso	ns that co	ntroi or mana	ge the supp	Joned
сГ	~	. ,	•	g organization operated i	n connoct	ion with	and functional	ly intograte	od with
ιL				). You must complete F				iy integrate	a with,
d [		•	.,.	orting organization operation			-	ted organia	zation(s)
u		-	•	ation generally must sati				0	
				nplete Part IV, Sections					
еГ				written determination from				II. Type III	
		•		nally integrated supportir			· )  ·, · )	···, · <b>,  </b> ···	
f Er	ter the number			, , , , , , , , , , , , , , , , , , , ,					
			about the supporte						
	(i) Name of supp	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of		(vi) Amount of other
	organization			above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
<b>T</b>									<u> </u>
Total									

U	AF	RTS & SCIENCE	COUNCIL				
Sched	ule A (Form 990) 2022 CF	HARLOTTE/MECKL	ENBURG, INC.			56-0693	436 Page <b>2</b>
Part				Sections 170(b	)(1)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked	-					-
	fails to qualify under the tests			-	1		5
Secti	on A. Public Support						
	ar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ifts, grants, contributions, and	(0) 2010	(6) 2010	(0) 2020	(0) 2021		
	nembership fees received. (Do not						
	iclude any "unusual grants.")	13,800,154.	11,826,758.	11,546,800.	8,081,427.	9,343,333.	54,598,472
	ax revenues levied for the organ-				, , , = , = = .		
	ation's benefit and either paid to						
	r expended on its behalf						
	he value of services or facilities						
	irnished by a governmental unit to						
	ne organization without charge						
	a ta ta dat l'a sa data	13,800,154.	11,826,758.	11,546,800.	8,081,427.	9,343,333.	54,598,472
	he portion of total contributions		,••,••••	,,	•,••=,==,==,•		
	y each person (other than a						
	overnmental unit or publicly						
-	upported organization) included						
	n line 1 that exceeds 2% of the						
	mount shown on line 11,						
	olumn (f)						
	ublic support. Subtract line 5 from line 4.						54,598,472
	on B. Total Support						51,550,172
		(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ar year (or fiscal year beginning in) mounts from line 4	13,800,154.	11,826,758.	11,546,800.	8,081,427.	9,343,333.	54,598,472
	ross income from interest,	10,000,1011	11,010,700.	11,510,000.	0,001,127.	5,515,555.	51,550,172
	ividends, payments received on						
	ecurities loans, rents, royalties,		4,092.		704.	4,152.	8,948
	nd income from similar sources et income from unrelated business		4,052.		/04.	4,152.	0,540
	ctivities, whether or not the						
	usiness is regularly carried on						
	ther income. Do not include gain						
	r loss from the sale of capital			57 627			57 627
	ssets (Explain in Part VI.)			57,627.			57,627 54,665,047
	otal support. Add lines 7 through 10					40	640,492
	ross receipts from related activities,						040,492
	irst 5 years. If the Form 990 is for th						
	rganization, check this box and stor on C. Computation of Publi	-					
	• • • • • • • • • • • • • • • • • • •						99.88
	ublic support percentage for 2022 (li					14	
	ublic support percentage from 2021					15	
	3 1/3% support test - 2022. If the c						v
	top here. The organization qualifies		-				
	3 1/3% support test - 2021. If the c				ine 15 is 33 1/3%	or more, check th	is box
	nd <b>stop here.</b> The organization qual						
	0% -facts-and-circumstances test						
	nd if the organization meets the facts			-	-	VI how the organi	zation
	neets the facts-and-circumstances te	-					
	0% -facts-and-circumstances test						10% or
m	nore, and if the organization meets th	ne facts-and-circum	istances test, cheo	ck this box and sto	op here. Explain i	n Part VI how the	

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization **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

Schedule A (Form 990) 2022

232022 12-09-22

### 15320509 131839 A174131

Schedule A (Form 990) 2022

ARTS & SCIENCE COUNCIL CHARLOTTE/MECKLENBURG,

56-0693436 Page **3** 

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.)

INC.

Sec	ction A. Public Support			•	1		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
	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						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) orga	nization,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2022 (	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
	Investment income percentage for 20			line 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						line 17 is not
	more than 33 1/3%, check this box at						
b	<b>33 1/3% support tests - 2021.</b> If the						
••	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	nis box and see ins		
23202	23 12-09-22		15	5		Schee	dule A (Form 990) 2022

2022.05090 ARTS & SCIENCE COUNCIL CH A1741311

ARTS & SCIENCE COUNCIL

CHARLOTTE/MECKLENBURG, INC.

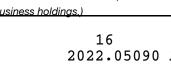
## Schedule A (Form 990) 2022 CHARL Part IV Supporting Organizations

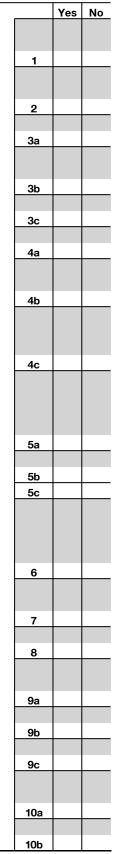
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

### Section A. All Supporting Organizations

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

232024 12-09-22





ARTS & SCIENCE COUNCIL

Schedule A (Form 990) 2022 CHARLOTTE / MECKLENBURG, INC.

56-0693436 Page **5** 

	dule A (Form 990) 2022 CHARLOTTE/MECKLENBORG, INC.	50-0095450	Pa	age 5
Pa	rt IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		162	NU
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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 or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organization and whether and the powers to appoint and/or remove officers, directors, or trustees were allocated among	icers, orted		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	INU
•	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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	uctions).		
a L	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c o	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ly (see instruction	· .	Na
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Van " then in <b>Part VI identify</b>			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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	2a		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	20		
J	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 been engaged in			
	these activities but for the organization's involvement.	2b		
	0			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
3 a	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
а		<u>3a</u>		

17

Schedule A (Form 990) 2022

232025 12-09-22

ARTS & SCIENCE COUNCIL

Sche	dule A (Form 990) 2022 CHARLOTTE / MECKLENBURG, INC.			56-0693436	Page 6
Pa		ng Orgai	nizations		U
1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se	ng trust on	Nov. 20, 1970 ( explain in	Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations mus				
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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			
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
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			
Sect	on C - Distributable Amount			Current Y	'ear
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	Check here if the current year is the organization's first as a non-functiona	ally integrat	ed Type III supporting org	anization (see	

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

	AKIS & SCIENCE COON	CID			
	dule A (Form 990) 2022 CHARLOTTE / MECKLENBU				56-0693436 Page <b>7</b>
Par	, , ,	(a)(3) Supporting Orga	nizations (continu	<u>led)</u>	
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u>.</u>	4	
4	Amounts paid to acquire exempt-use assets			4	
<u>5</u> 6	Qualified set-aside amounts (prior IRS approval required - pr Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.	ovide details in Part VI)		6	
				7	
 	Total annual distributions. Add lines 1 through 6.	a organization is responsive			
8	Distributions to attentive supported organizations to which the (provide details in <b>Part VI</b> ). See instructions.	le organization is responsive		8	
9	Distributable amount for 2022 from Section C, line 6			9	
 10	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
		1			

Schedule A (Form 990) 2022

232027 12-09-22

		ARTS & SCIENCE COUNCIL			
Schedule A	(Form 990) 2022	CHARLOTTE/MECKLENBURG,	INC.	56-0693436	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	rmation. Provide the explanati 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, , lines 2 and 3; Part IV, Section E	ions required by Part II, line 10; Part II, line 17a or 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 , lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V , 5, and 6. Also complete this part for any addition	and 2; Part IV, Section , Section B, line 1e; Pa	۱C,
SCHEDULE	A, PART II, LINE 10	, EXPLANATION FOR OTHER	INCOME:		
MISCELLA	NEOUS				
2020 AMO	UNT:\$ 57,627.				
232028 12-09-	22			Schedule A (Form	990) 2022
			20		

15320509 131839 A174131

2022.05090 ARTS & SCIENCE COUNCIL CH A1741311

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

Name of the organization	Employer ident		
ARTS & SCIENCE COUNCIL			
CHARLOTTE/MECKLENBURG, INC.	56-0693436		
Organization type (check one):			

Section:
X 501(c)( <sup>3</sup> ) (enter number) organization
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

### **General Rule**

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

### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set

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

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

Schedule E	3 (Form 990) (2022)		Page <b>2</b>
Name of or			Employer identification number
	CIENCE COUNCIL E/MECKLENBURG, INC.		56-0693436
	· · · · · · · · · · · · · · · · · · ·		50-0093430
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
		- \$\$	Person X Payroll (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
		- \$ <u>2,446</u>	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3		- \$940,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No	(b)	(c) Total contributio	(d)
<u> </u>	Name, address, and ZIP + 4	- \$3,460,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4		Type of contribution           Person         X           Payroll         Noncash           (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

22 2022.05090 ARTS & SCIENCE COUNCIL CH A1741311

15320509 131839 A174131

	3 (Form 990) (2022)		Page S
	ganization CIENCE COUNCIL		Employer identification number
	E/MECKLENBURG, INC.		56-0693436
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	j.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	

23 2022.05090 ARTS & SCIENCE COUNCIL CH A1741311

Schedule I	B (Form 990) (2022)				Page <sup>2</sup>
Name of o	rganization				Employer identification number
	SCIENCE COUNCIL				
	E/MECKLENBURG, INC. Exclusively religious, charitable, etc., contribution	one to organizations descri	hed in section 50	$\frac{1}{2}$ (2) (2) (8) or (10) th	56-0693436
r ar t m	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of	through (e) and the followin	a line entry. For or	rganizations	
	Use duplicate copies of Part III if additional	space is needed.	1,000 of less for th	ie year. (Enter this into, o	nce.) +
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held
		e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
				Γ	
(a) No. from	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held
Part I					
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No.					
`from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held
		(e) Transf	er of aift		
		(0)	e. e. g		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of g	iift		cription of how gift is held
Part I	(b) Fulpose of gift		int	(u) Desc	suption of now girt is neith
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee

24

Schedule B (Form 990) (2022)

2022.05090 ARTS & SCIENCE COUNCIL CH A1741311

	HEDULE D n 990)	OMB No. 1545-0047		
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.	Open to Public
Interna	Revenue Service		0 for instructions and the latest information.	Inspection
Nam	e of the organizatio			Employer identification number
Par	t I Organiza	CHARLOTTE/MECKLENBURG, INC.	d Funds or Other Similar Funds or A	56-0693436
Fai		answered "Yes" on Form 990, Part IV, lin		Complete if the
	organization		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at en	d of year		
2		contributions to (during year)		
3		grants from (during year)		
4		end of year		
5			I writing that the assets held in donor advised fun	ds
Ŭ	-		exclusive legal control?	
6			dvisors in writing that grant funds can be used o	
•	e e	<b>c</b>	r donor advisor, or for any other purpose confer	•
	impermissible priva			
Par			ganization answered "Yes" on Form 990, Part IV	
1		ervation easements held by the organization		,
-		of land for public use (for example, recrea		orically important land area
		natural habitat	,	tified historic structure
		of open space		
2			ied conservation contribution in the form of a co	onservation easement on the last
_	day of the tax year.	<b>o o i</b>		Held at the End of the Tax Year
а				2a
b		and the second se		2b
	-		ucture included in (a)	2c
		ration easements included in (c) acquired a		
				2d
3		•	eased, extinguished, or terminated by the organ	
•	year			
4	-	where property subject to conservation eas	ement is located	
5		ion have a written policy regarding the per		
	0	prcement of the conservation easements it		Yes No
6			handling of violations, and enforcing conservation	
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation ea	asements during the year
8	Does each conserv	ration easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B	)(i)
	and section 170(h)(	(4)(B)(ii)?		Yes 📃 No
9	In Part XIII, describ	e how the organization reports conservation	on easements in its revenue and expense staten	nent and
	balance sheet, and	include, if applicable, the text of the footn	ote to the organization's financial statements th	at describes the
	organization's acco	ounting for conservation easements.		
Par	t III Organiza	tions Maintaining Collections of	Art, Historical Treasures, or Other S	Similar Assets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.	
<b>1</b> a	If the organization e	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	ance sheet works
	of art, historical trea	asures, or other similar assets held for pub	lic exhibition, education, or research in furthera	nce of public
	service, provide in l	Part XIII the text of the footnote to its finar	icial statements that describes these items.	
b	If the organization e	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balanc	e sheet works of
	art, historical treasu	ures, or other similar assets held for public	exhibition, education, or research in furtheranc	e of public service,
	provide the followin	ng amounts relating to these items:		
	(i) Revenue incluc	led on Form 990, Part VIII, line 1		\$
	(ii) Assets included	d in Form 990, Part X		\$
2	If the organization r	received or held works of art, historical trea	asures, or other similar assets for financial gain,	provide
	the following amou	nts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included of	on Form 990, Part VIII, line 1		\$
b	Assets included in	Form 990, Part X		
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2022
232051	09-01-22		<b>a</b> -	
			25	

15320509 131839 A174131

<sup>2022.05090</sup> ARTS & SCIENCE COUNCIL CH A1741311

	ARTS & SCIE	NCE COUNCIL							
Sche		ECKLENBURG, INC				56-069		Р	age <b>2</b>
Pa	rt III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	er Simila	' Assets	(contir	nued)	
3	Using the organization's acquisition, accessio						(		
	collection items (check all that apply):		•	Ū	U U				
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е		51 5					
c	Preservation for future generations	-							
4	Provide a description of the organization's col	lections and explain	how they further th	e organization's exe	empt purpos	se in Part '	xIII		
5	During the year, did the organization solicit or	-	•	-					
Ũ	to be sold to raise funds rather than to be mai		,	,			Yes		No
Pa	rt IV Escrow and Custodial Arrang					Part IV			
	reported an amount on Form 990, Part		to in the organizatio			, i aiciv, i			
1a	Is the organization an agent, trustee, custodia	in or other intermedi	arv for contributions	s or other assets no	t included				
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII a					······			
			owing table.				Amoun	t	
с	Beginning balance				1c				
ь Ч	Additions during the year								
u									
f	Distributions during the year				1f				
f	Ending balance Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •		165	-	
	rt V Endowment Funds. Complete if								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	vears	back
10	Beginning of year balance	26,573,419.	30,731,842.	24,774,590.		30,570.			657.
h	Contributions		500,000.	250,000	· · · ·		,	,	
0		1,977,136.	-3,347,406.	7,434,962.		91,797.		385	731.
ט ה	Net investment earnings, gains, and losses	144,000.	1,259,643.	1,656,646.		24,818.			356.
a	Grants or scholarships	111,000.	1,200,040.	1,030,040.	5,2	24,010.	±,	<u> 450,</u>	550.
е	Other expenditures for facilities				3.2	50,000.			
	and programs	65,185.	51,374.	71,064.		72,959.			
t	Administrative expenses	28,341,370.	26,573,419.	30,731,842.			20	620	570.
g	End of year balance	· · · ·			24,7	74,590.	<u> </u>	030,	570.
2	Provide the estimated percentage of the curre	ent year end balance		)) held as:					
a	Board designated or quasi-endowment		_%						
b		%							
С	Term endowment9								
	The percentages on lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posses	sion of the organizat	tion that are held ar	nd administered for	the		ſ	Maria	
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat						3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Pa	t VI Land, Buildings, and Equipme		Dest IV/ lise dd - O		( 1				
	Complete if the organization answered								
	Description of property	(a) Cost or ot			Accumulate	ed	<b>(d)</b> Boo	< valu	е
		basis (investm	ient) basis	(other) d	epreciation				
	Land								
	Buildings								
С	Leasehold improvements		1	,564,480.	563,		1,	000,	600.
d	Equipment			42,185.	25,	379.		16,	806.
e	Other								
Tota	. Add lines 1a through 1e. (Column (d) must ec	ual Form 990 Part )	( column (B) line 1	0c)			1,	017,	406.

Schedule D (Form 990) 2022

232052 09-01-22

Schedule D (F	orm 990) 2022 CHARLOTTE/MECKLEI	NBURG, INC.	5	6-0693436 Page <b>3</b>
	nvestments - Other Securities.			
	Complete if the organization answered "Yes"			
	n of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1) Financial of				
	eld equity interests			
(3) Other		20 241 270		
	BENEFICIAL INTEREST INVESTMENTS	28,341,370.	END-OF-YEAR MARKET VALUE	
(8)	FICIAL INTEREST NOTES RECEIVABLE	2,000,000.	END-OF-YEAR MARKET VALUE	
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	must aqual Form 000 Part V, apl. (P) line 12.)	30,341,370.		
Part VIII	must equal Form 990, Part X, col. (B) line 12.) nvestments - Program Related.	50,541,570.		
	Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1c. See Form 990. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)			
Part IX 0	Other Assets.			
(	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line	9 15.)		
Part X 0	Other Liabilities.			
(	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	
1.	(a) Description of liability			(b) Book value
(1) Federa	al income taxes			
(2) DUE 1	FO ENDOWMENT			2,000,000.
(3)				
(4)				
(5)				
(6)				
17/				
(7)				1
(7)				
(7) (8) (9) <b>Fotal.</b> (Columi	<u>n (b) must equal Form 990, Part X, col. (B) line</u> r uncertain tax positions. In Part XIII, provide			2,000,000.

Schedule D (Form 990) 2022

232053 09-01-22

-	ARTS & SCIENCE COUNCIL				
Sche	edule D (Form 990) 2022 CHARLOTTE/MECKLENBURG, INC.			56-0693430	5 Page <b>4</b>
Par	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	10,174,573.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	831,240.		
е	Add lines 2a through 2d			2e	831,240.
3	Subtract line <b>2e</b> from line <b>1</b>			3	9,343,333.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		378,566.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	378,566.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,721,899.
Par	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With E	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	9,343,051.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	. 2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	9,343,051.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)	<u></u>	·····	5	9,343,051.
Par	rt 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.

28

PART V, LINE 4:

ASC'S ENDOWMENT CONSISTS OF 21 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY

OF PURPOSES.

