Department of the Treasury Internal Revenue Service

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

u Go to www.irs.gov/Form999 for instructions and the latest information.

OMB No. 1545-0047 2020 Open to Public Inspection

<u>A</u>	For th	ne 2020 calendar year, or tax year beginning // 01/20 , and ending 06/30/	<u> </u>			
<u>B</u>	Check if	applicable: C Name of organization		D Employe	r identification number	
	Address	change CHILDREN'S THEATRE OF CHARLOTTE IN	IC			
一		Doing business as		**_*	**8031	
닏	Name ch	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	e number	
	Initial retu	um 300 EAST 7TH STREET		704	973-2800	
	Final retu					
닏	terminate	CHARLOTTE NC 28202		G Gross red	ceipts\$ 2,866,	228
	Amended			G Closs Icc		
一	Annlicatio		H(a) Is this a gr	oup return for	subordinates Yes 2	▼ No
Ш	Арріісаціо	WHO IN I BOKOTHIKI				J No
		300 EAST 7TH STREET	H(b) Are all sul			_ NO
		CHARLOTTE NC 28202	If "No,	" attach a list.	. See instructions	
T	Tax-exe	mpt status: X 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527				
$\overline{}$	Website		H(c) Group exe	motion numb	oor 11	
<u></u>			Year of formation: 1			NC
			Year of formation: 1	740	M State of legal domicile:	IVC
	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities:				
8		THE MISSION OF CHILDREN'S THEATRE OF CHARLOTTE (CTC)	IS TO CR	EATE		
a	'	EXCEPTIONAL THEATRE EXPERIENCES, INSPIRING GENERATION	NS TO EXP	LORE I	THE	
er	'	WONDER OF THEIR WORLD.	•••••			
Governance	ا ء ا	·				
		Check this box u if the organization discontinued its operations or disposed of more than			0.0	
∞ಶ	3	Number of voting members of the governing body (Part VI, line 1a)		3	23	
es	4	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	23	
ξ	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	136	
Activities		Total number of volunteers (estimate if necessary)		_	275	
⋖		Total unrelated business revenue from Part VIII, column (C), line 12			4,0	182
	'a	Net considered business revenue norm rank vini, column (O), line 12		/a	1/0	^
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Yea		Current Year	
	١	Ocatile tions and prosts (Deet VIII line Ale)				0.4
ē	8 '	Contributions and grants (Part VIII, line 1h)	1,302		2,078,9	
Revenue	9	Program service revenue (Part VIII, line 2g)	1,977		617,8	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		176		<u> 341</u>
œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	146	5,294	169,0	155
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,425	,849	2,866,2	28
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	, ,	0
				0		
		Benefits paid to or for members (Part IX, column (A), line 4)	2 22		0 105 1	
es	15 :	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,803	3,057	2,185,1	.22
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0		<u> </u>
<u>ş</u>	b b	Total fundraising expenses (Part IX, column (D), line 25) u 266,406				
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,207	7,514	812,8	106
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,010		2,997,9	
		Revenue less expenses. Subtract line 18 from line 12		722	-131,7	
<u> </u>	19	TOYONGO 1000 OAPONGOS. OUDITAGE NO NON NINE 12	Beginning of Cui		End of Year	33
Net Assets or	20 -	Total assets (Part X, line 16)	24,518		26,819,3	73
ASS(Ba	20	Tatal Pakilitian (Dart V. Para OC)				
et	21	Total liabilities (Part X, line 26)		5,513	1,070,3	
		Net assets or fund balances. Subtract line 21 from line 20	23,643	3,36/	25,749,0	06
P	art II	Signature Block				
U	nder pe	enalties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements, and to	the best o	f my knowledge and b	elief, it is
tr	ue, corr	ect, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any kn	owledge.	-	
Sig	'n	Signature of officer		Date		
	_	14	, , , , , , , , , , , , , , , , , , ,			
He	re	NAOYA TSURUMAKI MANAG	TNG DIR	ECTOR		
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN	
Pai	d	LINDA COLE	05/13	/22 self-em	nployed *******	
Pre	parer	Firm's name } DANIEL RATLIFF & COMPANY	' 1	irm's EIN }	**-***28	1.2
	e Only	2815 COLISEUM CENTRE DR STE 200		IIII S LIN S	20.	
	,	CUADIOMME NO 20217			704-271 64	200
_		Firm's address } CHARLOTTE, NC 28217	F	hone no.	704-371-50	
Mar	v the II	RS discuss this return with the preparer shown above? See instructions			Yes X	i No

If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 1,338,916 including grants of \$) (Revenue \$ 117, PROFESSIONAL THEATRE FOR YOUTH: CTC PRODUCES AND PRESENTS PROFESSION THEATRICAL PRODUCTIONS FROM SCRIPTS EITHER SELECTED OR COMMISSIONED ARTISTIC STAFF. EACH PRODUCTION IS CREATED BY PROFESSIONAL DIRECTORS DESIGNERS, ACTORS AND MUSICIANS AND PERFORMED ON SETS AND IN COSTUME CREATED BY CTC PRODUCTION STAFF. IN THE 2020-21 SEASON, DUE TO THE CREATED BY CTC PRODUCTION STAFF. IN THE 2020-21 SEASON, DUE TO THE CREATED BY CTC PRODUCTION STAFF. IN THE 2020-21 SEASON, DUE	X No X No
1 Briefly describe the organization's mission: THE MISSION OF CHILDREN'S THEATRE OF CHARLOTTE (CTC) IS TO CREATE EXCEPTIONAL THEATRE EXPERIENCES, INSPIRING GENERATIONS TO EXPLORE THE WONDER OF THEIR WORLD. 2 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," 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. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 1,338,916 including grants of \$) (Revenue \$ 117, PROFESSIONAL THEATRE FOR YOUTH: CTC PRODUCES AND PRESENTS PROFESSION THEATRICAL PRODUCTIONS FROM SCRIPTS EITHER SELECTED OR COMMISSIONED ARTISTIC STAFF. EACH PRODUCTION IS CREATED BY PROFESSIONAL DIRECTORS DESIGNERS, ACTORS AND MUSICIANS AND PERFORMED ON SETS AND IN COSTUME CREATED BY CTC PRODUCTION STAFF. IN THE 2020-21 SEASON, DUE TO THE	X No X No
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PANDEMIC, CTC PRESENTED AN ENTIRELY VIRTUAL SEASON OF PRODUCTIONS. E	BY CTC ; s COVID-1
THE 4 SHOWS IN THIS SEASON WERE REHEARSED, DESIGNED, DIRECTED, FILME EDITED SPECIFICALLY FOR THE PURPOSE OF BEING STREAMED ONLINE. PERFORWERE STREAMED VIA BROADWAY ON DEMAND FOR PUBLIC AUDIENCES AND VIMEO YOUTUBE FOR SCHOOL AUDIENCES.	RMANCES OR
4b (Code:) (Expenses \$ 673,216 including grants of \$) (Revenue \$ 500, THEATRE EDUCATION PROGRAMS: CTC THEATRE CLASSES ARE SEPARATED INTO TO CATEGORIES: CREATIVE DRAMA FOR CHILDREN AGE 2 TO GRADE 5 AND THE SCHETTHEATRE TRAINING (SOTT) FOR CHILDREN IN GRADES 3 TO 12. EACH MAY, SO CULMINATES WITH ONSTAGE, A 5-WEEK PERFORMANCE OPPORTUNITY IN PARTNER WITH OUR PRODUCTION DEPARTMENT. SUMMER CAMPS ARE AVAILABLE TO CHILDRE 2-18 IN A WIDE VARIETY OF TOPICS, THEMES AND DISCIPLINES. COMMUNITY INVOLVEMENT PROGRAM (CIP) CLASSES AND WORKSHOPS ARE OFFERED TO SERVIORGANIZATIONS WORKING WITH CHILDREN IN CRISIS OR WHO RECEIVED PUBLIC ASSISTANCE IN THE 2020-21 SEASON, EDUCATION PROGRAMS WERE OFFERED BO PERSON AND VIRTUALLY. FULL AND PARTIAL-TUITION SCHOLARSHIPS FOR ALL AND CAMPS ARE OFFERED TO STUDENTS OF FINANCIAL NEED.	HOOL OF OTT RSHIP REN AGE ICE OTH IN-
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
······································	
·	
•	
•	
•	
4d Other program services (Describe on Schedule O.)	
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of\$) (Revenue \$)	

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Х 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 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 Х 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Х 5 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 Х 6 "Yes," complete Schedule D, Part I 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 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Х 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 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 Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a | 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 X 11b 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 X 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 Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Х Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions X 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from garning activities on Part VIII. line 9a? 19 X 19 If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? 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		
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	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		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
	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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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 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			37
	"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 A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		
С	"Nos" asymptote Cabady to 1. Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
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,			
0 -	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 34			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	Х	
DAA	reportable gaming (gambling) winnings to prize winners?	1c	n 99 0	(2020)
		1 011		. (2020)

	Statements Regarding Other IRS Fillings and Tax Compliance (continued)			
•	5. 1		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 136			
h		2b	x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	~	
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a	x	
3a b	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	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	30	<u> </u>	
- a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Vos " enter the name of the foreign country.	Tu		
~	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		Х
b	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		
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		х
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	X	
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			
е	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
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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		
10	Section 501(c)(7) organizations. Enter:			
а	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:			
a	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
120	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		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	In the experientian licensed to leave qualified health plane in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	Tou		
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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Page (6
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Га	response to line 90. 9h or 10h helew describe the circumstances processes or changes on Schodule C			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	. 366	IIISU	
800	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		1 /	
4 -	Fatasitian combine at confirm recombine at the accommination had a state and at the terrorian		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 23			
	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 with			
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	T		
	stockholders, or persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	ing:		
а	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 reached at			
	the 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 Revenue	ie Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the erganization have a written conflict of interest policy? If "No" go to line 12	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the arganization have a written decument retention and destruction relia?	14	X	
	Did the process for determining compensation of the following persons include a review and approval by	14	Λ	
15				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	v	
a	The organization's CEO, Executive Director, or top management official	15a	Х	37
b	Other officers or key employees of the organization	15b		X
4.0	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			37
	with a taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed u NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records u			
	AOYA TSURUMAKI 300 EAST 7TH STREET	<u> </u>		
CI	HARLOTTE NC 28202 704	-97:	3-28	300

Form 990 (2020)	CHILDREN'S	THEATRE	OF	CHARLOTTE	INC**-***8031
FUIIII 990 (ZUZU)		THEATKE	OT.	CHARLOTTE	TMC - 002T

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (F) Name and title Average Position Reportable Reportable Estimated amount hours (do not check more than one compensation compensation of other from related per week box, unless person is both an from the compensation organizations officer and a director/trustee) organization from the (list any hours for (W-2/1099-MISC) (W-2/1099-MISC) organization and related related organizations stitutional organizations /idual employee below trustee dotted line) trustee (1) TIM ROGERS 1.20 PAST CHAIR 0.00 X X 0 0 0 (2) ANGELA SCHOLL 1.20 SECRETARY 0.00 X X 0 0 0 (3) ASHLEY JOSEPH 5.00 CHAIR X 0.00 X 0 0 0 (4) STACIA NEUGENT 2.00 X TREASURER X 0 0 0 0.00 (5) SALLIE BEASON 0.60 BOARD MEMBER 0.00 X 0 0 0 (6) KRISTIN BLACK 1.20 BOARD MEMBER 0.00 X 0 0 0 (7) MARY ALICE BOYL 0.60 BOARD MEMBER 0.00 X 0 0 0 (8) MADDIE CHANDLER 0.60 BOARD MEMBER 0.00 X 0 0 0 (9) JULIO COLMENARES 0.60 BOARD MEMBER 0.00 Х 0 0 0 (10) RYAN HUTCHENSON 0.60 BOARD MEMBER 0.00 X 0 0 0 (11) WILLIAM JEFFERS ON 0.60 BOARD MEMBER 0.00 X 0 0 0

Part VII Section A. Officer	s, Directors, Ti	rust	ees,	Key	En	nplo	yees	s, and Highest Compens	ated Employees (continu	ued)		
(A) Name and title	(B) Average hours per week (list any	box	not o k, unle	Pos heck ss pe	more rson i	is both	n an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	С	(F) imated a of othe ompensa from th	er ition e
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganization ed organ	
	LING 0.60					0						
BOARD MEMBER (13) CATHERINE MA	0.00 LONE	X						0	0			0
BOARD MEMBER	0.60	x						0	0			0
(14) LISA MILLER BOARD MEMBER	0.60	x							0			0
(15) BRIAN MURDOC	K	^										
BOARD MEMBER	0.60	x						0	0			0
(16) MALLORY NAVI	0.60											_
BOARD MEMBER (17) KERBIE NEAL	0.00	X						0	0			0
BOARD MEMBER	0.60	x						0	0			0
(18) KRISTEN SARI	O	^							0			
BOARD MEMBER	0.60 0.00	x						0	0			0
(19) CHRIS SOCHA	0.60											
BOARD MEMBER 1b Subtotal	0.00	X					u	0	0			0
c Total from continuation she		•		-	11.3	,	u	277,606			2	5,858
d Total (add lines 1b and 1c) Total number of individuals (i								277,606 pove) who received more	Lthan \$100,000 of		2	5,858
reportable compensation from								,				Yes No
3 Did the organization list any temployee on line 1a? If "Yes	former officer, o	direc	tor, t	trust	ee, l	key (emp	loyee, or highest compens	sated		3	х
4 For any individual listed on line organization and related organization.	ne 1a, is the su anizations great	m of er th	f rep nan S	ortal §150	ole c ,000	comp)? <i>If</i>	ensa "Yes	ation and other compensa s," complete Schedule J fo	ition from the			x
individual5 Did any person listed on line for services rendered to the	1a receive or a	ICCT L	ie cc	mpe	ensa	tion	trom	ı any unrelated organizatio			5	X
Section B. Independent Contrac	tors										<u> </u>	
1 Complete this table for your compensation from the organ	nization. Report	nper com	sate pens	d ind	depe	ende r the	nt co	endar year ending with or	within the organization's	tax year		
Name and	(A) d business address							Descrip	(B) tion of services		Con	(C) npensation
2 Total number of independent received more than \$100,000									0			