PART X, LINE 2:

ASC IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). IN ACCORDANCE WITH IRC

REGULATIONS, ASC IS TAXED ON UNRELATED BUSINESS INCOME, WHICH CONSISTS OF

EARNINGS FROM ACTIVITIES NOT RELATED TO THE EXEMPT PURPOSE OF ASC. ASC

ACCOUNTS FOR TAX UNCERTAINTIES BASED ON A MORE LIKELY THAN NOT RECOGNITION

THRESHOLD WHEREBY TAX BENEFITS ARE ONLY RECOGNIZED WHEN ASC BELIEVES THAT

THEY HAVE A GREATER THAN 50% LIKELIHOOD OF BEING SUSTAINED UPON

232054 09-01-22

	ARTS & SCIENCE COUNCIL			
Schedule D (Form 990) 2022 Part XIII Supplemental Int	CHARLOTTE/MECKLENBURG, INC.		56-0693436	Page 5
	formation (continued)			
EXAMINATION BY TAXING AUTH	OPTTTES			
EXAMINATION BI TAXING AUT	ORTITES			
PART XI, LINE 2D - OTHER A	DJUSTMENTS:			
ALLOCATION OF ALLOWABLE EN	DOWMENT BEFORE SPENDING	831,240.		
/ /				
PART XI, LINE 4B - OTHER A	DJUSTMENTS:			
RENTAL INCOME		374 414		
		374,414.		
INVESTMENT INCOME		4,152.		
		_,		
TOTAL TO SCHEDULE D, PART	XI, LINE 4B	378,566.		
·	·	•		
			Schedule D (Form	990) 2022
				,

232055 09-01-22

SCHEDULE I Form 990) Department of the Treasury		Go	irants and Oth vernments, ar ete if the organizatio	nd Individual on answered "Yes" Attach to Form	s in the Ŭni on Form 990, Par 990.	ted States t IV, line 21 or 22.		OMB No. 1545-0047 <b>2022</b> Open to Public
Internal Revenue Service			Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization	ON ARTS & SCIENCI CHARLOTTE/MECI							Employer identification number 56-0693436
Part I General In	formation on Grants a	nd Assistance						
criteria used to a <b>2</b> Describe in Part I	ation maintain records t ward the grants or assis V the organization's pro	stance?	oring the use of grant	funds in the United	States.			Yes 🖾 N
	d Other Assistance to I hat received more than \$	-				anization answered "Y	'es" on Form 990, Part	IV, line 21, for any
<b>1 (a)</b> Name and add	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN CAPOEIRA 2422 MADELINE MEA CHARLOTTE, NC 282	DOW DRIVEØ	47-1250928	501(C)3	10,000.	0.			CULTURAL VISION GRANT ACTIVE GRANT
ARTPOP STREET GAL 113 FREELAND LANE CHARLOTTE, NC 282	0	47-3269773	501(C)3	13,500.	0.			CULTURAL VISION GRANT ACTIVE GRANT
BARRE BELLE 5643 TIPPERLINN W CHARLOTTE, NC 282	78	83-3468094	501(C)3	20,000.	0.			CULTURAL VISION GRANT ACTIVE GRANT
BLACK GIRLS FILM 3540 TORINGDON WA SUITE 200-130 - CHARLOTTE, NC	Y	87-2502815	501(C)3	10,000.	0.			CULTURAL VISION GRANT ACTIVE GRANT
BLUMENTHAL PERFOR 130 N. TRYON STØ CHARLOTTE, NC 282		58-1791724	501(C)3	10,000.	0.			CULTURAL VISION GRANT ACTIVE GRANT
BNS PRODUCTIONS 9611 BROOKDALE DR 100-161	• 28215	81-0705805	501/012	10,000.	0.			CULTURAL VISION GRANT ACTIVE GRANT

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

Schedule I (Form 990) CHAR

CHARLOTTE/MECKLENBURG, INC.

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BRAVEWORKS									
1717 CLEVELAND AVE							CULTURAL VISION GRANT		
CHARLOTTE, NC 28203	32-0423402	501(C)3	15,000.	0.			ACTIVE GRANT		
CARTERA & CARRELLA ENGENDLE									
CARITAS A CAPPELLA ENSEMBLE 4101 MEADOWRIDGE DRIVE							CULTURAL VISION GRANT		
CHARLOTTE, NC 28202	82-0652632	501(0)3	10,000.	0.			ACTIVE GRANT		
	02 0052052	501(0)5	10,000.	0.			ACTIVE GRANT		
CHAMBER MUSIC FOR ALL									
1230 LYNBROOK DRIVE							CULTURAL VISION GRANT		
CHARLOTTE, NC 28209	81-1892465	501(C)3	9,000.	0.			ACTIVE GRANT		
CHARLOTTE BALLET									
701 N.TRYON STREET							CULTURAL VISION GRANT		
CHARLOTTE, NC 28202	58-1314711	501(C)3	10,000.	0.			ACTIVE GRANT		
CUARL OTHER DEAGON DOAR ACCOUNTON									
CHARLOTTE DRAGON BOAT ASSOCIATION									
4700 CARSONS POND RD	27-0270077	E01(0)2	15,000.	0.			CULTURAL VISION GRANT		
CHARLOTTE, NC 28226	27-0270077	501(C)3	15,000.	0.			ACTIVE GRANT		
CHARLOTTE PRIDE BAND									
PO BOX 115660							CULTURAL VISION GRANT		
CHARLOTTE, NC 28220	35-2380910	501(C)3	20,000.	0.			ACTIVE GRANT		
CHARLOTTE PRIDE, INC.									
1900 THE PLAZA				_			CULTURAL VISION GRANT		
CHARLOTTE, NC 28205	56-2225983	501(C)3	20,000.	0.			ACTIVE GRANT		
CHARLOTTE STRINGS COLLECTIVE									
9201 UNIVERSITY CITY BLVD							CULTURAL VISION GRANT		
CHARLOTTE, NC 28223	56-0791228	501(C)3	10,000.	0.			ACTIVE GRANT		
CHARLOTTE SYMPHONY ORCHESTRA				<b>```</b>					
SOCIETY, INC 128 S. TRYON ST									
STE 350							CULTURAL VISION GRANT		
- CHARLOTTE, NC 28202	56-6011568	501(C)3	10,000.	0.			ACTIVE GRANT		

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	Cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
CINEODYSSEY FILM FESTIVAL							
4022 CANTERBROOK DRØ							CULTURAL VISION GRANT
CHARLOTTE, NC 28269	46-4906906	501(C)3	7,000.	0.			ACTIVE GRANT
DANCE ARTIST ALLIANCE CLT							
10515 HAWICK COURTØ							CULTURAL VISION GRANT
CHARLOTTE, NC 28278	26-1781095	501(C)3	9,000.	0.			ACTIVE GRANT
DIGI-BRIDGE							
1026 JAY STREET SUITE B-1280							CULTURAL VISION GRANT
CHARLOTTE, NC 28208	46-4859045	501(C)3	15,000.	0.			ACTIVE GRANT
FRIENDSHIP CIRCLE							
6619 SARDIS ROAD							CULTURAL VISION GRANT
CHARLOTTE, NC 28270	86-2748481	501(C)3	15,000.	0.			ACTIVE GRANT
HISPANIC FEDERATION - NORTH							
CAROLINA - 55 EXCHANGE PLACE,							
SUITE 501							CULTURAL VISION GRANT
- NEW YORK, NY 10005	13-3573852	501(C)3	20,000.	0.			ACTIVE GRANT
HOLIDAY WISH FOUNDATION							
6800 RAMBLING ROSE DRIVE							CULTURAL VISION GRANT
CHARLOTTE, NC 28212	85-0092356	501(C)3	20,000.	0.			ACTIVE GRANT
HOPE FOR HARVEST YOUTH CENTER							
1800 BREWTON DR.Ø							CULTURAL VISION GRANT
CHARLOTTE, NC 28206	82-0832111	501(C)3	20,000.	0.			ACTIVE GRANT
HUNTERSVILLE PUBLIC ART COMMISSION							
105 GILEAD RD							
PO BOX 2879							CULTURAL VISION GRANT
- HUNTERSVILLE, NC 28078	56-6001252		8,500.	0.			ACTIVE GRANT
INDIA ASSOCIATION OF CHARLOTTE							
3212 devon croft $ln.0$							CULTURAL VISION GRANT
CHARLOTTE, NC 28202	56-1907586	501(C)3	15,000.	Ο.			ACTIVE GRANT

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
INDIA ASSOCIATION OF CHARLOTTE							
3212 DEVON CROFT LN.0							CULTURAL VISION GRANT
CHARLOTTE, NC 28202	56-1907586	501(C)3	10,000.	0.			ACTIVE GRANT
JAZZARTS CHARLOTTE							
VAPA CENTER							
700 N. TRYON ST.							CULTURAL VISION GRANT
- CHARLOTTE, NC 28202	27-1728470	501(C)3	14,000.	0.			ACTIVE GRANT
KINSHIP PLOT							
2435 ROZZELLES FERRY RDØ							CULTURAL VISION GRANT
CHARLOTTE, NC 28208	86-3745086	501(C)3	5,700.	0.			ACTIVE GRANT
LORIEN ACADEMY OF THE ARTS							
2461 ARTY AVEØ							CULTURAL VISION GRANT
CHARLOTTE, NC 28208	82-2409144	501(C)3	20,000.	0.			ACTIVE GRANT
NARMIA CONNERMON (KINEMIC NORKO							
MARTHA CONNERTON/KINETIC WORKS, INC 1609 NASSAU BLVD							CULTURAL VISION GRANT
- CHARLOTTE, NC 28205	56-2266383	501(0)3	15,000.	0.			ACTIVE GRANT
- CHARDOTTE, NC 20205	50-2200505	501(0)5	15,000.	0.			ACTIVE GRANT
MARTHA CONNERTON/KINETIC WORKS,							
INC. – 1609 NASSAU BLVD							CULTURAL VISION GRANT
- CHARLOTTE, NC 28205	56-2266383	501(C)3	7,400.	0.			ACTIVE GRANT
MATTHEWS PLAYHOUSE OF THE							
PERFORMING ARTS - 100 E MCDOWELL							CULTURAL VISION GRANT
ST MATTHEWS, NC 28105	56-1937368	501(C)3	20,000.	0.			ACTIVE GRANT
,,							
MINT MUSEUM OF ART, INC.							
2730 RANDOLPH ROAD							CULTURAL VISION GRANT
CHARLOTTE, NC 28205	56-0670666	501(C)3	20,000.	0.			ACTIVE GRANT
MOVING POETS CHARLOTTE INC							
2107 MANDARIN BLVD							CULTURAL VISION GRANT
CHARLOTTE, NC 28205	46-1514126	501 ( 2) 2	20,000.	0.			ACTIVE GRANT

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

Part II Continuation of Grants and Oth	er Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	I
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSIC AT ST. ALBAN'S							
PO BOX 7310							CULTURAL VISION GRANT
DAVIDSON, NC 28036	46-4695666	501(C)3	15,000.	0.			ACTIVE GRANT
NORTH MECKLENBURG COMMUNITY							
CHORUS, INC PO BOX 1234							CULTURAL VISION GRANT
- CORNELIUS, NC 28031	27-1469178	501(C)3	12,000.	0.			ACTIVE GRANT
OUR DAILY BREAD FOUNDATION							
501 N. TRYON ST.Ø	83-1487766	E01(a)2	10 000	0.			CULTURAL VISION GRANT
CHARLOTTE, NC 28202	83-148//66	501(C)3	10,000.	0.			ACTIVE GRANT
OURBRIDGE							
3925 WILLARD FARROW DR. $\emptyset$							CULTURAL VISION GRANT
CHARLOTTE, NC 28215	46-3784901	501(C)3	17,000.	0.			ACTIVE GRANT
PLAYING FOR OTHERS							
2205 EAST 5TH STREETØ CHARLOTTE, NC 28204	20-1426441	501(0)3	10,000.	0.			CULTURAL VISION GRANT ACTIVE GRANT
PROJECT SCIENTIST	20-1420441	501(075	10,000.	0.			ACTIVE GRANT
548 MARKET ST							
PMB 83994							CULTURAL VISION GRANT
- CHARLOTTE, NC 28215	46-1763945	501(C)3	15,000.	0.			ACTIVE GRANT
QC FAMILY TREE							
2910 PARKWAY AVE							CULTURAL VISION GRANT
CHARLOTTE, NC 28208	20-4091165	501(C)3	6,600.	0.			ACTIVE GRANT
QUE-OS							
PO BOX 112560							CULTURAL VISION GRANT
CHARLOTTE, NC 28220	46-0643659	501(C)3	15,000.	0.			ACTIVE GRANT
SOUTHEND ARTS							
2143 PARK ROAD							CULTURAL VISION GRANT
CHARLOTTE, NC 28202	83-2061483	501(C)3	10,000.	0.			ACTIVE GRANT

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGCLEAN							
932 SEIGLE AVENUE							CULTURAL VISION GRANT
CHARLOTTE, NC 28205	83-4195019	501(C)3	15,000.	0.			ACTIVE GRANT
THE ARTS EMPOWERMENT PROJECT							
700 N TRYON STØ							CULTURAL VISION GRANT
CHARLOTTE, NC 28202	45-4837497	501(C)3	20,000.	0.			ACTIVE GRANT
,,			,				
THE INDEPENDENT PICTURE HOUSE							
4237 RALEIGH STREET, SUITE 4 $\! \oslash$							CULTURAL VISION GRANT
CHARLOTTE, NC 28213	27-3319192	501(C)3	20,000.	0.			ACTIVE GRANT
THE ROYAL CITY COLLABORATION CORP							
11004 BALLARDS POND LN	00.0001.040	501 ( 2) 2					CULTURAL VISION GRANT
MATTHEWS, NC 28105	82-3281642	501(C)3	20,000.	0.			ACTIVE GRANT
THEATRE GAP INITIATIVE							
3415 CHARDMORE DRIVE							CULTURAL VISION GRANT
MATTHEWS, NC 28105	86-1460904	501(C)3	20,000.	0.			ACTIVE GRANT
			,	- •			
THEATRE GAP INITIATIVE							
3415 CHARDMORE DRIVE							CULTURAL VISION GRANT
MATTHEWS, NC 28105	86-1460904	501(C)3	15,000.	0.			ACTIVE GRANT
WDAV CLASSICAL PUBLIC RADIO							
(DAVIDSON COLLEGE) - BOX 8990		F01(a)2		^			CULTURAL VISION GRANT
- DAVIDSON, NC 28035	56-0529961	501(C)3	20,000.	0.			ACTIVE GRANT
WE ROCK CHARLOTTE							
423 E. 22ND STØ							CULTURAL VISION GRANT
CHARLOTTE, NC 28206	47-3489351	501(C)3	15,000.	0.			ACTIVE GRANT
,			, ,				
BRAVEWORKS							
1717 CLEVELAND AVE							CULTURAL VISION GRANT
CHARLOTTE, NC 28203	32-0423402	501(C)3	20,000.	0.			CLOSED GRANT

ARTS & SCIENCE COUNCIL

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

		nestie organizations	and Domestic de	Contention (Contention		e ii.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLOTTE CIRQUE & DANCE CENTER							
9315 MONROE ROAD							
STE E							CULTURAL VISION GRANT
- CHARLOTTE, NC 28270	20-3607784	501(C)3	10,000.	0.			CLOSED GRANT
,			, ,				
METROLINA NATIVE AMERICAN							
ASSOCIATION - 8001 N. TRYON STREET							CULTURAL VISION GRANT
- MINT HILL, NC 28227	85-2156373	501(C)3	9,250.	0.			CLOSED GRANT
OPEN DOOR DANCE FOUNDATION							
614 CLEMENT AVE $\mathcal{O}$							CULTURAL VISION GRANT
CHARLOTTE, NC 28204	46-2074511	501(C)3	6,500.	0.			CLOSED GRANT
THE CHARLOTTE MUSEUM OF HISTORY,							
INC 3500 SHAMROCK DRIVE							CULTURAL VISION GRANT
- CHARLOTTE, NC 28215	21-7125613	501(C)3	6,000.	٥.			CLOSED GRANT
THREE BONE THEATRE							
842 LINDA LANE $0$							CULTURAL VISION GRANT
CHARLOTTE, NC 28211	46-4220126	501(C)3	14,000.	0.			CLOSED GRANT
A SIGN OF THE TIMES OF THE							CULTURE BLOCKS PROGRAM
CAROLINAS - 6228 EAGLE PEAK DR							INVESTMENT
- CHARLOTTE, NC 28214	20-4766220	501(C)3	28,750.	0.			ACTIVE
ARTSPLUS							CULTURE BLOCKS PROGRAM
PO BOX 327570							INVESTMENT
CHARLOTTE, NC 28232	59-1356847	501(C)3	11,500.	0.			ACTIVE
CHARLOTTE BALLET							CULTURE BLOCKS PROGRAM
701 N.TRYON STREET	F0 1014511	501(0)2	11 500				INVESTMENT
CHARLOTTE, NC 28202	58-1314711	DUT(C)3	11,500.	0.			ACTIVE
CHARLOTTE BALLET							CULTURE BLOCKS PROGRAM
701 N.TRYON STREET							INVESTMENT
-	50 121/711	501/C)2	20 750	_			
CHARLOTTE, NC 28202	58-1314711	DOT(C)3	28,750.	0.			ACTIVE

Schedule I (Form 990) CHARLOTTE / MECK	LENBURG, INC.						56-0693436 Page 1
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLOTTE SYMPHONY ORCHESTRA SOCIETY, INC. – 128 S. TRYON ST STE 350 – CHARLOTTE, NC 28202	56-6011568	501(C)3	6,000.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
CHILDREN'S THEATRE OF CHARLOTTE 300 EAST 7TH STREETØ CHARLOTTE, NC 28202	56-1028031	501(C)3	28,750.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
CLAYWORKS 4506 MONROE ROAD0 CHARLOTTE, NC 28205	90-0198258	501(C)3	28,750.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
CLAYWORKS 4506 MONROE ROAD CHARLOTTE, NC 28205	90-0198258	501(C)3	57,500.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
CREATING EXPOSURE THROUGH THE ARTS 4604 EMORY LANE2 CHARLOTTE, NC 28211	46-1921527	501(C)3	17,250.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
MOVEMENT MIGRATION 14311 REESE BLVD WEST STE 2A 3070 HUNTERSVILLE, NC 28078	84-1954743	501(C)3	11,500.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
MOVING SPIRITS, INC. 1647 CLOONEY LANEØ CHARLOTTE, NC 28262	45-3503467	501(C)3	17,250.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
OBEY FOUNDATION INC 7926 ROBINSON CHURCH RD CHARLOTTE, NC 28215	13-3985609	501(C)3	5,750.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
OPEN DOOR DANCE FOUNDATION 614 CLEMENT AVE.Ø CHARLOTTE, NC 28204	46-2074511	501(C)3	28,750.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERA CAROLINA 1600 ELIZABETH AVE2 CHARLOTTE, NC 28204	56-6019660	501(C)3	11,500.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
OPERA CAROLINA 1600 ELIZABETH AVE2 CHARLOTTE, NC 28204	56-6019660	501(C)3	5,750.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
THE LIGHT FACTORY 700 NORTH TRYON STREETØ CHARLOTTE, NC 28203	51-0185359	501(C)3	11,500.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
THE LIGHT FACTORY 700 NORTH TRYON STREETØ CHARLOTTE, NC 28203	51-0185359	501(C)3	11,500.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
YOUNG ICONS 3717 LATROBE DR STE 7400 CHARLOTTE, NC 28227	85-3635794	501(C)3	57,500.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
CHARLOTTE IS CREATIVE 5639 REBEL DRØ CHARLOTTE, NC 28210	47-5329696	501(C)3	75,000.	0.			KNIGHT TECH INFUSION FUND ACTIVE
CHARLOTTE PRIDE BAND PO BOX 115660 CHARLOTTE, NC 28220	35-2380910	501(C)3	6,500.	0.			KNIGHT TECH INFUSION FUND ACTIVE
CINEODYSSEY FILM FESTIVAL 4022 CANTERBROOK DRØ CHARLOTTE, NC 28269	46-4906906	501(C)3	65,000.	0.			KNIGHT TECH INFUSION FUND ACTIVE
CREATING EXPOSURE THROUGH THE ARTS 4604 EMORY LANE CHARLOTTE, NC 28211	46-1921527	501(C)3	20,000.	0.			KNIGHT TECH INFUSION FUND ACTIVE

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OBRA COLLECTIVE 628 SWEETGUM LNØ CHARLOTTE, NC 28211	87-1736320	501(C)3	15,288.	0.			KNIGHT TECH INFUSION FUND ACTIVE
OPEN DOOR DANCE FOUNDATION 614 CLEMENT AVE.Ø CHARLOTTE, NC 28204	46-2074511	501(C)3	22,473.	0.			KNIGHT TECH INFUSION FUND ACTIVE
OUR DAILY BREAD FOUNDATION 501 N. TRYON ST.Ø CHARLOTTE, NC 28202	83-1487766	501(C)3	20,000.	0.			KNIGHT TECH INFUSION FUND ACTIVE
POWER UP USA 201 N. MCDOWELL STREET UNIT 334750 CHARLOTTE, NC 28202	27-4941564	501(C)3	35,000.	0.			KNIGHT TECH INFUSION FUND ACTIVE
THE INDEPENDENT PICTURE HOUSE 4237 RALEIGH STREET, SUITE 40 CHARLOTTE, NC 28213	27-3319192	501(C)3	26,500.	0.			KNIGHT TECH INFUSION FUND ACTIVE
BECHTLER MUSEUM OF MODERN ART 420 S. TRYON ST. CHARLOTTE, NC 28202 - CHARLOTTE, NC 28213	56-2225722	501(C)3	329,868.	0.			OPERATING SUPPORT GRANT ACTIVE GRANT
MCCOLL CENTER FOR ART + INNOVATION 721 N. TRYON STREET CHARLOTTE, NC 28202	51-0195015	501(C)3	13,130.	0.			ORGANIZATION SUPPORT GRANT
A SIGN OF THE TIMES OF THE CAROLINAS - 6228 EAGLE PEAK DR - CHARLOTTE, NC 28214	20-4766220	501(C)3	20,000.	0.			ORGANIZATION SUPPORT GRANT ACTIVE
AMERICAN CAPOEIRA FOUNDATION 2422 MADELINE MEADOW DRIVE CHARLOTTE, NC 28217	47-1250928	501(C)3	10,000.	0.			ORGANIZATION SUPPORT GRANT ACTIVE

ARTS & SCIENCE COUNCIL

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTSPLUS							ORGANIZATION SUPPORT
PO BOX 327570							GRANT
CHARLOTTE, NC 28232	59-1356847	501(C)3	10,000.	0.			ACTIVE
BARRE BELLE							ORGANIZATION SUPPORT
5643 TIPPERLINN WAY							GRANT
CHARLOTTE, NC 28278	83-3468094	501(C)3	10,000.	0.			ACTIVE
BLACK GIRLS FILM CAMP							
3540 TORINGDON WAY							ORGANIZATION SUPPORT
SUITE 200-130							GRANT
- CHARLOTTE, NC 28277	87-2502815	501(C)3	10,000.	0.			ACTIVE
BNS PRODUCTIONS							
9611 BROOKDALE DR.							ORGANIZATION SUPPORT
100-161							GRANT
- CHARLOTTE, NC 28215	81-0705805	501(C)3	20,000.	0.			ACTIVE
CAIN CENTER FOR THE ARTS							ORGANIZATION SUPPORT
21348 CATAWBA AVE.0							GRANT
CORNELIUS, NC 28031	81-4628087	501(C)3	10,000.	0.			ACTIVE
CAROLINA VOICES							ORGANIZATION SUPPORT
							GRANT
1900 QUEENS RDØ	EC 0910410	E01(0)2	20.000	0			
CHARLOTTE, NC 28207	56-0810412	501(C)3	20,000.	0.			ACTIVE
CHARLOTTE PRIDE BAND							ORGANIZATION SUPPORT
PO BOX 115660							GRANT
CHARLOTTE, NC 28220	35-2380910	501(C)3	12,000.	0.			ACTIVE
CLAYWORKS							ORGANIZATION SUPPORT
4506 MONROE ROAD							GRANT
CHARLOTTE, NC 28205	90-0198258	501(C)3	6,475.	0.			ACTIVE
GAY MENS CHORUS OF CHARLOTTE							ORGANIZATION SUPPORT
3601 CENTRAL AVEØ							GRANT
CHARLOTTE, NC 28205	20-5361365	501(C)3	20,000.	Ο.			ACTIVE

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVEY B. GANTT CENTER FOR							
AFRICAN-AMERICAN ARTS + CULTURE -							ORGANIZATION SUPPORT
551 S TRYON STREET							GRANT
- CHARLOTTE, NC 28202	56-1152286	501(C)3	20,000.	0.			ACTIVE
HOLIDAY WISH FOUNDATION							ORGANIZATION SUPPORT
6800 RAMBLING ROSE DRIVE							GRANT
CHARLOTTE, NC 28212	85-0092356	501(C)3	15,500.	٥.			ACTIVE
LORIEN ACADEMY OF THE ARTS							ORGANIZATION SUPPORT
2461 ARTY AVE							GRANT
CHARLOTTE, NC 28208	82-2409144	501(0)3	20,000.	0.			ACTIVE
	02 2409144	501(0/5	20,000.	••			ACTIVE
MOVING POETS CHARLOTTE INC							ORGANIZATION SUPPORT
2107 MANDARIN BLVDØ							GRANT
CHARLOTTE, NC 28205	46-1514126	501 (C) 3	10,000.	0.			ACTIVE
	10 1011120	501(0/5	10,000.				
MUSIC AT ST. ALBAN'S							ORGANIZATION SUPPORT
PO BOX 7310							GRANT
DAVIDSON, NC 28036	46-4695666	501 (C) 3	20,000.	0.			ACTIVE
	10 1050000	501(0)5					
OPEN DOOR DANCE FOUNDATION							ORGANIZATION SUPPORT
614 CLEMENT AVE.Ø							GRANT
CHARLOTTE, NC 28204	46-2074511	501(C)3	15,000.	0.			ACTIVE
	10 10,1011	501(0)5	10,000.				
							ORGANIZATION SUPPORT
OUR DAILY BREAD FOUNDATION							GRANT
501 N. TRYON ST.	83-1487766	501(C)3	20,000.	0.			ACTIVE
			, ,				
POWER UP USA							ORGANIZATION SUPPORT
201 N. MCDOWELL STREET UNIT 334750							GRANT
CHARLOTTE, NC 28202	27-4941564	501(C)3	20,000.	٥.			ACTIVE
OC FAMILY TOFF							ODCANTZANTON CUDDODM
QC FAMILY TREE							ORGANIZATION SUPPORT
2910 PARKWAY AVE	00 4001465	501 (2) 2					GRANT
CHARLOTTE, NC 28208	20-4091165	501(C)3	6,000.	٥.			ACTIVE

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
QUE-OS							ORGANIZATION SUPPORT
- PO BOX 112560							GRANT
CHARLOTTE, NC 28220	46-0643659	501(C)3	20,000.	0.			ACTIVE
THE CAROLINAS LATIN DANCE COMPANY							ORGANIZATION SUPPORT
PO BOX 437702							GRANT
CHARLOTTE, NC 28215	56-2276606	501(C)3	10,000.	0.			ACTIVE
THE CHARLOTTE MUSEUM OF HISTORY,							ORGANIZATION SUPPORT
INC 3500 SHAMROCK DRIVE							GRANT
- CHARLOTTE, NC 28215	21-7125613	501(C)3	10,200.	0.			ACTIVE
		501(0)5	10,200.	· ·			
THE ROYAL CITY COLLABORATION CORP							ORGANIZATION SUPPORT
11004 BALLARDS POND LNØ							GRANT
MATTHEWS, NC 28105	82-3281642	501(C)3	20,000.	0.			ACTIVE
			,				
THEATRE GAP INITIATIVE							ORGANIZATION SUPPORT
3415 CHARDMORE DRIVEØ							GRANT
MATTHEWS, NC 28105	86-1460904	501(C)3	20,000.	0.			ACTIVE
THEATRE GAP INITIATIVE							ORGANIZATION SUPPORT
3415 CHARDMORE DRIVE							GRANT
MATTHEWS, NC 28105	86-1460904	501(C)3	6,000.	0.			ACTIVE
		501(0)5		••			
THREE BONE THEATRE							ORGANIZATION SUPPORT
842 LINDA LANEØ							GRANT
CHARLOTTE, NC 28211	46-4220126	501(C)3	20,000.	0.			ACTIVE
TOSCO MUSIC							ORGANIZATION SUPPORT
4953 ALBEMARLE RDØ							GRANT
CHARLOTTE, NC 28205	56-2135861	501(C)3	20,000.	0.			ACTIVE
							DEGANTZANTON GUDDOD
VAPA CENTER							ORGANIZATION SUPPORT
700 N TRYON STO	07 2500000	F01(0)2		2			GRANT
CHARLOTTE, NC 28202	87-3529263	DOT(C)3	20,000.	0.		1	ACTIVE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APA CENTER 00 N TRYON STØ HARLOTTE, NC 28202	87-3529263	501(C)3	20,000.	0.			ORGANIZATION SUPPORT GRANT ACTIVE
HILDREN'S THEATRE OF CHARLOTTE 00 EAST 7TH STREETØ HARLOTTE, NC 28202	56-1028031	501(C)3	8,000.	0.			THRIVE FUND CLOSED GRANT

Schedule I (Form 990) 2022 CHARLOTTE/MECKLENBURG, INC.

#### 56-0693436

Page 2

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 assistanc
RTIST SUPPORT GRANTS	75	209,887.	0.		
SEED GRANTS	14	42,000.	0.		
CREATIVE MECKLENBURG GRANT	25	71,500.	0.		
		,			
CREATIVE RENEWAL FELLOWSHIP GRANT	7	105,000.	0.		
CULTURE VISION GRANT	40	416,650.	0.		
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
OPERATING SUPPORT GRANT RECIPIENTS ARE REQUIRED	TO SUBMIT THE F	OLLOWING			
OCUMENTATION TO MONITOR THE USE OF GRANT FUNDS:	SIGNED GRANT	AGREEMENT -			
EQUIRED BEFORE FIRST PAYMENT; METRICS GRID (CRE	EATED BY EACH OR	GANIZATION			
ISTING THEIR TOP 3 METRICS OF SUCCESS FOR THE F	FISCAL YEAR) IS	SUBMITTED IN			
ULY, UPDATED IN JANUARY, WITH A FINAL REPORT SU	JEMITTED IN JULY	; QUARTERLY			
UDGET TO ACTUAL FINANCIALS; AUDIT OR COMPILATIO	ON OF PREVIOUS Y	EAR; COPIES			
F BROCHURES AND MAILINGS; QUARTERLY ATTENDANCE	FIGURES AND BOA	RD OF			
IRECTORS LIST. ASC STAFF ALSO MONITORS GRANT F	RECIPIENTS BY CO	NDUCTING			
32102 10-31-22					Schedule I (Form 990) 2

ARTS & SCIENCE COUNCIL						
Schedule I (Form 990) CHARLOTTE/MECKLENBURG,					56-0693436	Page <b>2</b>
Part III Continuation of Grants and Other Assistance to Domes	tic Individuals (	Schedule I (Form 99	90), Part III.)			
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of nonca	ish assistance
CULTURE BLOCKS PROGRAM INVESTMENT	26.	501,000.	0.			
EMERGING CREATOR FELLOWSHIP	8.	80,000.	0.			
FOUNDERS GRANT	6.	300,000.	0.			
KNIGHT TECH INFUSION FUND	12.	148,507.	0.			
SCHOOL FUNDING OPPORTUNITY	142.	175,510.	0.			
	I		1	I	1	

ARTS & SCIENCE COUNCIL

CHARLOTTE/MECKLENBURG, INC.

Schedule I (Form 990) CHARLOT 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.

Schedule I (Form 990)

56-0693436

Page 2

232291 04-01-22

> 46 2022.05090 ARTS & SCIENCE COUNCIL CH A1741311

SCHEDULE J (Form 990)		<b>Compensation Information</b> For certain Officers, Directors, Trustees, Key Employees, and Highest		OMB No.	OMB No. 1545-0047		
				つりつつ			
	Compensated Employees		2	2022			
Depar	Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.			Open to			
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.		1		ection		
				r identificati	on nu	mber	
		CHARLOTTE/MECKLENBURG, INC.	56-	-0693436			
Ра	rt I Question	s Regarding Compensation					
_					Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Fo	ərm 990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	•					
	Travel for com						
		ation and gross-up payments Health or social club dues or initiation					
	Discretionary spending account Personal services (such as maid, chauffeur, chef						
<b>b</b> If any of the bayes on line 1a are checked, did the organization follow a written policy recording neumant or							
D	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			416			
•	• • • • • • • • • • • • • • • • • • •			<u>1b</u>			
2	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		-	2			
	trustees, and onice	is, including the CEO/Executive Director, regarding the items checked on line Ta?					
3	Indicate which if a	by of the following the organization used to establish the componention of the organizati	on's				
5	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.						
	X       Compensation committee						
	Independent compensation consultant						
	X Form 990 of o		on committee				
			in committee				
4	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:						
а				4a		x	
						x	
						x	
•	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	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:						
а	The organization?			5a		x	
b	Any related organiz	ation?				х	
		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 n	et earnings of:					
а	The organization?			6a		х	
		ation?				X	
		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					x	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject					
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x	
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in					
	Regulations section	1 53.4958-6(c)?	<u></u>	9			
LHA		eduction Act Notice, see the Instructions for Form 990.		edule J (Forr	n 990)	) 2022	

232111 10-18-22

CHARLOTTE/MECKLENBURG, INC.

Schedule J	(Form 990)	2022
Ochicadic 0		12022

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

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

56-0693436

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KRISTA TERRELL	(i)	173,646.	0.	0.	0.	2,406.	176,052.	0.
PRESIDENT (CURRENT)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Page 2

Schedule J (Form 990) 2022 CHARLOTTE/MECKLENBURG, INC.

#### Part III Supplemental Information

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

PART I, LINE 3:

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/HER DIRECT REPORTS, INCLUDING KEY EMPLOYEES. COMPENSATION

ADJUSTMENTS FOR KEY EMPLOYEES ARE SHARED WITH THE OFFICERS OF THE BOARD OF

DIRECTORS TO ENSURE REASONABLENESS.

56-0693436 Page 3

SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.		OMB No. 1545-0047
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Employee	
Name of the organization	CHARLOTTE/MECKLENBURG, INC.		<b>identification numbe</b> 693436
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
EQUITABLE, SUSTAIN	ABLE 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, HIS	TORY AND HERITAGE, A GATHERER AND STEWARD OF PUBLIC		
AND PRIVATE COMMUN	ITY RESOURCES, AN INVESTOR OF THOSE RESOURCES IN THE		
CULTURAL SECTOR AN	D COMMUNITY, THE STRATEGIC PLANNER FOR THE		
COMMUNITY'S CULTUR	AL SECTOR, AND THE PUBLIC ART AGENT FOR THE CITY OF		
CHARLOTTE AND MECK	LENBURG COUNTY. THE MISSION OF THE ORGANIZATION IS		
INVESTING IN PEOPL	E, PROGRAMS AND IDEAS THAT MOVE US TOWARD A MORE		
EQUITABLE, SUSTAIN	ABLE AND INNOVATIVE CREATE ECOSYTEM. THE VISION IS		
AN EQUITABLE, CONN	ECTED COMMUNITY WHERE CREATIVITY IS CENTRAL,		
CELEBRATED AND SUP	PORTED.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE BOARD TREASURE	R AND CONTROLLER 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.		
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 A	ND ASKED TO REVIEW AND SIGN THE FORM INDICATING THEY HAVE		
READ THE POLICY AN	D MADE ANY APPROPRIATE DISCLOSURES. SHOULD A CONFLICT		
EXIST ON A MATTER	COMING TO A VOTE, THE MEMBER WITH THE CONFLICT WOULD		
	SELF FROM THE VOTE.	Caba	dule O (Form 990) 202
232211 10-28-22	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	aale O (Form 990) 202

50 2022.05090 ARTS & SCIENCE COUNCIL CH A1741311

Schedule O (Form 990) 202	22	Page 2
Name of the organization	ARTS & SCIENCE COUNCIL	Employer identification number
	CHARLOTTE/MECKLENBURG, INC.	56-0693436

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.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2024.

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

2,099,191.

FORM 990, PART XII, LINE 2C:

PROCESS IS UNCHANGED FROM PRIOR YEAR.

232212 10-28-22

SCHEDULE R (Form 990)	<b>Related Organizations and Unrelated Partnerships</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	OMB No. 1545-0047
(Form 990)       Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.         Department of the Treasury Internal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.         Name of the organization       ARTS & SCIENCE COUNCIL CHARLOTTE/MECKLENBURG, INC.       Employer identified to 56-06934	Open to Public Inspection	
Name of the organizati	ARTS & SCIENCE COUNCIL	Employer identification number
	CHARLOTTE/MECKLENBURG, INC.	56-0693436

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> 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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
GREATER CHARLOTTE CULTURAL TRUST -							
82-0576292, 217 S. TRYON ST., CHARLOTTE, NC	ENDOWMENT INVESTMENT &						
28202	ADMINISTRATION	NORTH CAROLINA	501(C)(3)	LINE 12A, I			х
	-						
	-						
	-						
	_						
	-						
						1	

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 CHARLOTTE/MECKLENBURG, INC.

56-0693436 Page **2** 

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.

organizations treated as a pa												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	ral or F Iging her?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
	-											
										+		
	-											
	-											
	-											
	1											
	1											

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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(k contr ent	tion b)(13) rolled tity?
		country)						Yes	No

1

ARTS & SCIENCE COUNCIL

CHARLOTTE/MECKLENBURG, INC. Schedule R (Form 990) 2022

56-0693436 Page 3 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Yes No 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 Х 1a Х **b** Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) Х 1c Х d Loans or loan guarantees to or for related organization(s) 1d Х e Loans or loan guarantees by related organization(s) 1e

f Dividends from related organization(s)	1f	Х
g Sale of assets to related organization(s)	1g	Х
h Purchase of assets from related organization(s)	1h	Х
i Exchange of assets with related organization(s)	1i	Х
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Х
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Х
I Performance of services or membership or fundraising solicitations for related organization(s)	11	Х
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х
o Sharing of paid employees with related organization(s)	10	Х
p Reimbursement paid to related organization(s) for expenses	1p	Х
q Reimbursement paid by related organization(s) for expenses	1q	Х
r Other transfer of cash or property to related organization(s)	1r	Х
s Other transfer of cash or property from related organization(s)	1s	Х

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. 2

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

Schedule R (Form 990) 2022 CHARLOTTE/MECKLENBURG, INC.