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512-514 (A) Total revenue (B)
Related or exempt function revenue Unrelated business revenue , Gifts, Grants milar Amounts 1a Federated campaigns 251,401 1a **b** Membership dues 1b **c** Fundraising events 1c d Related organizations 1d Contributions, and Other Sim **e** Government grants (contributions) 1,146,797 1e **f** All other contributions, gifts, grants. and similar amounts not included above 680,796 1f 37,731 1g |\$ **g** Noncash contributions included in lines 1a-1f . . 2,078,994 h Total. Add lines 1a-1f u Business Code 611600 500,764 500,764 Program Service Revenue EDUCATION PROGRAMS 117,074 711110 117,074 PRODUCTION PROGRAMS f All other program service revenue 617,838 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 341 341 u Income from investment of tax-exempt bond proceeds 208 208 Royalties (i) Real (ii) Personal 6a Gross rents 6a 6h **b** Less: rental expenses c Rental inc. or (loss) d Net rental income or (loss) **7a** Gross amount from (i) Securities (ii) Other sales of assets other than inventory Revenue **b** Less: cost or other 7b basis and sales exps. c Gain or (loss) 7с Other d Net gain or (loss) u **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses ... 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a 10b **b** Less: cost of goods sold c Net income or (loss) from sales of inventory u Business Code scellaneous Revenue 164,765 525920 164,765 11a BENEFICIAL INTEREST IN TRUSTS ADVERTISING 541800 4,082 4,082 b d All other revenue 168,847 **Total.** Add lines 11a–11d u 2,866,228 617,838 4,082 165,314 Total revenue. See instructions

Part IX Statement of Functional Expenses

	in F01(a)(2) and F01(a)(4) arganizations must	•	ll other ergerizations	at complete selimen (A)	
Secti	ion 501(c)(3) and 501(c)(4) organizations musi Check if Schedule O contains a res			t complete column (A).	
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D)
	Bb, 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		5,40,1000	general expenses	5,45,166
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
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	277,606	64,455	176,391	36,760
6	Compensation not included above to disqualified	•	•		<u>, </u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,592,790	1,030,870	392,473	169,447
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	174,161	111,495	41,906	20,760
10	Payroll taxes	140,565	82,675	42,090	15,800
11	Fees for services (nonemployees):	-		-	
а	Management				
	Legal				
С	Accounting	23,850		23,850	
	Lobbying				
е	Professional fundraising services. See Part IV, line 1	7			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	41,145	41,145		
12	Advertising and promotion	57,384	50,225	6,136	1,023
13	Office expenses	22,147	15,430	4,352	2,365
14	Information technology				
15	Royalties	18,000	18,000		
16	Occupancy	229,040	217,588	9,162	2,290
17	Travel				
18	Payments of travel or entertainment expense	es			
	for any federal, state, or local public officials	_			
19	Conferences, conventions, and meetings				
20	Interest	6,002		6,002	
21	Payments to affiliates	47. 064	44 54		
22	Depreciation, depletion, and amortization	67,981	64,581	2,720	680
23	Insurance	21,231	20,169	850	212
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	177 074	177 074		
a	PRODUCTION SUPPLIES & EXP		177,874	12 450	16 300
b	OTHER EXPENSES	129,247	99,461	13,458	16,328
C	PRINTING & DESIGN	18,471	18,164		307
d	OTHER FUNDRAISER EXP	434			434
e 25	All other expenses	2 007 029	2 012 122	710 200	266 406
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	2,997,928	2,012,132	719,390	266,406
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here u if				
DAA	following SOP 98-2 (ASC 958-720)				Form QQ (2020)

Pa	art)						A
		Check if Schedule O contains a response or not	e to an	line in this Part X	/A\	<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			200	1	200
	2	Savings and temporary cash investments			1,698,213	2	2,227,070
	3	Pledges and grants receivable, net	68,954	3	48,257		
	4	Accounts receivable, net		00,701	4	50,000	
	5	Loans and other receivables from any current or form	r. director.				
		trustee, key employee, creator or founder, substantial					
		controlled entity or family member of any of these personal				5	
	6	Loans and other receivables from other disqualified po					
S		under section 4958(f)(1)), and persons described in s		6			
Assets	7	Notes and loans receivable, net		7			
۲	8	Inventories for sale or use				8	
	9	Dranaid avanage and deferred charges			82,897	9	74,695
	10a	Land, buildings, and equipment: cost or other	[
		basis. Complete Part VI of Schedule D	10a	556,201			
	b	Less: accumulated depreciation	10b	424,338	165,926	10c	131,863
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			13,545,520	12	16,868,177
	13	Investments—program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	8,957,170	15	7,419,111		
_	16	Total assets. Add lines 1 through 15 (must equal line			24,518,880	16	26,819,373
	17	Accounts payable and accrued expenses	131,337	17	153,432		
	18	Grants payable	010 107	18	252 452		
	19	Deferred revenue	219,195	19	362,410		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV				21	
Liabilities	22	Loans and other payables to any current or former off					
<u>≣</u>		trustee, key employee, creator or founder, substantial				22	
Lia	23	controlled entity or family member of any of these per-				22	
	23 24	Secured mortgages and notes payable to unrelated the Unsecured notes and loans payable to unrelated third			524,981	24	554,525
	25	Other liabilities (including federal income tax, payables			321/301	24	331/323
		parties, and other liabilities not included on lines 17-24					
		of Schedule D	•	·		25	
	26	Total liabilities. Add lines 17 through 25			875,513	26	1,070,367
		Organizations that follow FASB ASC 958, check he	ere X		3.373=3		
Š		and complete lines 27, 28, 32, and 33.	Ш				
lar	27	Net accete with and demanded attention			1,104,648	27	1,488,067
Fund Balances	28	Net assets with donor restrictions			22,538,719	28	1,488,067 24,260,939
P L		Organizations that do not follow FASB ASC 958, c	heck h	ere u			
		and complete lines 29 through 33.					
Ö	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equipme	ent fun			30	
As	31	Retained earnings, endowment, accumulated income,				31	
Net Assets or	32				23,643,367	32	25,749,006
	33	Total liabilities and net assets/fund balances			24,518,880	33	26,819,373