56-0693436 Page **4** 

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

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

(a)	(b)	(c)	(d)	(e	e)	(f)	(g)	(	(h)	(i)	(	)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501 ( org	e all rs sec.	Share of	Share of	Disp	oropor- onate	Code V-UBI	Gene	al or F	Percenta
of entity		(state or foreign	(related, unrelated, lexcluded from tax under	501( org	c)(3) IS.?	total	end-of-year	alloc	ations?	amount in box 20	part	ner?	ownersh
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes		income	assets		s No		Yes	NO	
								-					
										1	1		

Schedule R (Form 990) 2022

Schedule R	(Form 990) 2022 CHARLOTTE/MEC	CKLENBURG, INC.	56-0693436	Page 5
Part VII	Supplemental Information			
	Provide additional information for responses	to questions on Schedule R. See instructions.		
232165 09-14-2	22		Schedule R (Form	990) 2022
		56		

Form **99(** 

### \*\* PUBLIC DISCLOSURE COPY \*\* **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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.

**Open to Public** 

		nue Service	Go to www.irs.go	ov/Form990 for ins	tructions and	the latest ir	formation.		Inspection
Α	For the	e 2022 calend	ar year, or tax year beginning	JUL 1, 2022	and	lending J	UN 30, 2023		
	Check if applicabl Addre chang	ARTS &	forganization SCIENCE COUNCIL DTTE/MECKLENBURG, INC.				D Employer ide	ntificat	tion number
	Name chang		usiness as				56-06934	436	
	Initial		and street (or P.O. box if mail is no	t delivered to street a	ddress)	Room/suite	E Telephone nui		
	Final return	PO BOY	30246			noon, outo	704-333-2		
	termin	1-	own, state or province, country, a	nd ZIP or foreign p	ostal code		<b>G</b> Gross receipts \$		9,721,899.
	Amen return	ded CHARTO	DTTE, NC 28230	5 1			H(a) Is this a grou	up retu	rn
	Applic tion pendir	F Name a	nd address of principal officer: MO C ABOVE	NIFA DRAYTON			for subordin H(b) Are all subordina	ates?	Yes X No
ī	Tax-ex	empt status:	X 501(c)(3) 501(c) (	) (insert no.)	4947(a)(1)	or 527	1 . /		t. See instructions
	Websi		TSANDSCIENCE.ORG		10 17 (4)(1)		H(c) Group exem		
_			x Corporation Trust	Association	Other	L Year	of formation: 1958		state of legal domicile: NC
	art I	Summary				1 - 104	orrormanon	1	allo of logal activities
_	1	Briefly describ	e the organization's mission or m	ost significant activ	vities: THE AR	TS & SCIE	ENCE COUNCIL		
Governance	8		PEOPLE, PROGRAMS AND IDE						
	2	Check this bo	x if the organization dis	scontinued its oper	ations or dispo	sed of more	than 25% of its ne	t asset	S.
	3	Number of vo	ting members of the governing bo	dy (Part VI, line 1a)	· · · · · · · · · · · · · · · · · · ·			3	23
		Number of inc	dependent voting members of the	governing body (Pa	art VI, line 1b)			4	23
Activities &	5		of individuals employed in calend					5	15
/itie	6	Total number	of volunteers (estimate if necessa	ry)				6	190
į	7 a		d business revenue from Part VIII,					7a	0.
_	` <u>b</u>	Net unrelated	business taxable income from Fo	rm 990-T, Part I, lin	e 11			7b	0.
							Prior Year		Current Year
٩	8	Contributions	and grants (Part VIII, line 1h)				8,081,4		9,343,333.
Revenue	9	•						0.	0.
A No	10		come (Part VIII, column (A), lines 3					39.	4,152.
ц	11	Other revenue	e (Part VIII, column (A), lines 5, 6d,	8c, 9c, 10c, and 1	1e)		266,0		374,414.
			- add lines 8 through 11 (must eq				8,348,4		9,721,899.
			milar amounts paid (Part IX, colum				4,961,3		6,443,494.
		-	to or for members (Part IX, colum					0.	0.
ď	3 15		r compensation, employee benefit				1,385,1		1,431,400.
S C S	2 16a		undraising fees (Part IX, column (A					0.	0.
Fynenses	δ b		ing expenses (Part IX, column (D),	· · —		776.	4 452 0		4 460 455
	1 ''		es (Part IX, column (A), lines 11a-1			·····	1,473,0		1,468,157.
			s. Add lines 13-17 (must equal Pa				7,819,5		9,343,051.
		Revenue less	expenses. Subtract line 18 from li	ne 12			528,8		378,848.
IS OI						ве	ginning of Current Y		End of Year
Net Assets or	20 E	Total assets (I					37,067,6		40,136,271.
et A	21		· · · · · · · · · · · · · · · · · · ·				7,307,9		7,898,541. 32,237,730.
	<u>art II</u>	Net assets or Signature	fund balances. Subtract line 21 fr	om line 20			29,759,6	<sup>91</sup> •	32,237,730,
			I declare that I have examined this ret			o and states	nto and to the heat	of my los	owledge and ballief it in
UII	nei hella	anies of perjury,	i ucciare that i have examined this fell	and, including accomp	anying schedule	s and stateme	tino, and to the pest (	л шу кі	iowieuge and beller, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of offi	cer			Date			
Here	TONY PEREZ,	BOARD CHAIR						
	Type or print na	me and title						
	Print/Type prepa	arer's name	Preparer's signature	Date		Check	PTIN	
Paid	JOHN NORMAN		JOHN NORMAN	05/09/24	4	if self-employed	P01506766	
Preparer	Firm's name	CLIFTONLARSONALLEN LLP			Firm's	sEIN 41-	0746749	
Use Only	Firm's address	227 WEST TRADE STREET, SU	ITE 800					
		CHARLOTTE, NC 28202			Phone	e no.704-99	98-5200	
May the IF	RS discuss this	return with the preparer shown abo	ve? See instructions				X Yes	No
232001 12-1	3-22 LHA FC	or Paperwork Reduction Act Notic	ce, see the separate instructions.				Form <b>990</b>	(2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	ARTS & SCIENCE COUNCIL 990 (2022) CHARLOTTE/MECKLENBURG, INC.	56-0693436	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
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?	Y	es 🗴 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? If "Yes," describe these changes on Schedule O.	Y	es 🔯 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	neasured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	s, the total expenses	, and
4a	(Code:) (Expenses \$5,118,287. including grants of \$5,114,062. ) (Revenue	·• *	
44	THE ARTS & SCIENCE COUNCIL MAKES A VARIETY OF GRANTS AND FUNDS AN ARRAY	ie \$	
	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. THIS		
	SERVICE DIRECTLY ALIGNS WITH HOW RESIDENTS WANT THE CULTURAL SECTOR TO		
	SERVE THEM BY BUILDING COMMUNITY AND INCREASING CULTURAL PROGRAM		
	RELEVANCE.		
4b	(Code:) (Expenses \$1,839,337. including grants of \$1,329,432. ) (Revenue ASC'S ARTIST SUPPORT GRANTS FUND PROFESSIONAL AND ARTISTIC DEVELOPMENT	ie\$	
	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 \$1,184,770. including grants of \$) (Revenue	ie\$	374,414.
	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 8,142,394.		
10			n <b>990</b> (2022

CHARLOTTE/MECKLENBURG INC.

Page 3 Form 990 (2022) 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)? Х If "Yes," complete Schedule A 1 2 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for х public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 Х during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or x similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ..... 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 9 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х 9 If "Yes," complete Schedule D, Part IV ..... 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments х 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Х Part VI 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? If "Yes," complete Schedule D, Part VII Х 11b С Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII х 11c 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 x 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses f Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? x 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 х **14a** Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 х or more? If "Yes," complete Schedule F, Parts I and IV ..... 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 х 19 complete Schedule G, Part III х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II х 21

232003 12-13-22

#### 2022.05090 ARTS & SCIENCE COUNCIL CH A1741311

Form 990 (2022)

56 - 0693436

	990 (2022) CHARLOTTE/MECKLENBURG, INC. 56-06934	36	P	age <b>4</b>
Par	TIV 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? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No." go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Ŧ	
	Part V, line 1	34	X	
	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	0.51		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
30		38	х	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	00	I	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 37!	5		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_ `	(gambling) winnings to prize winners?	1c		
232004	↓ 12-13-22	Form	990	(2022)

# 2022.05090 ARTS & SCIENCE COUNCIL CH A1741311

	ARTS & SCIENCE COUNCIL			
Form	990 (2022) CHARLOTTE/MECKLENBURG, INC. 56-069343	6	Р	<sub>age</sub> 5
Par				3-
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	
Zu	filed for the calendar year ending with or within the year covered by this return <b>2a</b> 15			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
		<u>20</u> 3a		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	30		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4 -		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
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
	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).			
а	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		
с	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		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/		
0		8		
0		0		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
	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.			
а	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			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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 the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	10		
17				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	E c	000	(0000)
232005	5 12-13-22	Form	220	(2022)

# ARTS & SCIENCE COUNCIL

Form	990 (2022) CHARLOTTE/MECKLENBURG, INC.		56-069343		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.				,	
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23		100	
iu	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
2				2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			<u> </u>		
3						x
4			filod?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asso			5		X
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			_		x
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	оскпо	iders, 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	-	-			
а	The governing body?			<u>8a</u>	X	<u> </u>
-	Each committee with authority to act on behalf of the governing body?			8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac					
<u></u>	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)			
					Yes	
	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 cha	apters	, affiliates,			
				10b		<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
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 in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith 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	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	izatior	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <u>NC</u>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	id 990	-T (section 501(c)(3)	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X         Own website         X         Upon request         Other (explain)	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, col			l financ	ial	
	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 boo	ks and	d records			
	MONIFA DRAYTON - (704)957-3938					
	1422 S TRYON STREET, CHARLOTTE, NC 28203					
232006	12-13-22			Form	990	(2022)

Form 990 (2022)	CHARLOTTE/MECKLENBURG, INC.	56-0693436	Page 7
Part VII Compens	sation of Officers, Directors, Trustees, Key Employee	s, Highest Compensated	
Employe	es, and Independent Contractors		
Check if Scl	hedule O contains a response or note to any line in this Part VII		

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	aad	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	organizations	rustee	l trus		ee	npen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	utiona	_	m ploy	st cor	L.			organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			g
(1) KRISTA TERRELL	40.00									
PRESIDENT (CURRENT)				х				173,646.	0.	2,406.
(2) MIKE VASAUNE	3.00									
BOARD CHAIR		х		х				0.	0.	0.
(3) TONY PEREZ	3.00									
CHAIR-ELECT		х		х				٥.	0.	0.
(4) SUSAN PATTERSON	3.00									
IMMEDIATE PAST CHAIR		Х		х				0.	0.	0.
(5) DURRAL GILBERT	3.00									
TREASURER		Х		Х				0.	0.	0.
(6) NALAN KARAKAY MULDER	3.00									
SECRETARY		Х		X				0.	0.	0.
(7) MATTIE MARSHALL	3.00									
VICE-CHAIR		Х		X				0.	0.	0.
(8) TIM MILLER	3.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(9) ASHLEY KAKAS	1.00									
MEMBER		Х						0.	0.	0.
(10) BANU VALLADERES	1.00									
MEMBER		Х						0.	0.	0.
(11) BRANDON BECK	1.00									
MEMBER		Х						0.	0.	0.
(12) DEB STEWART	1.00									
MEMBER		Х						0.	0.	0.
(13) DENYTRA LOGAN WHITNER	1.00									
MEMBER		Х						0.	0.	0.
(14) ED DRIGGS	1.00									
MEMBER		Х						0.	0.	0.
(15) GEORGE DUNLAP	1.00									
MEMBER		Х						0.	0.	0.
(16) HUY VU	1.00									
MEMBER		х						0.	0.	0.
(17) IRENE VOGELSONG	1.00									
MEMBER		Х						0.	0.	0.

232007 12-13-22

Form 990 (2022)

ARTS & SCIENCE COUNCIL

Form 990 (2022) CHARLOTTE/MEC		тыс							56-06	0212	-	Page <b>8</b>
Form 990 (2022) CHARLOTTE/MEC Part VII Section A. Officers, Directors, Trus	,			000	ч <b>Ц</b> :,	abor	.+ C	omponented Employee		9545	5	Page <b>U</b>
(A) Name and title	(B) Average hours per week (list any hours for related	(do box offic	not cl , unles cer an	( Pos heck ss pe	C) ition more rson i	1 than d is both pr/trus	one n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/	<u>(continued)</u> (E) Reportable compensatio from related organization: (W-2/1099-MIS 1099-NEC)	s	(F Estim amou oth comper from organi	ated int of ner nsation the
	organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)	1000 NEO		and re organiz	lated
(18) LESLIE JOHNSON	1.00											_
MEMBER	1 00	X						0.		0.		0.
(19) MARCIE KELSO MEMBER	1.00	x						0.		0.		0.
(20) MICHELE GLESSNER	1.00	л								<u>.</u>		
MEMBER		х						0.		٥.		0.
(21) RENEE GARNER	1.00											
MEMBER		х						0.		٥.		٥.
(22) RUSTY KNOX	1.00											
MEMBER		Х						0.		٥.		0.
(23) SAMANTHA SOSA	1.00											
MEMBER (24) TIFFANY FULLER	1.00	Х				-		0.		0.		0.
MEMBER	1.00	х						0.		0.		0.
1b Subtotal								173,646.		0.		2,406.
c Total from continuation sheets to Part VI								0.		0.		0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not including but not inclu</li></ul>								173,646.	200 of reportable			2,406.
compensation from the organization		056	IISLE	u ai	000	<i>;</i> ) vvii	010	ceived more than \$100,		,		1
compondation nom are organization											Ye	s No
3 Did the organization list any <b>former</b> officer,	director, truste	ee, k	key e	mp	loye	e, or	hig	hest compensated empl	oyee on	[		
line 1a? If "Yes," complete Schedule J for s	uch individual										3	x
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150											4 X	_
5 Did any person listed on line 1a receive or a											E	x
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fe	or su	ich į	oers	on .					5	
1 Complete this table for your five highest con	mpensated ind	epe	nder	nt co	ontra	acto	rs th	nat received more than \$	100.000 of comp	ensat	ion from	
the organization. Report compensation for t	-											
(A) Name and business	address	NO	NE					<b>(B)</b> Description of s	ervices	С	<b>(C)</b> ompensa	tion
							_					
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nitec	to to		se lis 0	ted	above) who received mo	ore than			

Form **990** (2022)

232008 12-13-22

ARTS & SCIENCE COUNCIL

Page **9** 56-0693436 CHARLOTTE/MECKLENBURG, INC.

Form	<u>1 99</u>	0 (2	2022) CHARLOTTE/MECKLENBU	NRG, INC.			56-069343	6 Page <b>9</b>
Pa	rt \	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin				
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns 1a					
, Grants mounts			Membership dues 1b					
, G		с	Fundraising events 1c					
Contributions, Gifts, and Other Similar Ar			Related organizations 1d					
s, G milå			Government grants (contributions) 1e	6,918,675.				
ion: Si			All other contributions, gifts, grants, and					
but			similar amounts not included above 1f	2,424,658.				
l Of		g	Noncash contributions included in lines 1a-1f					
Col		h	Total. Add lines 1a-1f		9,343,333.			
				Business Code				
ė	2	а						
Program Service Revenue		b						
Se		с						
am		d						
ogr B		е						
Pr		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere-	est, and				
			other similar amounts)		4,152.			4,152.
	4		Income from investment of tax-exempt bond p	proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a 374,414.					
			Less: rental expenses 6b 0.					
			Rental income or (loss) 6c 374,414.					
			Net rental income or (loss)		374,414.	374,414.		
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
•		b	Less: cost or other basis					
evenue			and sales expenses					
eve			Gain or (loss)					
r B	_		Net gain or (loss)					
Other R	8	а	Gross income from fundraising events (not including \$ of					
0			including \$ of contributions reported on line 1c). See					
			. ,					
		h	Part IV, line 18 8a Less: direct expenses 8b					
			Net income or (loss) from fundraising events	· I				
	9		Gross income from gaming activities. See					
	J	-	Part IV, line 19	.				
		b	Less: direct expenses 9b					
	10		Gross sales of inventory, less returns					
			and allowances 10	a				
		b	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory					
				Business Code				
Miscellaneous Revenue	11	а						
ane		b						
sells eve		с						
Alisc B.		d	All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		9,721,899.	374,414.	0.	4,152.
23200	9 12	-13-	22					Form <b>990</b> (2022)

#### CHARLOTTE/MECKLENBURG, INC. Functional Expenses

`~~'	rt IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must comple		r organizations must sam	ploto column (A)	
eci	Check if Schedule O contains a respons		0	ιριετε column (A).	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ľ		•
	and domestic governments. See Part IV, line 21	4,393,440.	4,393,440.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,050,054.	2,050,054.		
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				
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	873,019.	489,260.	142,361.	241,398
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	290,874.	160,375.	97,736.	32,763
9	Other employee benefits	190,959.	105,286.	64,164.	21,509
0	Payroll taxes	76,548.	42,206.	25,720.	8,622
1	Fees for services (nonemployees):				
a	Management				
b	· · · [				
	Accounting	131,812.	67,369.	20,879.	43,564
d		, .	, .	,	/
e					
f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch O.)	35,677.	35,677.		
12	Advertising and promotion	125,907.	99,854.	1,015.	25,038
13	Office expenses	11,442.	7,208.	1,372.	2,862
14	Information technology	175,372.	94,600.	12,117.	, 68,655
15	Royalties				
16		455,265.	259,093.	76,999.	119,173
17	Occupancy Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	42,321.	8,627.	7,993.	25,701
20	т Г	93,986.	51,475.	19,012.	, 23, 499
21	Payments to affiliates	, , , , , , , , , , , , , , , , , , , ,			
22	Depreciation, depletion, and amortization	163,987.	97,884.	21,417.	44,686
3	·	11,723.	6,997.	1,531.	3,195
.3 24	Other expenses. Itemize expenses not covered	, · •	- , •	_,	-,
4	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 0.)	99,831.	99,831.	0.	0
а ⊾	PROCESSING FEES	77,583.	71,571.	3,140.	2,872
b	MISCELLANEOUS	28,876.	11,511.	5,140.	2,872
с с	PROFESSIONAL DEVELOPMEN	7,648.	1,400.	2,924.	3,324
d			1,400.		
e 		6,727.	-	4,501.	2,039
<u>25</u>	Total functional expenses. Add lines 1 through 24e	9,343,051.	8,142,394.	502,881.	697,776
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)				Form <b>990</b> (202

232010 12-13-22

Form 990 (2022)

ARTS & SCIENCE COUNCIL

Form 99		2022) CHARLOTTE/MECKLENBUR	G, INC.			56-	0693436 Page <b>1</b>
Part	^	Check if Schedule O contains a response or not	to any	line in this Part Y			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			208.	1	341
	2	Savings and temporary cash investments			5,146,362.	2	6,088,778
	3	Pledges and grants receivable, net			1,600,588.	3	847,877
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	tantial co	ntributor, or 35%			
		controlled entity or family member of any of the	se persor	IS		5	
	6	Loans and other receivables from other disquali	fied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	d in sectio	on 4958(c)(3)(B)		6	
ις.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				65,717.	9	31,537
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,606,665.			
	b	Less: accumulated depreciation	10b	589,259.	1,181,393.	10c	1,017,406
1	11	Investments - publicly traded securities				11	
1	12	Investments - other securities. See Part IV, line			29,073,419.	12	30,341,370
1	13	Investments - program-related. See Part IV, line	11			13	
1	14	Intangible assets			14		
1	15	Other assets. See Part IV, line 11			0.	15	1,808,962
1	16	Total assets. Add lines 1 through 15 (must equ	al line 33	)	37,067,687.	16	40,136,271
1	17	Accounts payable and accrued expenses		L	893,909.	17	282,827
1	18	Grants payable	L		18		
1	19	Deferred revenue		L	2,922,664.	19	3,285,581
2	20	Tax-exempt bond liabilities		L		20	
2	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
စ္မွ 2	22	Loans and other payables to any current or form	ner office	r, director,			
Ě		trustee, key employee, creator or founder, subs	tantial co	ntributor, or 35%			
Liabilities		controlled entity or family member of any of the	se persor	ns		22	
<b>-</b>   2	23	Secured mortgages and notes payable to unrela		Г		23	
	24	Unsecured notes and loans payable to unrelated		Г		24	2,330,133
2	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	s 17-24). (	Complete Part X	2 4 9 4 9 2 2		
		of Schedule D			3,491,423.	25	2,000,000
2	26	Total liabilities. Add lines 17 through 25			7,307,996.	26	7,898,541
ي ب		Organizations that follow FASB ASC 958, che	eck here	X			
e l		and complete lines 27, 28, 32, and 33.			-693,030.	07	1,116,331
	27			······	30,452,721.	27 28	31,121,399
8   2 7   2	28	Net assets with donor restrictions			50,452,721.	28	51,121,555
E		Organizations that do not follow FASB ASC 9 and complete lines 29 through 33.	56, chec				
۶,	00					29	
sts	29	Capital stock or trust principal, or current funds				29 30	
Ass.	30 31	Paid-in or capital surplus, or land, building, or ec		Г		30 31	
÷	32	Retained earnings, endowment, accumulated in Total net assets or fund balances			29,759,691.	32	32,237,730
	52 33				37,067,687.	32	40,136,271
3	50	Total liabilities and net assets/fund balances			.,,,	33	Form <b>990</b> (202

Form 990 (2022)

232011 12-13-22

ISIgn	Envelope ID: 1B/CDE3C-537E-4576-A9D8-39027583064D				
	ARTS & SCIENCE COUNCIL				
Form	1990 (2022) CHARLOTTE/MECKLENBURG, INC.	56-0693	136	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,721,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	,343,	051.
3	Revenue less expenses. Subtract line 2 from line 1	3		378,	848.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29	,759,	691.
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	2	,099,	191.
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	,237,	730.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	<b>3</b>		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		_		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

232012 12-13-22

(Form §	<b>DULE A</b> 990)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.							OMB No. 1545-0047
	venue Service			Form990 for instruction			ormation.		Inspection
Name o	f the organizati		SCIENCE COUNCI					Employer	identification number
		CHARLO	TTE/MECKLENBURG	, INC.					56-0693436
Part I	Reason	for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	IS.	
The orga				For lines 1 through 12, cl					
1 🗂	7	•	•	on of churches described		,	I)(A)(i).		
2	A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	990).)				
3	7			anization described in se		(b)(1)(A)(ii	i).		
4	A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
	city, and state	e:							
5	] An organizati	on operated fo	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
	section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6	] A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7 X	] An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in
	section 170(	b)(1)(A)(vi). (C	omplete Part II.)						
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II.)				
9	An agricultura	al research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
	or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
	_ university:								
10	An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities rela	ted to its exem	npt functions, subjec	t to certain exceptions; a	nd (2) no	more than	33 1/3% of it	s support f	rom gross investment
				(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	after June 30, 1975.
	7		mplete Part III.)						
11	-	-	-	ively to test for public saf	•				
12	-	-	-	ively for the benefit of, to	-			•	
			-	d in section 509(a)(1) o					Check the box on
Г		•	• ·	f supporting organization				-	
a			-	upervised, or controlled I	•	-			
		-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
<b>b</b> [			complete Part IV, Se		ion with it	- our nort o	d organizatio	n(a) hy hay	vin a
b L				l or controlled in connect					
		-	t complete Part IV,	anization vested in the sa	ime perso	ns that co	ntroi or mana	ge the supp	Joned
сГ	~	. ,	•	g organization operated i	n connoct	ion with	and functional	ly intograte	od with
ιL				). You must complete F				iy integrate	a with,
d [		•	.,.	orting organization operation			-	ted organia	zation(s)
u		-	•	ation generally must sati				0	
				nplete Part IV, Sections					
еГ				written determination from				II. Type III	
		•		nally integrated supportir			· )  ·, · )	···, · <b>,  </b> ···	
f Er	ter the number			, , , , , , , , , , , , , , , , , , , ,					
			about the supporte						
	(i) Name of supp	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	-	(vi) Amount of other
	organization			above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
<b>T</b>									<u> </u>
Total									

Ū		RTS & SCIENCE					
		HARLOTTE/MECKL				56-06934	i ugo 🗖
Pa	ITT II Support Schedule for	-		-			-
	(Complete only if you checke			-	failed to qualify u	nder Part III. If the	organization
_	fails to qualify under the tests	isted below, pleas	se complete Part II	1.)			
Se	ction A. Public Support	<b>.</b>					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	13,800,154.	11,826,758.	11,546,800.	8,081,427.	9,343,333.	54,598,472.
2	Tax revenues levied for the organ-						
	ization'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	13,800,154.	11,826,758.	11,546,800.	8,081,427.	9,343,333.	54,598,472.
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)						
	Public support. Subtract line 5 from line 4.						54,598,472.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
7	Amounts from line 4	13,800,154.	11,826,758.	11,546,800.	8,081,427.	9,343,333.	54,598,472.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$		4,092.		704.	4,152.	8,948.
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						54,665,047.
	Gross receipts from related activities,	-				12	640,492.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax ye	ear as a section 5	01(c)(3)	
_	organization, check this box and stop						
_	ction C. Computation of Publi		-				
14	Public support percentage for 2022 (I					14	99.88 9
15	Public support percentage from 2021					15	99.90 %
16a	<b>33 1/3% support test - 2022.</b> If the o				4 is 33 1/3% or m	ore, check this bo>	
	stop here. The organization qualifies		-				
k	<b>33 1/3% support test - 2021.</b> If the o				line 15 is 33 1/3%	or more, check thi	s box
	and <b>stop here.</b> The organization qual		••••••				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-					
k	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circl	umstances test. Th	e organization qua	lifies as a publicly s	supported organiz	ation	

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 ....

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

ARTS & SCIENCE COUNCIL CHARLOTTE/MECKLENBURG,

56-0693436 Page **3** 

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.)

INC.

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e	2022	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
b	3 received from disqualified persons 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								
	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support		1		1				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e	2022	(f) Total	
	Amounts from line 6 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								
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	organizatic	n,	
_	check this box and stop here						<u></u>		
Sec	ction C. Computation of Publi	c Support Pe	rcentage						
	Public support percentage for 2022 (I		•	column (f))		15			%
	Public support percentage from 2021					16			%
	tion D. Computation of Inves								
	Investment income percentage for 20					17			<u>%</u>
	Investment income percentage from						and Provide	7 :	%
19a	<b>33 1/3% support tests - 2022.</b> If the						and line 17	r is not	$\neg$
۲.	more than 33 1/3%, check this box ar	-	-			-	22 1/20/ -	L	
D	<b>33 1/3% support tests - 2021.</b> If the line 18 is not more than 33 1/3%, che								
20	Private foundation. If the organization							L	$\exists$
	3 12-09-22	an did not oneon a	. 50X OF INC 14, 13					. (Form 990) 20	<u></u> )22
						•			

15320509 131839 A174131

#### 2022.05090 ARTS & SCIENCE COUNCIL CH A1741311

CHARLOTTE/MECKLENBURG, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Yes No

# Schedule A (Form 990) 2022 CHARL Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

232024 12-09-22

# 2022.05090 ARTS & SCIENCE COUNCIL CH A1741311

ARTS & SCIENCE COUNCIL

Sche	dule A (Form 990) 2022 CHARLOTTE / MECKLENBURG, INC.	56-0693436	Pa	ige <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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 or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off	icers,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ortod		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	ructions).		
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ty (see instructior	· ·	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

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.

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 Schedule A (Form 990) 2022

2b

3a

ARTS & SCIENCE COUNCIL

HARLOTTE/MECKLENBURG INC

Sche	dule A (Form 990) 2022 CHARLOTTE / MECKLENBURG, INC.			56-0693436	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 ( explain ir	Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations must				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
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			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
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			
Sect	ion C - Distributable Amount			Current Y	ear
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	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting or	anization (see	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

	AKIS & SCIENCE COON	CID			
	dule A (Form 990) 2022 CHARLOTTE / MECKLENBU				56-0693436 Page <b>7</b>
Par	, , ,	(a)(3) Supporting Orga	nizations (continu	<u>led)</u>	
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity	a of our ported are orizotions		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u>.</u>	4	
4	Amounts paid to acquire exempt-use assets			4	
<u>5</u> 6	Qualified set-aside amounts (prior IRS approval required - pr Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.	ovide details in Part VI)		6	
				7	
 	Total annual distributions. Add lines 1 through 6.	a organization is responsive			
8	Distributions to attentive supported organizations to which the (provide details in <b>Part VI</b> ). See instructions.	le organization is responsive		8	
9	Distributable amount for 2022 from Section C, line 6			9	
 10	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
		1			

Schedule A (Form 990) 2022

	ARTS & SCIENCE COUNCIL		
Schedule A (Form 990) 2022	CHARLOTTE/MECKLENBURG, INC.	56-0693436 Pa	age <b>8</b>
Part VI Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	<b>mation.</b> Provide the explanations required by Par 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 1 lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a 8; and Part V, Section E, lines 2, 5, and 6. Also com	t II, line 10; Part II, line 17a or 17b; Part III, line 12; 1c; Part IV, Section B, lines 1 and 2; Part IV, Section C, , and 3b; Part V, line 1; Part V, Section B, line 1e; Part V.	
SCHEDULE A, PART II, LINE 10	, EXPLANATION FOR OTHER INCOME:		
MISCELLANEOUS			
2020 AMOUNT: \$ 57,627.			

Schedule A (Form 990) 2022

232028 12-09-22

2022.05090 ARTS & SCIENCE COUNCIL CH A1741311

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

Name of the organization		
ARTS & SCIENCE COUNCIL		
CHARLOTTE/MECKLENBURG, INC.	56-0693436	
Organization type (check one):		

Section:
X 501(c)( <sup>3</sup> ) (enter number) organization
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

#### **General Rule**

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

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set

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

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

	B (Form 990) (2022)		Page
			Employer identification number
	CIENCE COUNCIL PE/MECKLENBURG, INC.		56-0693436
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 contribution	(d) Is Type of contribution
1		\$434,	268.       Person       X         268.       Noncash       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$2,446,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
3		\$940,	213.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
4		\$3,460,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
5		\$750,	000.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

15320509 131839 A174131

ame of or	3 (Form 990) (2022) ganization		Pa Employer identification numb
	CIENCE COUNCIL E/MECKLENBURG, INC.		56-0693436
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	i.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	

Schedule B (Form 990) (2022)

Schedule B	(Form 990) (2022)		Page		
Name of org	ganization		Employer identification number		
ARTS & SC	CIENCE COUNCIL				
	MECKLENBURG, INC.		56-0693436		
Part III	from any one contributor. Complete columns (a)	through (e) and the following line er	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year http:. For organizations r 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 g			
	Transferee's name, address, a		Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of g			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(e) Transfer of g	ift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of g			
┝	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		

Schedule B (Form 990) (2022)

# 2022.05090 ARTS & SCIENCE COUNCIL CH A1741311

(Form 990) Complete if the or		Supplementa	OMB No. 1545-0047		
		Complete if the organ	nization answered "Yes" on Form 990,		2022
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.	Open to Public	
	I Revenue Service	Go to www.irs.gov/Form990	0 for instructions and the latest information	on.	Inspection
Nam	e of the organization			Employe	r identification number
Do	t I Organizati	CHARLOTTE/MECKLENBURG, INC.	d Funds or Other Similar Funds o	r A agounto	56-0693436
Fa	_	answered "Yes" on Form 990, Part IV, line		r Accounts.	Complete if the
	organization		(a) Donor advised funds	(b) Funds a	nd other accounts
1	Total number at end	of year			
2		ontributions to (during year)			
3		rants from (during year)			
4		nd of year			
5			writing that the assets held in donor advised	funds	
	are the organization's	s property, subject to the organization's o	exclusive legal control?		Yes No
6	Did the organization	inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	ed only	
	for charitable purpos	es and not for the benefit of the donor of	r donor advisor, or for any other purpose co	nferring	
Do	impermissible private				Yes No
			ganization answered "Yes" on Form 990, Pa	rt IV, line 7.	
1		vation easements held by the organization	11 57	historically imp	when the second
	Protection of n	f land for public use (for example, recreation of the sector of the sect	tion or education) Preservation of a		
	Preservation of			Certified Historic	Siluciule
2			ied conservation contribution in the form of	a conservation e	easement on the last
_	day of the tax year.				at the End of the Tax Year
а	Total number of cons	servation easements		2a	
b					
с	Number of conservat	tion easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservat	tion easements included in (c) acquired a	fter July 25,2006, and not on a		
3	Number of conservat	tion easements modified, transferred, rele	eased, extinguished, or terminated by the or	rganization durir	ig the tax
	year				
4		ere property subject to conservation eas			
5	•		iodic monitoring, inspection, handling of		Yes No
6		cement of the conservation easements it	holds? handling of violations, and enforcing conser		
Ŭ					to during the year
7	Amount of expenses	<ul> <li>incurred in monitoring, inspecting, hand</li> </ul>	ling of violations, and enforcing conservatio	n easements du	ring the year
					0 )
8	Does each conservat	 tion easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(	4)(B)(i)	
	and section 170(h)(4)	(B)(ii)?			Yes No
9	In Part XIII, describe	how the organization reports conservation	on easements in its revenue and expense st	atement and	
			ote to the organization's financial statement	ts that describes	s the
Da	organization's account organizati	nting for conservation easements.	Art, Historical Treasures, or Othe	or Similar As	cote
Га		e organization answered "Yes" on Form		er Sinniar As	5015.
10			8, not to report in its revenue statement and	l balanca abaat y	worko
Ia	-		blic exhibition, education, or research in furth		
		· ·	icial statements that describes these items.		5
b			8, to report in its revenue statement and bal	ance sheet work	ks of
	-		exhibition, education, or research in further		
		amounts relating to these items:			
	(i) Revenue include	d on Form 990, Part VIII, line 1		\$	
	(ii) Assets included i				
2			asures, or other similar assets for financial g	ain, provide	
	-	ts required to be reported under FASB A	-	-	
a ⊾	· · · · · · · · · · · · · · · · · · ·				
		orm 990, Part X uction Act Notice, see the Instructions			edule D (Form 990) 2022
	1 09-01-22		, is, i offi 350.	3010	Saule D (1º01111 990) 2022

	ARTS & SCIF	ENCE COUNCIL						
Sche	dule D (Form 990) 2022 CHARLOTTE/M	MECKLENBURG, IN	Ξ.		56-06	93436	P	Page 2
	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	r Similar Asse	ts <sub>(contin</sub>		
3								
Ū	collection items (check all that apply):							
а	Public exhibition			hange program				
b	Scholarly research	e		hange program				
	Preservation for future generations	e						
C A		llastions and synlai	a bayy thay further th	a arganization'a ava	mat aurages in De	+ VIII		
4	Provide a description of the organization's co	-	-	-		ι ΛΠ.		
5	During the year, did the organization solicit of							<b>¬</b>
Da	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arrand		<u>u</u>			Yes		No
Fai			ete if the organizatio	n answered "Yes" of	h Form 990, Part IV	, line 9, or		
	reported an amount on Form 990, Par							
<b>1</b> a	Is the organization an agent, trustee, custodia					<b>—</b>	_	٦
	on Form 990, Part X?				L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	lowing table:		· · · · · ·			
						Amount	t	
С	Beginning balance				<b>1</b> c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				<b>1</b> f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	istodial account liab	ility?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.							
Par	rt V Endowment Funds. Complete i	if the organization ar	swered "Yes" on Fo	rm 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	26,573,419.	30,731,842.	24,774,590.	30,630,570	. 32,	466	,657.
	Contributions		500,000.	250,000.				
	Net investment earnings, gains, and losses	1,977,136.	-3,347,406.	7,434,962.	691,797		-385	,731.
	Grants or scholarships	144,000.	1,259,643.	1,656,646.	3,224,818	. 1,	450	,356.
	Other expenditures for facilities							
•	and programs				3,250,000			
f	Administrative expenses	65,185.	51,374.	71,064.	72,959			
		28,341,370.	26,573,419.	-	24,774,590	_	630	,570.
2	Provide the estimated percentage of the curr	, ,				,	/	
	Board designated or quasi-endowment	cht year che balarie	%					
h	Permanent endowment 100	%						
0		%						
C		•						
0-	The percentages on lines 2a, 2b, and 2c shou				h -			
38	Are there endowment funds not in the posses	ssion of the organiza	ation that are neid ar	ia administered for t	ne	ſ	Yes	No
	organization by:						165	X
	(i) Unrelated organizations							
	(ii) Related organizations					3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza					<b>3b</b>		
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	rt VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990			, line 10.			
	Description of property	(a) Cost or c			Accumulated	<b>(d)</b> Bool	k valu	ıe
		basis (investr	nent) basis	(other) de	epreciation			
1a	Land							
	Buildings							
	Leasehold improvements		1	,564,480.	563,880.	1,	000	,600.
	Equipment			42,185.	25,379.		16,	,806.
	Other							
Tota	I. Add lines 1a through 1e. (Column (d) must e		X column (B) line 1	)c)		1,	017	,406.