Form **990** (2020)

Form	990 (2020) CHILDREN'S THEATRE OF CHARLOTTE INC**-***8031			Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,86	6,2	228
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,99		
3	Revenue less expenses. Subtract line 2 from line 1	3	-13	1,5	700
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 2	3,64	3,3	<u> 367</u>
5	Net unrealized gains (losses) on investments	5	3,72	28,6	<u>543</u>
6	Donated services and use of facilities	6 -	1,49	1,3	304
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10 2	5,74	9,0	006
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>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed 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 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 audit, 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				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Part VII Section A. Officer	s, Directors, T	ruste	ees,	Key	Em	nploy	/ees	, and Highest Compens	ated Employees (continu	ued)
(A) Name and title	(B) Average hours per week (list any	offi	k, unle	Pos check ess pe nd a o	more rson i directo	than dis both	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-WISC)	(W-2/1099-WISC)	related organizations
(20) BRADLEY VINE	YARD 0.60									
BOARD MEMBER	0.00	X						0	0	0
(21) LINDA REYNOL MANAGING DIRECTOR	60.00 0.00			x				89,487	0	3,081
(22) ADAM BURKE	60.00									
ARTISTIC DIRECTOR (23) NICHELLE WEI				X				114,366	0	17,509
BOARD MEMBER	0.60	x						0	0	0
(24) JUDITH WHELA	0.60 0.00	x						0	0	0
(25) THOMAS WHITE		_							0	0
BOARD MEMBER (26) TRACY CHANDL	0.00	х						0	0	0
FINANCE DIRECTOR	60.00			х				73,753	0	5,268
(27) NAOYA TSURUM	60.00			v					0	0
MANAGING DIRECTOR 1b Subtotal	0.00			X			u	277,606	0	25,858
c Total from continuation sh	eets to Part VII				_	,	u			
d Total (add lines 1b and 1c) Total number of individuals (including but no	t lim	ited	to th	ose	liste	<u>u</u> d ab	l pove) who received more	l than \$100,000 of	
reportable compensation from	m the organizati	ion ι	1							Yes No
3 Did the organization list any	former officer,	direc	tor,	trust	ee, I	key e	empl	loyee, or highest compen	sated	
 employee on line 1a? If "Yes For any individual listed on li organization and related org 	ne 1a, is the su anizations great	m of er th	f rep	ortat \$150	ole c 0,000	omp)? <i>If</i>	ensa "Yes	ation and other compensa s," complete Schedule J fo		3
individual5 Did any person listed on line	1a receive or a		 ie co	 mpe	 ensa	tion	 from	any unrelated organization	on or individual	4
for services rendered to the		"Yes	s," c	ompl	ete	Sche	edule	e J for such person		5
Complete this table for your compensation from the organ	five highest con nization. Report							endar year ending with or	within the organization's	
Name an	(A) d business address							Descrip	(B) tion of services	(C) Compensation
2 Total number of independen received more than \$100,00										
										5 990 (2000)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

Open to Public

u Attach to Form 990 or Form 990-EZ.

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

tion. Inspection

_	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
	art l							ructions.	
The	orga		·	use it is: (For lines 1 through		•			
1	Ц			ssociation of churches describ					
2	Ц	A school des	scribed in section 170(b)(1	1)(A)(ii). (Attach Schedule E (F	orm 990	or 990-E	Z).)		
3	Ш	A hospital or	a cooperative hospital ser	vice organization described in	section	170(b)(1)(A)(iii).		
4	Ш		= -	ed in conjunction with a hospi	tal describ	ed in s e	ection 170(b)(1)(A)(iii). Enter	the hospita	l's name,
_		city, and stat							
5	Ш	_		t of a college or university own	ned or ope	erated by	a governmental unit describe	ed in	
_			0(b)(1)(A)(iv). (Complete Pa	•	: :	470/5	(4)(4)(4)		
6	H		_	governmental unit described					
7	X		section 170(b)(1)(A)(vi).	a substantial part of its suppor (Complete Part II.)	t from a g	overnme	ental unit or from the general	public	
8	Ш	A community	trust described in section	1 170(b)(1)(A)(vi). (Complete I	Part II.)				
9		An agricultur	al research organization de	escribed in section 170(b)(1)	(A)(ix) ope	erated in	conjunction with a land-grant	college	
		or university university:	or a non-land-grant college	e of agriculture (see instruction	s). Enter t	he name	e, city, and state of the colleg	e or	
10		An organizat	ion that normally receives:	(1) more than 33 1/3% of its	support fro	om contr	ibutions, membership fees, ar	nd gross	
		receipts from	activities related to its exe	empt functions, subject to certa	ain excepti	ons; and	(2) no more than 331/3% of	its	
				and unrelated business taxabl				S	
11			-	30, 1975. See section 509(a					
11 12	Н	_		d exclusively to test for public d exclusively for the benefit of,				nurnococ	
12	Ш			nizations described in section					
				I that describes the type of su					
	а			perated, supervised, or contro					
				ower to regularly appoint or ele					
		supportin	g organization. You must	complete Part IV, Sections	A and B.				
	b	_		supervised or controlled in cor				_	
				orting organization vested in the		ersons t	hat control or manage the su	pported	
	_		•	te Part IV, Sections A and C				4	
	С	its suppo	orted organization(s) (see i	supporting organization operant structions). You must compl	ete Part I	V, Section	ons A, D, and E.	tea with,	
	d			ed. A supporting organization					
				he organization generally mus				tiveness	
		_ ·	1	must complete Part IV, Sec					
	е			eceived a written determination non-functionally integrated sup				II	
	f		mber of supported organization		porting on	garnzano			
	g			the supported organization(s)					L
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Aı	mount of
.,		anization		(described on lines 1–10	listed in you	r governing	support (see	other su	ipport (see
				above (see instructions))	docum		instructions)	instru	uctions)
					Yes	No			
(A)									
(B)									
(C)									
(D)									
					1				
(E)									

Schedule A (Form 990 or 990-EZ) 2020 CHILDREN'S THEATRE OF CHARLOTTE INC**-***8031