Schedule D (Form 990) 2022

232052 09-01-22

Schedule D (Form 990) 2022 CHARLOTTE/MECKLEN	BURG, INC.	5	6-0693436 F	⊃ <sub>age</sub> 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. 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 en	d-of-year market valı	Je
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other	00 241 250			
(A) FFTC BENEFICIAL INTEREST INVESTMENTS	28,341,370.	END-OF-YEAR MARKET VALUE		
(B) BENEFICIAL INTEREST NOTES RECEIVABLE	2,000,000.	END-OF-YEAR MARKET VALUE		
(C)				
(D)				
(E) (F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	30,341,370.			
Part VIII Investments - Program Related.	· · · ·			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market valı	le
(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" of	n Form 990 Part IV line 1	1d See Form 990 Part X line 15		
-	Description		(b) Book value	e
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		<u> </u>	
Part X Other Liabilities.			_	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	1	
1.         (a) Description of liability			(b) Book value	e
(1) Federal income taxes				000
(2) DUE TO ENDOWMENT			2,000	,000.
(3)			<u></u>	
<u>(4)</u>			1	
(5) (6)				
(7)				
(8)			+	
(9)			1	
Total. (Column (b) must equal Form 990. Part X, col. (B) line	25.)		2,000	,000.
2. Liability for uncertain tax positions. In Part XIII, provide	,			
		and organization o manoral statements t		

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 ... X

Schedule D (Form 990) 2022

232053 09-01-22

DocuSign Envelope ID: 1B7CDE3C-537E-4576-A9D8-39027583064D

		ARTS & SCIENCE COUNCIL				
Sche	edule D (Form 990) 2022	CHARLOTTE/MECKLENBURG, INC.			56-069	93436 Page <b>4</b>
		f Revenue per Audited Financial	Statements With Re	venue per Ret	urn.	r ugo
		ization answered "Yes" on Form 990, Part		•		
1		er support per audited financial statements			1	10,174,573.
2	Amounts included on line 1 k	but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses)	on investments	2a			
b		facilities				
с		ts				
d				831,240.		
е	Add lines <b>2a</b> through <b>2d</b>				2e	831,240.
3	Subtract line 2e from line 1				3	9,343,333.
4		90, Part VIII, line 12, but not on line 1:				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		4b	378,566.		
с	Add lines 4a and 4b				4c	378,566.
5	Total revenue. Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, line	e <u>12.)</u>		5	9,721,899.
Pa	rt XII Reconciliation o	f Expenses per Audited Financia	Statements With Ex	kpenses per R	eturn.	
	Complete if the organ	ization answered "Yes" on Form 990, Part	IV, line 12a.			
1	Total expenses and losses pe	er audited financial statements			1	9,343,051.
2	Amounts included on line 1 k	out not on Form 990, Part IX, line 25:				
а	Donated services and use of	facilities	2a			
b	Prior year adjustments		2b			
с	Other losses		2c			
d	Other (Describe in Part XIII.)		2d			
е	Add lines 2a through 2d				2e	0.
3	Subtract line 2e from line 1				3	9,343,051.
4		90, Part IX, line 25, but not on line 1:				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		4b			
с	Add lines 4a and 4b				4c	0.
5	Total expenses. Add lines 3	and <b>4c.</b> (This must equal Form 990, Part I, li	ine 18.)		5	9,343,051.
Pa	rt XIII Supplemental In	formation.				

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 21 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY

OF PURPOSES.

PART X, LINE 2:

ASC IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). IN ACCORDANCE WITH IRC

REGULATIONS, ASC IS TAXED ON UNRELATED BUSINESS INCOME, WHICH CONSISTS OF

EARNINGS FROM ACTIVITIES NOT RELATED TO THE EXEMPT PURPOSE OF ASC. ASC

ACCOUNTS FOR TAX UNCERTAINTIES BASED ON A MORE LIKELY THAN NOT RECOGNITION

THRESHOLD WHEREBY TAX BENEFITS ARE ONLY RECOGNIZED WHEN ASC BELIEVES THAT

THEY HAVE A GREATER THAN 50% LIKELIHOOD OF BEING SUSTAINED UPON

232054 09-01-22

DocuSign Envelope ID: 1B7CDE3C-537E-4576-A9D8-39027583064	DocuSian Envelop	be ID: 1B7CDI	E3C-537E-4576	3-A9D8-39027	7583064E
---	------------------	---------------	---------------	--------------	----------

	ARTS & SCIENCE COUNCIL			
Schedule D (Form 990) 2022	CHARLOTTE/MECKLENBURG,	INC.	56-0693436	Page 5
Part XIII Supplemental Info	ormation (continued)			
EXAMINATION BY TAXING AUTHO	סדיידדיפ			
	A111E5			
PART XI, LINE 2D - OTHER AD	JUSTMENTS:			
ALLOCATION OF ALLOWABLE END	OWMENT BEFORE SPENDING	831,240.		
PART XI, LINE 4B - OTHER AD	TUSTMENTS:			
RENTAL INCOME		374,414.		
INVESTMENT INCOME		4,152.		
TOTAL TO SCHEDULE D, PART X	I, LINE 4B	378,566.		

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	irants and Oth vernments, ar ete if the organizatio Go to www.ir:	nd Individual	s in the Ŭni <sup>:</sup> on Form 990, Par 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047  2022 Open to Public Inspection
Name of the organization ARTS & SCIEN	CE COUNCIL		3.901/1 0111330 101	the latest morna			Employer identification numb
0	CKLENBURG, INC.						56-0693436
Part I General Information on Grants	and Assistance						
Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's p Part II Grants and Other Assistance to recipient that received more than	sistance? rocedures for monit o Domestic Organiz	oring the use of grant cations and Domestic	funds in the United c Governments. C	States. Somplete if the orga			Yes 🔀 I
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN CAPOEIRA FOUNDATION 2422 MADELINE MEADOW DRIVE2 CHARLOTTE, NC 28217	47-1250928	501(C)3	10,000.	0.			CULTURAL VISION GRANT ACTIVE GRANT
ARTPOP STREET GALLERY .13 FREELAND LANEØ CHARLOTTE, NC 28217	47-3269773	501(C)3	13,500.	0.			CULTURAL VISION GRANT ACTIVE GRANT
BARRE BELLE 5643 TIPPERLINN WAY CHARLOTTE, NC 28278 BLACK GIRLS FILM CAMP	83-3468094	501(C)3	20,000.	0.			CULTURAL VISION GRANT ACTIVE GRANT
9540 TORINGDON WAY SUITE 200-130 - CHARLOTTE, NC 28277	87-2502815	501(C)3	10,000.	0.			CULTURAL VISION GRANT ACTIVE GRANT
BLUMENTHAL PERFORMING ARTS .30 N. TRYON STØ CHARLOTTE, NC 28202	58-1791724	501(C)3	10,000.	0.			CULTURAL VISION GRANT ACTIVE GRANT
NS PRODUCTIONS 611 BROOKDALE DR. .00-161 - CHARLOTTE, NC 28215 2 Enter total number of section 501(c)(3)	81-0705805	501(C)3	10,000.	0.			CULTURAL VISION GRANT ACTIVE GRANT

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.

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRAVEWORKS							
1717 CLEVELAND AVE							CULTURAL VISION GRANT
CHARLOTTE, NC 28203	32-0423402	501(C)3	15,000.	0.			ACTIVE GRANT
CARITAS A CAPPELLA ENSEMBLE							
4101 MEADOWRIDGE DRIVE							CULTURAL VISION GRANT
CHARLOTTE, NC 28202	82-0652632	501(C)3	10,000.	0.			ACTIVE GRANT
CHAMBER MUSIC FOR ALL							
1230 LYNBROOK DRIVE							CULTURAL VISION GRANT
CHARLOTTE, NC 28209	81-1892465	501(C)3	9,000.	0.			ACTIVE GRANT
			,	••			
CHARLOTTE BALLET							
701 N.TRYON STREET							CULTURAL VISION GRANT
CHARLOTTE, NC 28202	58-1314711	501(C)3	10,000.	0.			ACTIVE GRANT
CHARLOTTE DRAGON BOAT ASSOCIATION							
4700 CARSONS POND $RD$							CULTURAL VISION GRANT
CHARLOTTE, NC 28226	27-0270077	501(C)3	15,000.	0.			ACTIVE GRANT
CHARLOTTE PRIDE BAND							
PO BOX 115660							CULTURAL VISION GRANT
CHARLOTTE, NC 28220	35-2380910	501(C)3	20,000.	0.			ACTIVE GRANT
,,				-•			
CHARLOTTE PRIDE, INC.							
1900 THE PLAZA							CULTURAL VISION GRANT
CHARLOTTE, NC 28205	56-2225983	501(C)3	20,000.	0.			ACTIVE GRANT
CHARLOTTE STRINGS COLLECTIVE							
9201 UNIVERSITY CITY BLVD0							CULTURAL VISION GRANT
CHARLOTTE, NC 28223	56-0791228	501(C)3	10,000.	0.			ACTIVE GRANT
CHARLOTTE SYMPHONY ORCHESTRA							
SOCIETY, INC 128 S. TRYON ST							
STE 350							CULTURAL VISION GRANT
<ul> <li>CHARLOTTE, NC 28202</li> </ul>	56-6011568	501(C)3	10,000.	Ο.			ACTIVE GRANT

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

56-0693436

Page 1

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CINEODYSSEY FILM FESTIVAL							
4022 CANTERBROOK DRØ							CULTURAL VISION GRANT
CHARLOTTE, NC 28269	46-4906906	501(C)3	7,000.	0.			ACTIVE GRANT
DANCE ARTIST ALLIANCE CLT							
10515 HAWICK COURTØ							CULTURAL VISION GRANT
CHARLOTTE, NC 28278	26-1781095	501(C)3	9,000.	0.			ACTIVE GRANT
DIGI-BRIDGE							
1026 JAY STREET SUITE B-1280							CULTURAL VISION GRANT
CHARLOTTE, NC 28208	46-4859045	501(C)3	15,000.	0.			ACTIVE GRANT
				••			
FRIENDSHIP CIRCLE							
6619 SARDIS ROADØ							CULTURAL VISION GRANT
CHARLOTTE, NC 28270	86-2748481	501(C)3	15,000.	0.			ACTIVE GRANT
HISPANIC FEDERATION - NORTH							
CAROLINA - 55 EXCHANGE PLACE,							
SUITE 501							CULTURAL VISION GRANT
- NEW YORK, NY 10005	13-3573852	501(C)3	20,000.	0.			ACTIVE GRANT
HOLIDAY WISH FOUNDATION							
6800 RAMBLING ROSE DRIVE							CULTURAL VISION GRANT
CHARLOTTE, NC 28212	85-0092356	501(C)3	20,000.	0.			ACTIVE GRANT
	05 0052550	501(0/5	20,000.	0.			
HOPE FOR HARVEST YOUTH CENTER							
1800 BREWTON DR. $\emptyset$							CULTURAL VISION GRANT
CHARLOTTE, NC 28206	82-0832111	501(C)3	20,000.	0.			ACTIVE GRANT
HUNTERSVILLE PUBLIC ART COMMISSION			, ,				
105 GILEAD RD							
PO BOX 2879							CULTURAL VISION GRANT
- HUNTERSVILLE, NC 28078	56-6001252		8,500.	0.			ACTIVE GRANT
INDIA ASSOCIATION OF CHARLOTTE							
3212 DEVON CROFT LN.Ø		501(3)2	15 000	2			CULTURAL VISION GRANT
CHARLOTTE, NC 28202	56-1907586	501(C)3	15,000.	0.			ACTIVE GRANT

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIA ASSOCIATION OF CHARLOTTE							
3212 DEVON CROFT LN.Ø CHARLOTTE, NC 28202	56-1907586	501(C)3	10,000.	0.			CULTURAL VISION GRANT ACTIVE GRANT
JAZZARTS CHARLOTTE			,				
VAPA CENTER							
700 N. TRYON ST.				_			CULTURAL VISION GRANT
- CHARLOTTE, NC 28202	27-1728470	501(C)3	14,000.	0.			ACTIVE GRANT
KINSHIP PLOT							
2435 ROZZELLES FERRY RDØ							CULTURAL VISION GRANT
CHARLOTTE, NC 28208	86-3745086	501(C)3	5,700.	0.			ACTIVE GRANT
LORIEN ACADEMY OF THE ARTS 2461 ARTY AVE							CULTURAL VISION GRANT
CHARLOTTE, NC 28208	82-2409144	501(C)3	20,000.	0.			ACTIVE GRANT
		501(0)0	20,000.	<b>``</b>			
MARTHA CONNERTON/KINETIC WORKS,							
INC. – 1609 NASSAU BLVD							CULTURAL VISION GRANT
- CHARLOTTE, NC 28205	56-2266383	501(C)3	15,000.	0.			ACTIVE GRANT
MARTHA CONNERTON/KINETIC WORKS,							
INC 1609 NASSAU BLVD							CULTURAL VISION GRANT
- CHARLOTTE, NC 28205	56-2266383	501(C)3	7,400.	0.			ACTIVE GRANT
,							
MATTHEWS PLAYHOUSE OF THE							
PERFORMING ARTS - 100 E MCDOWELL							CULTURAL VISION GRANT
ST MATTHEWS, NC 28105	56-1937368	501(C)3	20,000.	0.			ACTIVE GRANT
MINT MUSEUM OF ART, INC.							
2730 RANDOLPH ROAD							CULTURAL VISION GRANT
CHARLOTTE, NC 28205	56-0670666	501(C)3	20,000.	0.			ACTIVE GRANT
MOVING POETS CHARLOTTE INC							
2107 MANDARIN BLVDØ	46 1514166	F01(a)2		_			CULTURAL VISION GRANT
CHARLOTTE, NC 28205	46-1514126	DUT(C)3	20,000.	0.			ACTIVE GRANT

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

PO BOX 73120         46-4695665         501(C)3         15,000.         0.         ACTIVE GE           NORTH MECKLENBURG COMMUNITY CHORDS, INC PO BOX 1234         -         27-1469178         501(C)3         12,000.         0.         ACTIVE GE           OUR DAILY BREAD FOUNDATION 501 N. TRYON ST,0         27-1469178         501(C)3         12,000.         0.         ACTIVE GE           OUR DAILY BREAD FOUNDATION 501 N. TRYON ST,0         83-1487766         501(C)3         10,000.         0.         ACTIVE GE           OURBRIDGE 3925 WILLARD PARROW DR.0         83-1487766         501(C)3         10,000.         0.         ACTIVE GE           CULTURAL VI CHARLOTE, NC 28215         46-3784901         501(C)3         17,000.         0.         ACTIVE GE           2205 EAST 5TH STREET00         CULTURAL VI CHARLOTE, NC 28215         46-1763945         501(C)3         10,000.         0.         ACTIVE GE           S48 MARKET ST FROJECT SCIENTIST         501(C)3         10,000.         0.         ACTIVE GE         CULTURAL VI ACTIVE GE           CULTURAL VI CHARLOTE, NC 28215         46-1763945         501(C)3         10,000.         0.         ACTIVE GE           2010 PARKWAY AVE0         CULTURAL VI CULTURAL VI CULTURA	oose of grant ssistance
PO BOX 7310 DAVIDSON, NC 28036         46-4695666         501(C)3         15,000.         0.         ACTIVE GE           NORTH MECKLENBURG COMMUNITY CHORDS, INC PO BOX 1234         -         -         CULTURAL VI CULTURAL VI CULTURAL VI CULTURAL VI ACTIVE GE         -         CULTURAL VI CULTURAL VI ACTIVE GE           OUR DAILY BREAD FOUNDATION 501 N. TRYON ST.Ø         27-1469178         501(C)3         12,000.         0.         ACTIVE GE           OUR DAILY BREAD FOUNDATION 501 N. TRYON ST.Ø         83-1487766         501(C)3         10,000.         0.         ACTIVE GE           OURBRIDGE 3925 WILLARD FARROW DR.Ø         83-1487766         501(C)3         10,000.         0.         ACTIVE GE           CULTURAL VI CHARLOTE, NC 28215         46-3784901         501(C)3         17,000.         0.         ACTIVE GE           PLAYING FOR OTHERS 2205 EAST 5TH STREETØ         CULTURAL VI CHARLOTE, NC 28215         46-1763945         501(C)3         10,000.         0.         ACTIVE GE           FROJECT SCIENTIST 548 MARKET ST PHB 33994         CULTURAL VI CULTURAL VI - CHARLOTE, NC 28215         46-1763945         501(C)3         15,000.         0.         ACTIVE GE           2910 PARKWAY AVEØ         CULTURAL VI         CULTURAL VI         CULTURAL VI         CULTURAL VI	
NORTH MECKLENBURG COMMUNITY CHORUS, INC PO BOX 1234         CULTURAL VI CULTURAL VI ACTIVE GE           - CORNELIUS, NC 28031         27-1469178 501(C)3         12,000.         0.         ACTIVE GE           OUR DAILY BREAD FOUNDATION 501 N. TRYON ST.Ø         0.         0.         ACTIVE GE           GURERIDGE 3925 WILLARD FARROW DR.Ø         83-1487766 501(C)3         10,000.         0.         ACTIVE GE           OURBRIDGE 3925 WILLARD FARROW DR.Ø         46-3784901 501(C)3         17,000.         0.         ACTIVE GE           CULTURAL VI CHARLOTTE, NC 28215         46-3784901 501(C)3         17,000.         0.         ACTIVE GE           2205 EAST 5TH STREETØ         20-1426441 501(C)3         10,000.         0.         ACTIVE GE           2205 EAST 5TH STREETØ         20-1426441 501(C)3         10,000.         0.         ACTIVE GE           PROJECT SCIENTIST 548 MARKET ST PHE 83954         CULTURAL VI ACTIVE GE         CULTURAL VI ACTIVE GE         CULTURAL VI ACTIVE GE           - CHARLOTTE, NC 28215         46-1763945 501(C)3         15,000.         0.         ACTIVE GE	SION GRANT
CHORUS, INC PO EOX 1234       27-1469178 501(C)3       12,000.       0.       ACTIVE GE         OUR DAILY BREAD FOUNDATION       501(C)3       10,000.       0.       ACTIVE GE         501 N. TRYON ST.Ø       83-1487766 501(C)3       10,000.       0.       ACTIVE GE         OURBRIDGE       3925 WILLARD FARROW DR.Ø       CULTURAL VI       ACTIVE GE         925 WILLARD FARROW DR.Ø       46-3784901 501(C)3       17,000.       0.       ACTIVE GE         CHARLOTTE, NC 28215       46-3784901 501(C)3       17,000.       0.       ACTIVE GE         PLAYING FOR OTHERS       20-1426441 501(C)3       10,000.       0.       ACTIVE GE         FASJ994       20-1426441 501(C)3       15,000.       0.       ACTIVE GE         948 MARKET ST       946-1763945 501(C)3       15,000.       0.       ACTIVE GE         920 PARKWAY AVEØ       CULTURAL VI       ACTIVE GE       CULTURAL VI	ANT
CHORUS, INC PO BOX 1234       27-1469178 501(C)3       12,000.       0.       ACTIVE GE         OUR DAILY BREAD FOUNDATION       501(C)3       10,000.       0.       ACTIVE GE         OURDAILY BREAD FOUNDATION       501(C)3       10,000.       0.       ACTIVE GE         OURBRIDGE       83-1487766 501(C)3       10,000.       0.       ACTIVE GE         0URBRIDGE       46-3784901 501(C)3       17,000.       0.       ACTIVE GE         205 WILLARD FARROW DR.Ø       46-3784901 501(C)3       17,000.       0.       ACTIVE GE         PLAYING FOR OTHERS       20-1426441 501(C)3       10,000.       0.       ACTIVE GE         FORJECT SCIENTIST       548 MARKET ST       CULTURAL VI       ACTIVE GE         548 MARKET ST       FMB 83994       CULTURAL VI       ACTIVE GE         920 FAMILY TREE       2910 FARKWAY AVEØ       CULTURAL VI       ACTIVE GE	
- CORNELIUS, NC 28031       27-1469178       501(c)3       12,000.       0.       ACTIVE GE         OUR DAILY BREAD FOUNDATION       33-1487766       501(c)3       10,000.       0.       CULTURAL VI         S01 N. TRYON ST.0       83-1487766       501(c)3       10,000.       0.       CULTURAL VI         CHARLOTTE, NC 28202       83-1487766       501(c)3       10,000.       0.       CULTURAL VI         3925 WILLARD FAROW DR.0       46-3784901       501(c)3       17,000.       0.       ACTIVE GE         CHARLOTTE, NC 28215       46-3784901       501(c)3       17,000.       0.       ACTIVE GE         PLAYING FOR OTHERS       CULTURAL VI       CULTURAL VI       ACTIVE GE       CULTURAL VI         FOJECT SCIENTIST       CULTURAL 501(c)3       10,000.       0.       ACTIVE GE         548 MARKET ST       FMB 83994       CULTURAL VI       ACTIVE GE         - CHARLOTTE, NC 28215       46-1763945       501(c)3       15,000.       0.       ACTIVE GE         QC FAMILY TREE       CULTURAL VI       CULTURAL VI       CULTURAL VI       ACTIVE GE       CULTURAL VI         2910 PARKWAY AVE0       CULTURAL VI       CULTURAL VI       CULTURAL VI       CULTURAL VI <td>SION GRANT</td>	SION GRANT
501 N. TRYON ST.Ø     83-1487766     501(C)3     10,000.     0.     CULTURAL VI ACTIVE GE       0URBRIDGE     925 WILLARD FAROW DR.Ø     46-3784901     501(C)3     17,000.     0.     CULTURAL VI ACTIVE GE       910 FARLOTTE, NC 28215     46-3784901     501(C)3     10,000.     0.     CULTURAL VI ACTIVE GE       9205 EAST 5TH STREETØ     20-1426441     501(C)3     10,000.     0.     CULTURAL VI ACTIVE GE       9205 EAST 5TH STREETØ     20-1426441     501(C)3     10,000.     0.     ACTIVE GE       9205 EAST 5TH STREETØ     CULTURAL VI ACTIVE GE     CULTURAL VI ACTIVE GE     ACTIVE GE       9205 EAST 5TH STREETØ     CULTURAL VI ACTIVE GE     ACTIVE GE       9206 COLONTIST     46-1763945     501(C)3     15,000.     0.       9206 FAMILY TREE     2910 PARKWAY AVEØ     CULTURAL VI     CULTURAL VI	ANT
501 N. TRYON ST.Ø CHARLOTTE, NC 2820283-1487766501(C)310,000.0.CULTURAL VI ACTIVE GEOURBRIDGE 3925 WILLARD FARROW DR.Ø CHARLOTTE, NC 2821546-3784901501(C)317,000.0.CULTURAL VI ACTIVE GEPLAYING FOR OTHERS 2205 EAST 5TH STREETØ CHARLOTTE, NC 2820420-1426441501(C)310,000.0.CULTURAL VI ACTIVE GEPROJECT SCIENTIST 548 MARKET ST PMB 83994 - CHARLOTTE, NC 2821546-1763945501(C)315,000.0.ACTIVE GEQC FAMILY TREE 2910 PARKWAY AVEØ46-1763945501(C)315,000.0.ACTIVE GE	
CHARLOTTE, NC 28202       83-1487766       501(C)3       10,000.       0.       ACTIVE GE         0URBRIDGE       3925 WILLARD FARROW DR.Ø       CULTURAL VI       CULTURAL VI         925 WILLARD FARROW DR.Ø       46-3784901       501(C)3       17,000.       0.       ACTIVE GE         PLAYING FOR OTHERS       20-1426441       501(C)3       17,000.       0.       CULTURAL VI         PLAYING FOR OTHERS       20-1426441       501(C)3       10,000.       0.       ACTIVE GE         PROJECT SCIENTIST       51(C)3       10,000.       0.       ACTIVE GE         PMB 83994       -       -       CULTURAL VI         - CHARLOTTE, NC 28215       46-1763945       501(C)3       15,000.       0.         QC FAMILY TREE       2910 PARKWAY AVEØ       CULTURAL VI       CULTURAL VI	SION GRANT
3925 WILLARD FARROW DR.Ø       46-3784901 501(C)3       17,000.       0.       CULTURAL VI ACTIVE GE         PLAYING FOR OTHERS       2205 EAST 5TH STREETØ       CULTURAL VI CHARLOTTE, NC 28204       20-1426441 501(C)3       10,000.       0.       CULTURAL VI ACTIVE GE         PROJECT SCIENTIST       548 MARKET ST       FMB 83994       CULTURAL VI ACTIVE GE       CULTURAL VI ACTIVE GE         QC FAMILY TREE 2910 PARKWAY AVEØ       46-1763945 501(C)3       15,000.       0.       CULTURAL VI ACTIVE GE	
3925 WILLARD FARROW DR.Ø CHARLOTTE, NC 2821546-3784901 501(C)317,000.0.CULTURAL VI ACTIVE GEPLAYING FOR OTHERS 2205 EAST 5TH STREETØ CHARLOTTE, NC 2820420-1426441 501(C)310,000.0.CULTURAL VI ACTIVE GEPROJECT SCIENTIST 548 MARKET ST PMB 83994 - CHARLOTTE, NC 2821546-1763945 501(C)315,000.0.CULTURAL VI ACTIVE GEQC FAMILY TREE 2910 PARKWAY AVEØ46-1763945 501(C)315,000.0.CULTURAL VI ACTIVE GE	
CHARLOTTE, NC 2821546-3784901501(C)317,000.0.ACTIVE GEPLAYING FOR OTHERS 2205 EAST 5TH STREETØ CHARLOTTE, NC 2820420-1426441501(C)310,000.0.CULTURAL VI ACTIVE GEPROJECT SCIENTIST 548 MARKET ST PMB 83994 - CHARLOTTE, NC 2821546-1763945501(C)315,000.0.CULTURAL VI ACTIVE GEQC FAMILY TREE 2910 PARKWAY AVEØ46-1763945501(C)315,000.0.CULTURAL VI CULTURAL VI	GTON CDANE
PLAYING FOR OTHERS 2205 EAST 5TH STREETØ CULTURAL VI CHARLOTTE, NC 28204 20-1426441 501(C)3 10,000. 0. CULTURAL VI PROJECT SCIENTIST 548 MARKET ST PMB 83994 CULTURAL VI - CHARLOTTE, NC 28215 46-1763945 501(C)3 15,000. 0. CULTURAL VI QC FAMILY TREE 2910 PARKWAY AVEØ	
2205 EAST 5TH STREETØCULTURAL VICHARLOTTE, NC 2820420-1426441 501(C)310,000.0.CULTURAL VIPROJECT SCIENTIST548 MARKET ST546-1763945 501(C)315,000.0.CULTURAL VI- CHARLOTTE, NC 2821546-1763945 501(C)315,000.0.ACTIVE GEQC FAMILY TREE2910 PARKWAY AVEØCULTURAL VICULTURAL VI	
2205 EAST 5TH STREETØ20-1426441 501(C)310,000.0.CULTURAL VI ACTIVE GEPROJECT SCIENTIST<	
PROJECT SCIENTIST     548 MARKET ST       PMB 83994     - CHARLOTTE, NC 28215       QC FAMILY TREE     46-1763945       2910 PARKWAY AVEØ     CULTURAL VI	SION GRANT
PROJECT SCIENTIST     548 MARKET ST       PMB 83994     - CHARLOTTE, NC 28215       QC FAMILY TREE     46-1763945       2910 PARKWAY AVEØ     CULTURAL VI	ANT
PMB 83994     46-1763945 501(C)3     15,000.     0.     CULTURAL VI ACTIVE GE       QC FAMILY TREE 2910 PARKWAY AVEO     CULTURAL VI ACTIVE GE     CULTURAL VI CULTURAL VI CULTURAL VI	
- CHARLOTTE, NC 28215 46-1763945 501(C)3 15,000. 0. ACTIVE GR QC FAMILY TREE 2910 PARKWAY AVEO	
QC FAMILY TREE 2910 PARKWAY AVEO	SION GRANT
2910 PARKWAY AVEO	ANT
CHARLOTTE NC 28208 20-4091165 501(C)3 6 600. 0. ACTIVE GE	SION GRANT
	ANT
QUE-OS	
PO BOX 112560 CULTURAL VI	SION GRANT
CHARLOTTE, NC 28220         46-0643659         501(C)3         15,000.         0.         ACTIVE GE	
SOUTHEND ARTS	
2143 PARK ROAD	STON GRANT
CHARLOTTE, NC 28202 83-2061483 501(C)3 10,000. 0. ACTIVE GE	

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGCLEAN							
932 SEIGLE AVENUE							CULTURAL VISION GRANT
CHARLOTTE, NC 28205	83-4195019	501(C)3	15,000.	٥.			ACTIVE GRANT
THE ARTS EMPOWERMENT PROJECT							
700 n tryon stØ							CULTURAL VISION GRANT
CHARLOTTE, NC 28202	45-4837497	501(C)3	20,000.	0.			ACTIVE GRANT
THE INDEPENDENT PICTURE HOUSE							
4237 RALEIGH STREET, SUITE $40$							CULTURAL VISION GRANT
CHARLOTTE, NC 28213	27-3319192	501(C)3	20,000.	0.			ACTIVE GRANT
THE DOULD STATE COLLADODATION CODD							
THE ROYAL CITY COLLABORATION CORP							CULTURAL VISION GRANT
MATTHEWS, NC 28105	82-3281642	501/013	20,000.	0.			ACTIVE GRANT
MATTHEWS, NC 20105	02-5201042	501(075	20,000.	0.			ACTIVE GRANT
THEATRE GAP INITIATIVE							
3415 CHARDMORE DRIVE							CULTURAL VISION GRANT
MATTHEWS, NC 28105	86-1460904	501(C)3	20,000.	0.			ACTIVE GRANT
THEATRE GAP INITIATIVE							
3415 CHARDMORE DRIVE							CULTURAL VISION GRANT
MATTHEWS, NC 28105	86-1460904	501(C)3	15,000.	0.			ACTIVE GRANT
WDAV CLASSICAL PUBLIC RADIO							
(DAVIDSON COLLEGE) - BOX 8990	56 0500001	501/0)2	20.000	_			CULTURAL VISION GRANT
- DAVIDSON, NC 28035	56-0529961		20,000.	0.			ACTIVE GRANT
WE ROCK CHARLOTTE							
423 E. 22ND STØ							CULTURAL VISION GRANT
CHARLOTTE, NC 28206	47-3489351	501(C)3	15,000.	0.			ACTIVE GRANT
BRAVEWORKS							
1717 CLEVELAND AVE							CULTURAL VISION GRANT
CHARLOTTE, NC 28203	32-0423402	501(C)3	20,000.	0.			CLOSED GRANT

Schedule I (Form 990) CHARLO

CHARLOTTE/MECKLENBURG, INC.

Page 1

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLOTTE CIRQUE & DANCE CENTER 9315 MONROE ROAD							
STE E - CHARLOTTE, NC 28270	20-3607784	501(C)3	10,000.	0.			CULTURAL VISION GRANT CLOSED GRANT
METROLINA NATIVE AMERICAN							
ASSOCIATION - 8001 N. TRYON STREET - MINT HILL, NC 28227	85-2156373	501(C)3	9,250.	0.			CULTURAL VISION GRANT CLOSED GRANT
OPEN DOOR DANCE FOUNDATION							
614 CLEMENT AVE.Ø CHARLOTTE, NC 28204	46-2074511	501(C)3	6,500.	0.			CULTURAL VISION GRANT CLOSED GRANT
THE CHARLOTTE MUSEUM OF HISTORY,							
INC 3500 SHAMROCK DRIVE - CHARLOTTE, NC 28215	21-7125613	501(C)3	6,000.	0.			CULTURAL VISION GRANT CLOSED GRANT
THREE BONE THEATRE							
842 LINDA LANEØ CHARLOTTE, NC 28211	46-4220126	501(C)3	14,000.	0.			CULTURAL VISION GRANT CLOSED GRANT
A SIGN OF THE TIMES OF THE							CULTURE BLOCKS PROGRAM
CAROLINAS - 6228 EAGLE PEAK DR - CHARLOTTE, NC 28214	20-4766220	501(C)3	28,750.	0.			INVESTMENT ACTIVE
ARTSPLUS							CULTURE BLOCKS PROGRAM
PO BOX 327570 CHARLOTTE, NC 28232	59-1356847	501(C)3	11,500.	0.			INVESTMENT ACTIVE
CHARLOTTE BALLET							CULTURE BLOCKS PROGRAM
701 N.TRYON STREETØ CHARLOTTE, NC 28202	58-1314711	501(C)3	11,500.	0.			INVESTMENT ACTIVE
CHARLOTTE BALLET							CULTURE BLOCKS PROGRAM
701 N.TRYON STREET		E01/(3) 2	00 750				INVESTMENT
CHARLOTTE, NC 28202	58-1314711		28,750.	0.			ACTIVE

Schedule I (Form 990) CHARLOTTE / MECK	LENBURG, INC.						56-0693436 Page 1
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHARLOTTE SYMPHONY ORCHESTRA SOCIETY, INC. – 128 S. TRYON ST STE 350 – CHARLOTTE, NC 28202	56-6011568	501(C)3	6,000.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
CHILDREN'S THEATRE OF CHARLOTTE 300 EAST 7TH STREETØ CHARLOTTE, NC 28202	56-1028031	501(C)3	28,750.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
CLAYWORKS 4506 MONROE ROAD CHARLOTTE, NC 28205	90-0198258	501(C)3	28,750.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
CLAYWORKS 4506 MONROE ROAD CHARLOTTE, NC 28205	90-0198258	501(C)3	57,500.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
CREATING EXPOSURE THROUGH THE ARTS 4604 EMORY LANE2 CHARLOTTE, NC 28211	46-1921527	501(C)3	17,250.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
MOVEMENT MIGRATION 14311 REESE BLVD WEST STE 2A 3070 HUNTERSVILLE, NC 28078	84-1954743	501(C)3	11,500.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
MOVING SPIRITS, INC. 1647 CLOONEY LANEØ CHARLOTTE, NC 28262	45-3503467	501(C)3	17,250.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
OBEY FOUNDATION INC 7926 ROBINSON CHURCH RD CHARLOTTE, NC 28215	13-3985609	501(C)3	5,750.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE
OPEN DOOR DANCE FOUNDATION 614 CLEMENT AVE.Ø CHARLOTTE, NC 28204	46-2074511	501(C)3	28,750.	0.			CULTURE BLOCKS PROGRAM INVESTMENT ACTIVE

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERA CAROLINA							CULTURE BLOCKS PROGRAM
1600 ELIZABETH AVE2 CHARLOTTE, NC 28204	56-6019660	501(C)3	11,500.	0.			INVESTMENT ACTIVE
OPERA CAROLINA							CULTURE BLOCKS PROGRAM
1600 ELIZABETH AVE							INVESTMENT
CHARLOTTE, NC 28204	56-6019660	501(C)3	5,750.	0.			ACTIVE
THE LIGHT FACTORY							CULTURE BLOCKS PROGRAM
700 NORTH TRYON STREET							INVESTMENT
CHARLOTTE, NC 28203	51-0185359	501(C)3	11,500.	0.			ACTIVE
THE LIGHT FACTORY							CULTURE BLOCKS PROGRAM
700 NORTH TRYON STREET							INVESTMENT
CHARLOTTE, NC 28203	51-0185359	501(C)3	11,500.	0.			ACTIVE
YOUNG ICONS							CULTURE BLOCKS PROGRAM
3717 LATROBE DR STE 7400							INVESTMENT
CHARLOTTE, NC 28227	85-3635794	501(C)3	57,500.	0.			ACTIVE
CHARLOTTE IS CREATIVE							
5639 REBEL DRØ							KNIGHT TECH INFUSION FUND
CHARLOTTE, NC 28210	47-5329696	501(C)3	75,000.	0.			ACTIVE
CHARLOTTE PRIDE BAND							
PO BOX 115660							KNIGHT TECH INFUSION FUND
CHARLOTTE, NC 28220	35-2380910	501(C)3	6,500.	0.			ACTIVE
CINEODYSSEY FILM FESTIVAL							
4022 CANTERBROOK DRØ							KNIGHT TECH INFUSION FUND
CHARLOTTE, NC 28269	46-4906906	501(C)3	65,000.	0.			ACTIVE
CREATING EXPOSURE THROUGH THE ARTS							
4604 EMORY LANE							KNIGHT TECH INFUSION FUND
CHARLOTTE, NC 28211	46-1921527	501(C)3	20,000.	0.			ACTIVE

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OBRA COLLECTIVE							
628 SWEETGUM LNO CHARLOTTE, NC 28211	87-1736320	501(C)3	15,288.	0.			KNIGHT TECH INFUSION FUND ACTIVE
OPEN DOOR DANCE FOUNDATION							
614 CLEMENT AVE. <sup>(2)</sup> CHARLOTTE, NC 28204	46-2074511	501(C)3	22,473.	0.			KNIGHT TECH INFUSION FUND ACTIVE
OUR DAILY BREAD FOUNDATION							
501 N. TRYON ST.Ø CHARLOTTE, NC 28202	83-1487766	501(C)3	20,000.	0.			KNIGHT TECH INFUSION FUND ACTIVE
POWER UP USA							
201 N. MCDOWELL STREET UNIT 334750 CHARLOTTE, NC 28202	27-4941564	501(C)3	35,000.	0.			KNIGHT TECH INFUSION FUND ACTIVE
THE INDEPENDENT PICTURE HOUSE							
4237 RALEIGH STREET, SUITE 40 CHARLOTTE, NC 28213	27-3319192	501(C)3	26,500.	0.			KNIGHT TECH INFUSION FUND ACTIVE
BECHTLER MUSEUM OF MODERN ART 420 S. TRYON ST.			,				
CHARLOTTE, NC 28202 - CHARLOTTE, NC 28213	56-2225722	501(C)3	329,868.	0.			OPERATING SUPPORT GRANT ACTIVE GRANT
MCCOLL CENTER FOR ART + INNOVATION							
721 N. TRYON STREET	F1 010F01F	F01(d) 2	12 120	0			ORGANIZATION SUPPORT
CHARLOTTE, NC 28202	51-0195015	501(0)5	13,130.	0.			GRANT
A SIGN OF THE TIMES OF THE CAROLINAS - 6228 EAGLE PEAK DR							ORGANIZATION SUPPORT GRANT
- CHARLOTTE, NC 28214	20-4766220	501(C)3	20,000.	0.			ACTIVE
AMERICAN CAPOEIRA FOUNDATION							ORGANIZATION SUPPORT
2422 MADELINE MEADOW DRIVE CHARLOTTE, NC 28217	47-1250928	501(C)3	10,000.	0.			GRANT ACTIVE