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,401,933	1,316,655	1,348,664	1,302,289	2,078,994	7,448,535
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	1,942,700	1,948,559	1,924,716	1,947,958	1,879,643	9,643,576
4	Total. Add lines 1 through 3	3,344,633	3,265,214	3,273,380	3,250,247	3,958,637	17,092,111
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)						
6	Public support. Subtract line 5 from line 4						17,092,111
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	3,344,633	3,265,214	3,273,380	3,250,247	3,958,637	17,092,111
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	675	722	437	176	341	2,351
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.)	72,048	62,799	56,119	74,348		265,314
11	Total support. Add lines 7 through 10			·	•		17,359,776
12	Gross receipts from related activities, etc	c. (see instructions	s)			12	617,838
13	First 5 years. If the Form 990 is for the	· 4				501(c)(3)	
	organization, check this box and stop he	-				. , , ,	▶ □
Sec	tion C. Computation of Public		entage				
14	Public support percentage for 2020 (line	6, column (f) divid	ded by line 11, co	lumn (f))		14	98.46%
15	Public support percentage from 2019 Sc	hedule A, Part II,	line 14			15	97.91%
16a	33 1/3% support test—2020. If the orga	anization did not cl	heck the box on li	ne 13, and line 14	4 is 33 1/3% or m	ore, check this	
	box and stop here. The organization qu	alifies as a publicl	y supported orga	nization			▶ X
b	33 1/3% support test—2019. If the orga	anization did not cl	heck a box on line	e 13 or 16a, and li	ine 15 is 33 1/3%	or more, check	_
	this box and stop here. The organization			•			▶ ∐
17a	10%-facts-and-circumstances test—2	_					
	10% or more, and if the organization me				-	-	
	Part VI how the organization meets the organization			-			> 🗌
b	10%-facts-and-circumstances test—2	019. If the organiz	ation did not ched	ck a box on line 1	3, 16a, 16b, or 17	a, and line	
	15 is 10% or more, and if the organization					-	
	in Part VI how the organization meets the				-		_
	organization						▶ ∐
18	Private foundation. If the organization of instructions	did not check a bo	x on line 13, 16a,	16b, 17a, or 17b	, check this box a	ind see	. \Box

Section A. Public Support

Calendar year (or fiscal year beginning in) u

(b) 2017

Page 3

(f) Total

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

(a) 2016

(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.)

(c) 2018

(d) 2019

(e) 2020

1	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	tion B. Total Support						
Sec	tion B. Total Support	(-) 0040	(1) 0047	(1) 2010	(I) 0040	(1) 2000	(0 T)
9	dar year (or fiscal year beginning in) u Amounts from line 6	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	<u> </u>					
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the		t, second, third, fo	ourth, or fifth tax y	ear as a section 5	501(c)(3)	_
	organization, check this box and stop h						<u></u> ▶ ∟
Sec	tion C. Computation of Public						
15	Public support percentage for 2020 (line						
16	Public support percentage from 2019 Sc					16	6 %
	tion D. Computation of Investn					1	
17	Investment income percentage for 2020			e 13, column (f))			
	vestment income percentage from 2019						
19a	33 1/3% support tests—2020. If the org						
I-	17 is not more than 33 1/3%, check this	=	_			-	
b	33 1/3% support tests—2019. If the org						
20	line 18 is not more than 33 1/3%, check Private foundation. If the organization of	-	_	-		_	_
	The organization	O. O. O. O. O. O.	5 17, 100	, , on on un			990 or 990-EZ) 2020

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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).
- 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 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

		Yes	No
	1		
	2		
	2		
	3a		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	70		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
(For	m 000	or 990-	EZ\ 2020

Schedu	ile A (Form 990 or 990-EZ) 2020 CHILDREN'S THEATRE OF CHARLOTTE INC**-***803	1		Page 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			>
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on 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		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 instruct	ions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	,		
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	instruc	tions).	
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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
DAA	Schedule A (For	m 990	or 990-E	Z) 2020

	ule A (Form 990 or 990-EZ) 2020 CHILDREN'S THEATRE OF CHAR			031 Page 6
Par	Type in the state of the state			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on			
	instructions. All other Type III non-functionally integrated supporting organizations	must c	complete Sections A throu	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of			
	gross income or for management, conservation, or maintenance of property			
	held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	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		
<u> 6 </u>	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount	,		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3_	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integra	ted Ty	pe III supporting organiza	tion

Schedule A (Form 990 or 990-EZ) 2020

(see instructions).

CHILDREN'S THEATRE OF CHARLOTTE INC**-***8031 Schedule A (Form 990 or 990-EZ) 2020 Pag<u>e **7**</u> Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2020 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 **a** From 2015 **b** From 2016 **c** From 2017 **d** From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2016 **b** Excess from 2017.

Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018
 d Excess from 2019
 e Excess from 2020

	orm 990 or 990-EZ) 2020 CHILDREN'S THEATRE OF CHARLOTTE INC**-***8031 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	The second of th
PART I	I, LINE 10 - OTHER INCOME DETAIL
CDOCC	TNOOME FROM FINDDATCING EVENING & 265 214
GRUSS	INCOME FROM FUNDRAISING EVENTS \$ 265,314
• • • • • • • • • • • • • • • • • • • •	
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• • • • • • • • • • • • • • • • • • • •	
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Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

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

Employer identification number

2020

CHILDREN'S THEATRE OF CHARLOTTE INC Organization type (check one): Filers of: Section: **X** 501(c)(Form 990 or 990-EZ **3**) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

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

contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

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

Name of organization

CHILDREN'S THEATRE OF CHARLOTTE INC

Employer identification number **-**8031

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space i	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARTS AND SCIENCE COUNCIL OF CHARLOT 222 CHURCH STREET CHARLOTTE NC 28202	°T \$ 251,841	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NC ARTS COUNCIL DEPT. OF CULTURAL RESOURCES #4632 RALEIGH NC 27699	\$ 89,750	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 3	Name, address, and ZIP + 4 THE LEON LEVINE FOUNDATION 6000 FAIRVIEW ROAD, SUITE 1525 CHARLOTTE NC 28210	\$ 80,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	WOMEN'S IMPACT FUND 2525 DISTRIBUTION STREET CHARLOTTE NC 28203	\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.5	FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON ST. CHARLOTTE NC 28202	\$ 600,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THE SHUBERT FOUNDATION 234 WEST 44TH STREET NEW YORK NY 10036	\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements u Complete if the organization answered "Yes" on Form 990,

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

u Attach to Form 990.

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

OMB No. 1545-0047

2020
Open to Public Inspection

Employer identification number Name of the organization **-***8031 CHILDREN'S THEATRE OF CHARLOTTE INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ${\bf u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$ (ii) Assets included in Form 990, Part X u \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$ Assets included in Form 990, Part X

	edule D (Form 990) 2020 CHILDREN					Page 2
	Using the organization's acquisition, acce		•			
_	collection items (check all that apply):	. 🗆				
a	Public exhibition	<u> </u>	Loan or exchange pro	-		
b	H ,	е 🔛 (Other			
C						
4	Provide a description of the organization'	s collections and expl	ain how they further the	ne organization's ex	cempt purpose in Par	
	XIII.					
5	During the year, did the organization soli		•	•		
	assets to be sold to raise funds rather that		s part of the organiza	tion's collection?	<u></u>	Yes No
Pa	art IV Escrow and Custodial	_				_
	Complete if the organizat 990, Part X, line 21.	ion answered "Ye	s" on Form 990,	Part IV, line 9, o	or reported an am	nount on Form
1a	Is the organization an agent, trustee, cus	todian or other interm	ediary for contribution	s or other assets n	ot	
						🔲 Yes 📙 No
b	If "Yes," explain the arrangement in Part	XIII and complete the	following table:			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount of	n Form 990, Part X, I	ine 21, for escrow or	custodial account lia	ability?	Yes No
	If "Yes," explain the arrangement in Part				*	·
	art V Endowment Funds.		•			
	Complete if the organizat	ion answered "Ye	s" on Form 990,	Part IV, line 10.		
	•	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	13,545,520	14,081,170	14,666,247	14,253,736	6 13,335,419
	Contributions	71,546		7,52		8,026
	Net investment earnings, gains, and	-		•		<u> </u>
_	losses	3,932,217	136,067	109,02	1,144,214	4 1,647,845
d	Grants or scholarships	1,,			, ,	
	Other expenditures for facilities and					
·	programs	642,296	635,665	664,67	703,340	0 706,803
f	Administrative expenses	38,810	36,052	36,95	_	_
g g		16,868,176	13,545,520	14,081,170		
_	Provide the estimated percentage of the					
	Board designated or quasi-endowment u		ioo (iirio 19, oolariir (a)) Hold do.		
	Permanent endowment u 70.00 %					
	Term endowment u 30.00 %					
C	The percentages on lines 2a, 2b, and 2c	should oqual 100%				
32	Are there endowment funds not in the po		ization that are hold s	and administered for	· tho	
Ja		issession of the organ	ization that are new a	ind administered to	uic	Yes No
	organization by:					
	(i) Unrelated organizations					
	(ii) Related organizations					
D 4	If "Yes" on line 3a(ii), are the related organ			·		3b
<u>4</u>	Describe in Part XIII the intended uses o		ndowment tunds.			
Pa	art VI Land, Buildings, and Ed		o" on Form 000	Don't IV line 114	. Caa Farm 000	Dort V line 10
	Complete if the organizat					
	Description of property	(a) Cost or other b	1 ''	1 '	Accumulated	(d) Book value
		(investment)	(other)	depreciation	
1a	Land					
b	Buildings			0 005	00.000	
	Leasehold improvements			0,227	80,222	20,005
	Equipment			2,582	242,194	90,388
	Other			3,392	101,922	21,470
Tota	I. Add lines 1a through 1e. (Column (d) mi	ust equal Form 990, F	'art X, column (B), line	e 10c.)	u	131,863

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" of			
	(a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)		Cost or end-of-year	market value
(1) Financial				
	eld equity interests	16 060 177	MA DIZEM	
• • • • • • • • • • • • • • • • • • • •	ENEFICIAL INTEREST IN TRUST	16,868,177	MARKET	
(B)				
				<u> </u>
(G)				
(H)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 12.) u	16,868,177		
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11c. See Form 99	0, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v	
			Cost or end-of-year	market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) u			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11d. See Form 99	0, Part X, line 15.
	(a) Description			(b) Book value
(1)	CONTRIBUTIONS - FUTURE		Y	7,279,553
(2)		ASSETS W/ CML		111,589
(3)	OTHER			27,969
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 15.)		u	7,419,111
Part X	Other Liabilities.		u	, , 110,111
1 0.110 21	Complete if the organization answered "Yes" of	on Form 990. Part IV.	line 11e or 11f. See Fo	orm 990. Part X.
	line 25.	·····		,
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	on /h) mount nount Forms 000 Part V and /D) line 05			
	an (b) must equal Form 990, Part X, col. (B) line 25.) uncertain tax positions. In Part XIII, provide the text of the	footnote to the erganization	un's financial statements that	roports the
∠. Liability 10f	uncertain tax positions. In Fait Alli, provide the text of the	TOURIDLE TO THE ORGANIZATIO	ni a inianciai statements that	reports trie

	edule D (Form 990) 2020 CHILDREN'S THEATRE OF CHARLO				Page 4
Pa	Reconciliation of Revenue per Audited Financial State		-	Ret	urn.
	Complete if the organization answered "Yes" on Form 990				T 000 1550
1				1	7,029,550
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما	2 720 642		
a	3	2a 2b	3,728,643		
b		2D 2C	434,679		
C		2c 2d			
d e	/	Zu		2e	4,163,322
3	Add lines 2a through 2d Subtract line 2e from line 1			3	2,866,228
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	270007220
a		4a			
b	- · · · · · · · · · · · · · · · · · · ·				
C				4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,866,228
Pa	art XII Reconciliation of Expenses per Audited Financial State	ements	With Expenses p	er R	
	Complete if the organization answered "Yes" on Form 990	, Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	4,923,911
2					
а	Donated services and use of facilities	2a	1,925,983		
b	=				
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,925,983
3	Subtract line 2e from line 1			3	2,997,928
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	, , , , , , , , , , , , , , , , , , , ,	4a			
b	/	4b		_	
C				4c 5	2 007 020
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			3	2,997,928
	art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV lines	a 1h and 2h: Part V line	4: Da	art V lino
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov			: 4, Fa	art A, iii le
	ART X - FIN 48 FOOTNOTE	ide ally a	additional information.		
🛨	ANI A IIN IO IOOINOID				
т	HE THEATRE ACCOUNTS FOR TAX UNCERTAINTIES	BASI	ED ON A MORE		IKELY THAN NO
				· .	
R	ECOGNITION THRESHOLD WHEREBY TAX BENEFITS	ARE	ONLY RECOGN	IIZE	ED WHEN THE
Т	HEATRE BELIEVES THAT THEY HAVE A GREATER	THAN	50% LIKELIH	IOOI	OF BEING
S	USTAINED UPON EXAMINATION BY TAXING AUTHO	DRITI	ES. THE THE	CATI	RE HAS
Ε	VALUATED ALL OF ITS TAX POSITIONS AND DET	'ERMI	NED THAT IT	HAI	O NO UNCERTAII
		_			
I	NCOME TAX POSITIONS AS OF JUNE 30, 2020 A	ND 2	021.		