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

Part II Continuation of Grants and Othe	er Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTSPLUS							ORGANIZATION SUPPORT
PO BOX 327570							GRANT
CHARLOTTE, NC 28232	59-1356847	501(C)3	10,000.	0.			ACTIVE
BARRE BELLE							ORGANIZATION SUPPORT
5643 TIPPERLINN WAY	02.2460004	F01 ( q ) 2	10 000	0			GRANT
CHARLOTTE, NC 28278	83-3468094	501(C)3	10,000.	0.			ACTIVE
BLACK GIRLS FILM CAMP							ODGINTEINEION GUDDODE
3540 TORINGDON WAY							ORGANIZATION SUPPORT
SUITE 200-130	07 0500015	F01(a)2	10 000	0			GRANT
- CHARLOTTE, NC 28277 BNS PRODUCTIONS	87-2502815	501(C)3	10,000.	0.			ACTIVE
9611 BROOKDALE DR.							ORGANIZATION SUPPORT
100-161							GRANT
	81-0705805	501/C)2	20.000	0.			ACTIVE
- CHARLOTTE, NC 28215	81-0703803	501(0/5	20,000.	0.			ACTIVE
CAIN CENTER FOR THE ARTS							ORGANIZATION SUPPORT
21348 CATAWBA AVE.Ø							GRANT
-	81-4628087	501/C)2	10 000	0.			ACTIVE
CORNELIUS, NC 28031	01-4020007	501(C)5	10,000.	0.			ACTIVE
CAROLINA VOICES							ORGANIZATION SUPPORT
1900 QUEENS RDØ							GRANT
CHARLOTTE NC 28207	56-0810412	501(C)3	20,000.	0.			ACTIVE
	50 0010412	501(075	20,000.	••			
CHARLOTTE PRIDE BAND							ORGANIZATION SUPPORT
PO BOX 115662							GRANT
CHARLOTTE, NC 28220	35-2380910	501(C)3	12,000.	0.			ACTIVE
		561(6)5	12,000.				
CLAYWORKS							ORGANIZATION SUPPORT
4506 MONROE ROAD							GRANT
CHARLOTTE, NC 28205	90-0198258	501(C)3	6,475.	0.			ACTIVE
,			· · · · · · · · · · · · · · · · · · ·				
GAY MENS CHORUS OF CHARLOTTE							ORGANIZATION SUPPORT
3601 CENTRAL AVE							GRANT
CHARLOTTE, NC 28205	20-5361365	501(C)3	20,000.	0.			ACTIVE

ARTS & SCIENCE COUNCIL

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARVEY B. GANTT CENTER FOR FRICAN-AMERICAN ARTS + CULTURE - 51 S TRYON STREET							ORGANIZATION SUPPORT GRANT
- CHARLOTTE, NC 28202	56-1152286	501(C)3	20,000.	0.			ACTIVE
HOLIDAY WISH FOUNDATION 5800 RAMBLING ROSE DRIVEØ CHARLOTTE, NC 28212	85-0092356	501(C)3	15,500.	0.			ORGANIZATION SUPPORT GRANT ACTIVE
ORIEN ACADEMY OF THE ARTS 2461 ARTY AVEØ 2HARLOTTE, NC 28208	82-2409144	501(C)3	20,000.	0.			ORGANIZATION SUPPORT GRANT ACTIVE
MOVING POETS CHARLOTTE INC 2107 MANDARIN BLVDØ CHARLOTTE, NC 28205	46-1514126	501(C)3	10,000.	0.			ORGANIZATION SUPPORT GRANT ACTIVE
MUSIC AT ST. ALBAN'S PO BOX 7310 DAVIDSON, NC 28036	46-4695666	501(C)3	20,000.	0.			ORGANIZATION SUPPORT GRANT ACTIVE
DPEN DOOR DANCE FOUNDATION 514 CLEMENT AVE.Ø CHARLOTTE, NC 28204	46-2074511	501(C)3	15,000.	0.			ORGANIZATION SUPPORT GRANT ACTIVE
OUR DAILY BREAD FOUNDATION 501 N. TRYON ST.	83-1487766	501(C)3	20,000.	0.			ORGANIZATION SUPPORT GRANT ACTIVE
POWER UP USA 201 N. MCDOWELL STREET UNIT 334750 CHARLOTTE, NC 28202	27-4941564	501(C)3	20,000.	0.			ORGANIZATION SUPPORT GRANT ACTIVE
QC FAMILY TREE 2910 PARKWAY AVE2 CHARLOTTE, NC 28208	20-4091165	501(C)3	6,000.	0.			ORGANIZATION SUPPORT GRANT ACTIVE

Schedule I (Form 990)

CHARLOTTE/MECKLENBURG, INC.

Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
QUE-OS							ORGANIZATION SUPPORT
~ PO BOX 112560							GRANT
CHARLOTTE, NC 28220	46-0643659	501(C)3	20,000.	0.			ACTIVE
THE CAROLINAS LATIN DANCE COMPANY							ORGANIZATION SUPPORT
PO BOX 437700							GRANT
CHARLOTTE, NC 28215	56-2276606	501(C)3	10,000.	0.			ACTIVE
THE CHARLOTTE MUSEUM OF HISTORY,							ORGANIZATION SUPPORT
INC 3500 SHAMROCK DRIVE							GRANT
- CHARLOTTE, NC 28215	21-7125613	501(C)3	10,200.	0.			ACTIVE
THE ROYAL CITY COLLABORATION CORP							ORGANIZATION SUPPORT
11004 BALLARDS POND LNO							GRANT
	82-3281642	501/C)2	20,000.	0.			ACTIVE
MATTHEWS, NC 28105	02-3201042	501(C)5	20,000.	0.			ACTIVE
THEATRE GAP INITIATIVE							ORGANIZATION SUPPORT
3415 CHARDMORE DRIVE							GRANT
MATTHEWS, NC 28105	86-1460904	501(C)3	20,000.	0.			ACTIVE
THEATRE GAP INITIATIVE							ORGANIZATION SUPPORT
3415 CHARDMORE DRIVE							GRANT
MATTHEWS, NC 28105	86-1460904	501(C)3	6,000.	0.			ACTIVE
THREE BONE THEATRE							ORGANIZATION SUPPORT
842 LINDA LANE							GRANT
CHARLOTTE, NC 28211	46-4220126	501(C)3	20,000.	0.			ACTIVE
TOSCO MUSIC							ORGANIZATION SUPPORT
4953 ALBEMARLE RDØ							GRANT
CHARLOTTE, NC 28205	56-2135861	501(C)3	20,000.	0.			ACTIVE
VAPA CENTER							ORGANIZATION SUPPORT
700 n tryon stØ							GRANT
CHARLOTTE, NC 28202	87-3529263	501(C)3	20,000.	0.			ACTIVE

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	п II.) Т	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APA CENTER 00 n tryon stØ Harlotte, nc 28202	87-3529263	501(C)3	20,000.	0.			ORGANIZATION SUPPORT GRANT ACTIVE
HILDREN'S THEATRE OF CHARLOTTE 00 EAST 7TH STREET HARLOTTE, NC 28202	56-1028031	501(0)3	8,000.	0.			THRIVE FUND CLOSED GRANT
IRK10111, NC 20202	30 1020031	501(075	0,000.				CHOULD GRANT

Schedule I (Form 990) 2022 CHARLOTTE/MECKLENBURG, INC.

#### 56-0693436

Page 2

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	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
		000 005			
RTIST SUPPORT GRANTS	75	209,887.	0.		
SEED GRANTS	14	42,000.	0.		
CREATIVE MECKLENBURG GRANT	25	71,500.	0.		
CREATIVE RENEWAL FELLOWSHIP GRANT	7	105,000.	0.		
CULTURE VISION GRANT	40	416,650.	0.		
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
ART I, LINE 2:					
PERATING SUPPORT GRANT RECIPIENTS ARE REQUIRED TO	SUBMIT THE F	OLLOWING			
OCUMENTATION TO MONITOR THE USE OF GRANT FUNDS:	SIGNED GRANT	AGREEMENT -			
EQUIRED BEFORE FIRST PAYMENT; METRICS GRID (CREAT	ED BY EACH OF	CANT ZATTON			
· · · · · · · · · · · · · · · · · · ·					
ISTING THEIR TOP 3 METRICS OF SUCCESS FOR THE FIS	CAL YEAR) IS	SUBMITTED IN			
ULY, UPDATED IN JANUARY, WITH A FINAL REPORT SUBM	ITTED IN JULY	; QUARTERLY			
UDGET TO ACTUAL FINANCIALS; AUDIT OR COMPILATION	OF PREVIOUS Y	YEAR; COPIES			
F BROCHURES AND MAILINGS; QUARTERLY ATTENDANCE FI	GURES AND BOA	ARD OF			

ARTS & SCIENCE COUNCIL						
Schedule I (Form 990) CHARLOTTE/MECKLENBURG ,					56-0693436	Page <b>2</b>
Part III Continuation of Grants and Other Assistance to Domes	tic Individuals	(Schedule I (Form 99	90), Part III.)	1	1	
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of nonc	ash assistance
CULTURE BLOCKS PROGRAM INVESTMENT	26.	501,000.	0.			
	20.					
EMERGING CREATOR FELLOWSHIP	8.	80,000.	0.			
FOUNDERS GRANT	6.	300,000.	0.			
KNIGHT TECH INFUSION FUND	12.	148,507.	0.			
SCHOOL FUNDING OPPORTUNITY	142.	175,510.	0.			

DocuSign Envelope ID: 1B7CDE3C-537E-4576-A9D8-39027583064D

ARTS & SCIENCE COUNCIL

CHARLOTTE/MECKLENBURG, INC.

Schedule I (Form 990) CHARLOT

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.

Schedule I (Form 990)

56-0693436

Page 2

232291 04-01-22

15320509 131839 A174131

DocuSign Envelope ID: 1B7CDE3C-537E-4576-A9D8-39027583064D

SCI	HEDULE J		OMB No. 1	545-004	47	
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	)
		Compensated Employees		20	22	-
Dopor	tmont of the Tropoury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service		Inspe	ction		
Nam	e of the organizatior	ARTS & SCIENCE COUNCIL	Employer i	identificatio	on nui	nber
		CHARLOTTE/MECKLENBURG, INC.	56-0	693436		
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropria	ate 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 c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
		rovision of all of the expenses described above? If "No," complete Part III to explain		<b>1b</b>		
2						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
•						
3		y, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
		tion of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		ompensation consultant				
	X Form 990 of of	ther organizations	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a re					
а	-			4a		x
		e payment or change-or-control payment? eive payment from a supplemental nonqualified retirement plan?				x
	•	eive payment from an equity-based compensation arrangement?				x
Ŭ	-	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the re					
а	•			5a		x
		ation?				x
		r 5b, describe in Part III.				
6	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the n	et earnings of:				
а	The organization?	-		6a		X
		ation?				X
		r 6b, describe in Part III.				
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5			
		es 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
				8		х
9	If "Yes" on line 8, di	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section	53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Form	n <b>990</b> )	2022

232111 10-18-22

CHARLOTTE/MECKLENBURG, INC.

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

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

56-0693436

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KRISTA TERRELL	(i)	173,646.	0.	0.	0.	2,406.	176,052.	0.
PRESIDENT (CURRENT)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Page 2

Schedule J (Form 990) 2022 CHARLOTTE/MECKLENBURG, INC.

#### Part III Supplemental Information

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

PART I, LINE 3:

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/HER DIRECT REPORTS, INCLUDING KEY EMPLOYEES. COMPENSATION

ADJUSTMENTS FOR KEY EMPLOYEES ARE SHARED WITH THE OFFICERS OF THE BOARD OF

DIRECTORS TO ENSURE REASONABLENESS.

Schedule J (Form 990) 2022

56-0693436

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	)-EZ	OMB No. 1545-0047
Name of the organization		Employer	identification number
	CHARLOTTE/MECKLENBURG, INC.	56-06	93436
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
EQUITABLE, SUSTAIN	ABLE 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, HIS	TORY AND HERITAGE, A GATHERER AND STEWARD OF PUBLIC		
AND PRIVATE COMMUN	ITY RESOURCES, AN INVESTOR OF THOSE RESOURCES IN THE		
CULTURAL SECTOR AN	D COMMUNITY, THE STRATEGIC PLANNER FOR THE		
COMMUNITY'S CULTUR	AL SECTOR, AND THE PUBLIC ART AGENT FOR THE CITY OF		
CHARLOTTE AND MECK	LENBURG COUNTY. THE MISSION OF THE ORGANIZATION IS		
INVESTING IN PEOPL	E, PROGRAMS AND IDEAS THAT MOVE US TOWARD A MORE		
EQUITABLE, SUSTAIN	ABLE AND INNOVATIVE CREATE ECOSYTEM. THE VISION IS		
AN EQUITABLE, CONN	ECTED COMMUNITY WHERE CREATIVITY IS CENTRAL,		
CELEBRATED AND SUP	PORTED.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE BOARD TREASURE	R AND CONTROLLER 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.		
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 A	ND ASKED TO REVIEW AND SIGN THE FORM INDICATING THEY HAVE		
READ THE POLICY AN	D 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

#### DocuSign Envelope ID: 1B7CDE3C-537E-4576-A9D8-39027583064D

<u>Schedule O (Form 990) 20</u>	Schedule O (Form 990) 2022					
Name of the organization	Name of the organization ARTS & SCIENCE COUNCIL					
	CHARLOTTE/MECKLENBURG, INC.	56-0693436				

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.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2024.

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

2,099,191.

FORM 990, PART XII, LINE 2C:

PROCESS IS UNCHANGED FROM PRIOR YEAR.

232212 10-28-22

SCHEDULE R (Form 990)	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.				
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.				
Name of the organization	n ARTS & SCIENCE COUNCIL	Employer identification number			
	CHARLOTTE/MECKLENBURG, INC.	56-0693436			

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> 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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>3)</b> o12(b)(13) olled ity?
				501(c)(3))		Yes	No
GREATER CHARLOTTE CULTURAL TRUST -							
82-0576292, 217 S. TRYON ST., CHARLOTTE, NC	ENDOWMENT INVESTMENT &						
28202	ADMINISTRATION	NORTH CAROLINA	501(C)(3)	LINE 12A, I			х
	-						
	-						
	-						

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

Schedule R (Form 990) 2022 CHARLOTTE / MECKLENBURG, INC.

56-0693436	Page 2
------------	--------

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.

organizations treated as a par											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	amount in box 20 of Schedule	partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
											+
	-										
	-										
											+
	{										
	4										
	4										

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i Sec 512(t contr enti	tion b)(13) rolled tity?
		country)		01 (1031)		233613		Yes	No

DocuSign Envelope ID: 1B7CDE3C-537E-4576-A9D8-39027583064D

**o** Sharing of paid employees with related organization(s)

ARTS & SCIENCE COUNCIL

CHARLOTTE/MECKLENBURG, INC. Schedule R (Form 990) 2022

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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		х
b	Gift, grant, or capital contribution to related organization(s)	1b		х
с	Gift, grant, or capital contribution from related organization(s)	1c		х
d	Loans or loan guarantees to or for related organization(s)	1d		х
е	Loans or loan guarantees by related organization(s)	1e		х
f	Dividends from related organization(s)	1f		х
g	Sale of assets to related organization(s)	1g		х
	Purchase of assets from related organization(s)	1h		х
i	Exchange of assets with related organization(s)	1i		х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		х

q	Reimbursement paid by related organization(s) for expenses	1	q
r	Other transfer of cash or property to related organization(s)	1	ir
s	Other transfer of cash or property from related organization(s)	1:	s

p Reimbursement paid to related organization(s) for expenses

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>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			

10

1p

1a

Х Х

Х

х

Х х

56-0693436

Page 3

Schedule R (Form 990) 2022 CHARLOTTE/MECKLENBURG, INC.

56-0693436 Page **4** 

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

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

(a)	(b)	(c)	(d)	(ക)	(f)	(g)	(۲	<u>ار</u>	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e) Are all partners s 501(c)(3 orgs.?	Share of			• <b>,</b> opor-	Code V-LIBI	General o	Percentage
of entity	i mary douring	(state or foreign	(related, unrelated,	501(c)(	billio total	end-of-year	Dispr tior allocat	iate tions?	amount in box 20	managing	ownership
,		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes N			Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		1 .
							103		,		<u> </u>
											<u> </u>
					_						<u> </u>

Schedule R	(Form 990) 2022 CHARLOTTE/MECKLENBURG, INC.	56-0693436	Page 5
Part VII	(Form 990) 2022 CHARLOTTE/MECKLENBURG, INC. Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		

Schedule R (Form 990) 2022

232165 09-14-22

# DocuSign

#### **Certificate Of Completion**

Envelope Id: 1B7CDE3C537E4576A9D839027583064D Subject: 2022 Exempt Organization Tax Return for Arts and Science Council - A174131 Client Name: Arts and Science Council Client Number: A174131 Source Envelope: Document Pages: 173 Certificate Pages: 5 AutoNav: Enabled EnvelopeId Stamping: Enabled Time Zone: (UTC-06:00) Central Time (US & Canada)

#### **Record Tracking**

Status: Original 5/9/2024 2:39:02 PM

Signer Events

Tony Perez tony.perez@jll.com Security Level: Email, Account Authentication (None), Access Code Holder: Nancy Smith Nancy.Smith@claconnect.com

#### Signature DocuSigned by: Tony fung 20F8FACB63A94BE

Signature

Status

Status

Status

Status

Status

Signature Adoption: Pre-selected Style Using IP Address: 24.206.78.137

Electronic Record and Signature Disclosure: Accepted: 5/10/2024 12:49:07 PM ID: 2e9bb693-66f5-4b98-a5b1-39582b371c64

In Person Signer Events Editor Delivery Events Agent Delivery Events Intermediary Delivery Events Certified Delivery Events Carbon Copy Events

Twan Barber Twan.Barber@artsandscience.org

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Not Offered via DocuSign

# Witness Events

Signing Complete

Completed

Notary Events Envelope Summary Events Envelope Sent Certified Delivered

Signature Signature Status Hashed/Encrypted

COPIED

Hashed/Encrypted Security Checked Security Checked Security Checked Status: Completed

Envelope Originator: Nancy Smith 220 S 6th St Ste 300 Minneapolis, MN 55402-1418 Nancy.Smith@claconnect.com IP Address: 4.34.2.62

Location: DocuSign

#### Timestamp

Sent: 5/9/2024 2:43:56 PM Viewed: 5/10/2024 12:49:07 PM Signed: 5/10/2024 12:49:20 PM

Timestamp

Timestamp

Timestamp Timestamp

Timestamp

**Timestamp** Sent: 5/9/2024 2:43:57 PM Viewed: 5/9/2024 3:10:09 PM

Timestamp	
Timestamp	

**Timestamps** 5/9/2024 2:43:57 PM 5/10/2024 12:49:07 PM 5/10/2024 12:49:20 PM 5/10/2024 12:49:20 PM

Payment Events	Status	Timestamps
Electronic Record and Signature Di	sclosure	

## ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, CliftonLarsonAllen LLP (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

## **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

## Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

## Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

## All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

# How to contact CliftonLarsonAllen LLP:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: BusinessTechnology@CLAconnect.com

# To advise CliftonLarsonAllen LLP of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at BusinessTechnology@CLAconnect.com and in the body of such request you must state: your

at Business Technology@CLAconnect.com and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

## To request paper copies from CliftonLarsonAllen LLP

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email

to BusinessTechnology@CLAconnect.com and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

## To withdraw your consent with CliftonLarsonAllen LLP

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to BusinessTechnology@CLAconnect.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process.

## **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <u>https://support.docusign.com/guides/signer-guide-signing-system-requirements</u>.

#### Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify CliftonLarsonAllen LLP as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by CliftonLarsonAllen LLP during the course of your relationship with CliftonLarsonAllen LLP.