Schedule D (I	Form 990) 2020 C	CHILDREN'S THEATR	E OF	CHARLOTTE	INC**-***8031	Page 5
Part XIII	Supplementa	CHILDREN'S THEATR				
	• •					
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		• • • • • • • • • • • • • • • • • • • •				
			_			
*						

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Noncash Contributions

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

11 Attach to Form 990

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

OMB No. 1545-0047

2020

Open To Public Inspection

Employer identification number

-*8031 CHILDREN'S THEATRE OF CHARLOTTE INC Part I Types of Property (a) (b) (d) Noncash contribution Check if Method of determining Number of contributions or amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art — Works of art 1 Art — Historical treasures 2 Art — Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 7 Boats and planes Intellectual property 8 Securities — Publicly traded 12 32,479 FAIR MARKET VALUE X 9 Securities — Closely held stock 10 Securities — Partnership, LLC, 11 or trust interests Securities — Miscellaneous 12 13 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other Real estate — Residential 15 Real estate — Commercial 16 Real estate — Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts 5,252 COST Other u(UNITS OF PAINT) 76 25 Other **u**(26 27 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? Х 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

De de III	Online of the state of Charlette Inc.
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether
	the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
	or a combination of both. Also complete this part for any additional information.
	of a combination of both field complete the part for any additional membration
	·

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

2020

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service u Attach to Form 990 or 990-EZ. u Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CHILDREN'S THEATRE OF CHARLOTTE INC

Employer identification number **-***8031

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS PREPARED BY A PAID TAX PROFESSIONAL. IT IS REVIEWED IN DETAIL BY THE TREASURER AND FINANCE COMMITTEE. THE TAX RETURN IS DISTRIBUTED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE CODE OF CONDUCT AND CONFLICT OF INTEREST POLICY IS DISTRIBUTED AT
SPECIAL STAFF MEETINGS HELD ANNUALLY. IT IS EXPLAINED WITH EXAMPLES AND
PROCEDURES GIVEN. EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF
INTEREST AND TO REPORT NEW SITUATIONS THAT ARISE DURING THE YEAR IN ORDER
TO DETERMINE IF THERE IS A CONFLICT OF INTEREST. NEW EMPLOYEES ARE GIVEN
THE POLICY UPON HIRE. THERE IS A SEPARATE CONFLICT OF INTEREST POLICY FOR
BOARD MEMBERS, WHICH IS DISCUSSED AT A BOARD MEETING AT THE BEGINNING OF
THE YEAR. ALL BOARD MEMBERS MUST COMPLETE AND SIGN A DISCLOSURE FORM
LISTING ANY CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST.
BOARD MEMBERS ARE INSTRUCTED TO INFORM THE THEATRE OF ANY CONFLICT THAT
MIGHT ARISE DURING THE YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE MANAGING AND ARTISTIC DIRECTORS EACH REPORT DIRECTLY TO THE BOARD. THE

EXECUTIVE COMMITTEE, ALL OF WHOM ARE INDEPENDENT BOARD MEMBERS, HOLD AN

ANNUAL PERFORMANCE EVALUATION WITH EACH DIRECTOR, SEPARATELY. THE DIRECTOR

PREPARES A WRITTEN SELF-ASSESSMENT OF THEIR PERFORMANCE FOR THE YEAR BASED

ON GOALS AND OBJECTIVES FOR THE PERIOD AND MEETS WITH THE EXECUTIVE

COMMITTEE TO REVIEW PERFORMANCE AND SET GOALS FOR THE UPCOMING YEAR. THE

Filing Instructions

CHILDREN'S THEATRE OF CHARLOTTE INC

Exempt Organization Business Tax Return

Taxable Year Ended June 30, 2021

Date Due: May 15, 2022

Remittance: None is required. Your Form 990-T for the tax year ended 6/30/21 shows no

balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return

electronically. Form 8879-EO, IRS e-file Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

Daniel Ratliff & Company

2815 Coliseum Centre Dr Ste 200

Charlotte, NC 28217

Important: Your return will not be filed with the IRS until the signed Form

8879-EO has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be

mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

Form 8879-EC

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning $\frac{7}{01}$, 2020, and ending $\frac{6}{30}$, 20 $\frac{21}{21}$

Department of the Treasury

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

OMB No. 1545-0047

u Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization or person subject to tax Taxpayer identification number INC **-***8031 CHILDREN'S THEATRE OF CHARLOTTE Name and title of officer or person subject to tax NAOYA TSURUMAKI MANAGING DIRECTOR Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a. 2a. 3a. 4a. 5a. 6a. or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1a Form 990 check here **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here▶ 3a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22) 4a Form 990-PF check here▶ **b** Tax based on investment income (Form 990-PF, Part VI, line 5) b Balance due (Form 8868, line 3c) 5a Form 8868 check here ▶ b Total tax (Form 990-T, Part III, line 4) 6a Form 990-T check here **b Total tax** (Form 4720, Part III, line 1) 7a Form 4720 check here ▶ Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that I am an officer of the above organization of I am a person subject to tax with respect to (name of organization) , (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize DANIEL RATLIFF _ to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. ******* Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. LINDA COLE 05/13/22 ERO's signature } _ ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

For calendar year 2020 or other tax year beginning 07/01/20, and ending 06/30/21Open to Public Inspection uGo to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury for 501(c)(3) f u Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Organizations Only Check box if Name of organization (| Check box if name changed and see instructions.) D Employer identification number Α address changed. Exempt under section R **-***8031 CHILDREN'S THEATRE OF CHARLOTTE INC Print 501(**C**)(**3**) Number, street, and room or suite no. If a P.O. box, see instructions. or E Group exemption number 300 EAST 7TH STREET (see instructions) Type 408(e) 220(e) City or town, state or province, country, and ZIP or foreign postal code 408A 530(a) CHARLOTTE NC 28202 Check box if 529(a) 529A 26,819,373 C Book value of all assets at end of year u an amended return. X 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity Check organization type **u** Check if filing only to **u** Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ... Enter the number of attached Schedules A (Form 990-T) During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation The books are in care of u NAOYA TSURUMAKI Telephone number u 704-973-2800 Part I **Total Unrelated Business Taxable income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) -82 2 2 -82 3 3 Add lines 1 and 2 Charitable contributions (see instructions for limitation rules) 4 4 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 -82 5 5 Deduction for net operating loss. See instructions 6 0 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 Subtract line 6 from line 5 7 -82 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 1,000 8 Trusts. Section 199A deduction. See instructions 9 9 1,000 Total deductions. Add lines 8 and 9 10 10 **Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, 11 11 0 enter zero Part II Tax Computation Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 0 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) 0 Proxy tax. See instructions 3 3 Other tax amounts. See instructions 4 5 Alternative minimum tax (trusts only) 5 Tax on noncompliant facility income. See instructions 6 6 0 **Total.** Add lines 3 through 6 to line 1 or 2, whichever applies 7

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

Form	990-T (2020) CHILDREN'S THEATRE OF CHARLOTTE INC**-***8031				Page 2
Pa	rt III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a				
b	Other credits (see instructions) 1b				
С	General business credit. Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits. Add lines 1a through 1d	L	1e		
2		L	2		
3	Subtract line 1e from Part II, line 7 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866				
	Other (attach statement)	L	3		
4	Total tax. Add lines 2 and 3 (see instructions) Check if includes tax previously deferred under	- 4			
	section 1294. Enter tax amount here u	_ 4[4		0
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5		
6a	Payments: A 2019 overpayment credited to 2020 6a				
b	2020 estimated tax payments. Check if section 643(g) election applies u 6b				
С	Tax deposited with Form 8868 6c				
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d				
е	Backup withholding (see instructions) 6e				
f	Credit for small employer health insurance premiums (attach Form 8941) 6f				
g	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total u 6g				
7	Total payments. Add lines 6a through 6g		7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attachedu		8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	u	9		0
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	. u	10		
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax u Refunded		11		
Pa	rt IV Statements Regarding Certain Activities and Other Information (see instruction	ions)			
					Yes No
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other au	-			
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign co	ountry			
	here u				<u> </u>
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	а			
	foreign trust?				<u> </u>
	If "Yes," see instructions for other forms the organization may have to file.				
3	Enter the amount of tax-exempt interest received or accrued during the tax year ${f u}$ \$				77
4a	Did the organization change its method of accounting? (see instructions)				<u> </u>
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "N	10,"			
Da	explain in Part V		<u></u>		
	rt V Supplemental Information				
Provi	de the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions	5.			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know	uladga an	d bolief it		
Sig	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	wedge and	u bellet, it	May the IRS	discuss this retur arer shown below ons)?
Hĕi					
	Signature of officer Date Title			X Ye	es No
	Print/Type preparer's name Preparer's signature Date		Check	if PTIN	
Paid	LINDA COLE LINDA COLE 05/1	3/22	self-emplo		****
Prep	arer Firm's name } DANIEL RATLIFF & COMPANY	Firm's E	=IN }	**_*	**2812
	Only 2815 COLISEUM CENTRE DR STE 200				
	Firm's address } CHARLOTTE, NC 28217	Phone r	no.	704-37	1-5000

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service uGo to www.irs.gov/Form990T for instructions and the latest information.

u Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization B Employer identification number **-***8031 CHILDREN'S THEATRE OF CHARLOTTE INC C Unrelated Business Activity Code (see instructions) u541800 D Sequence: E Describe the unrelated trade or business u ADVERTISING **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net Part I Gross receipts or sales 1a Less returns and allowances ____ c Balance u 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) 4a Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) b 4b Capital loss deduction for trusts 4c С Income (loss) from partnership and S corporation (attach Rent income (Part IV) 6 6 Unrelated debt-financed income (Part V) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) 9 organization (Part VII) 9 Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 4,082 Other income (see instructions; attach statement SEE STMT 1 4,082 12 12 4,082 4,082 Total. Combine lines 3 through 12. 13 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 1 1 Salaries and wages 4,108 2 2 Repairs and maintenance 3 3 4 4 Interest (attach statement) (see instructions) 5 6 Taxes and licenses Depreciation (attach Form 4562) (see instructions) 7 Less depreciation claimed in Part III and elsewhere on return 8a 8 8b Depletion
Contributions to deferred compensation plans 9 q 10 10 Employee benefit programs 11 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 13 SEE STATEMENT 56 Other deductions (attach statement) 14 14 Total deductions. Add lines 1 through 14 15 4,164 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 column (C) -82 16 Deduction for net operating loss (see instructions) 17 17

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2020

18

-82

	dule A (Form 990-T) 2020 CHILDREN				L Page 2
	rt III Cost of Goods Sold		of inventory valuation u		
1	Inventory at beginning of year				1
2	Purchases				2
3	Cost of labor	Α			3
4	Additional section 263A costs (attach stateme	ent)			4
5	Other costs (attach statement)				5
6	Total. Add lines 1 through 5				6
7	Inventory at end of year				7
8	Cost of goods sold. Subtract line 7 from line				
9	Do the rules of section 263A (with respect to part IV Rent Income (From Real Pr				
1					arty)
•	Description of property (property street addres	is, city, state, ZIP code).	Crieck ii a duai-use (s	see instructions)	
	A				
	c –				<u> </u>
	p				
		Α	В	С	D
2	Rent received or accrued	Α			
	From personal property (if the percentage of				
u	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
-	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
_	_				
3	Total rents received or accrued. Add line 2c co	olumns A through D. En	ter here and on Part I, I	line 6, column (A)	u
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
_	Total deductions Add line 4 columns A three	ugh D. Enter here and a	n Dart I line 6 column	(D)	
5	Total deductions. Add line 4 columns A throu	agn b. Enter here and o	n Part I, line 6, column	(D)	u
Pa	rt V Unrelated Debt-Financed In	ncome (see instruc	tions)		
1	Description of debt-financed property (street a	ddress, city, state, ZIP of	code). Check if a dual-u	use (see instructions)	
	A				
	В 🔲				
	с 🗀				
	D 🔲		_		
_		Α	В	С	D
2	Gross income from or allocable to debt-financed				
•	property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
a	Straight line depreciation (attach statement)				
D	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
4	columns A through D)				
4	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt	<u> </u>			
3	financed property (attach statement)	[-			
6	Divide line 4 by line 5	%		%	% %
7	Gross income reportable. Multiply line 2 by line 6	70		74	/ y /0
•	, ., .		I	l	
8	Total gross income (add line 7, columns A th	nrough D). Enter here ar	nd on Part I, line 7, colu	ımn (A)	u
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colur	mns A through D. Enter	here and on Part I, line	7, column (B)	u
11	Total dividends-received deductions includ				u

Part VI Interest, Annuities, Re	oyalties, and	Rents fron	n Controlle	d Organizat	ions (see in	struction	ons)			
· · · · · · · · · · · · · · · · · · ·			Exempt/Nonexempt Controlled C							
Name of controlled organization	2. Employer identification number	incon	unrelated ne (loss) structions)	4. Total of specified payments made	5. Part of controlling or gross in	ded in the ganization's	6. Deductions directly connected with income in column 5			
(1)										
(2)										
(3)										
(4)										
	Non	exempt Contro	olled Organiza	itions						
incor	unrelated ne (loss) nstructions)	9. Total o	f specified ts made	10. Part of column 9 that is included in the controlling organization's gross income			Deductions directly connected with income in column 10			
(1)										
(2)										
(3)										
(4)										
Add columns 5 and 10. Enter here and on Part I, line 8, column (A) Cotals Add columns 6 and 11. Enter here and on Part I, line 8, column (A) Iline 8, column (B)										
Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)										
Description of income	2. Amou	unt of income	3. Deduction directly contact (attach sta	nnected	Set-asides (attach statement)		5. Total deductions and set-asides (add columns 3 and 4)			
(1)										
(2)										
(3)										
(4)										
Totals	Enter here	nts in column 2. e and on Part I, column (A)					Add amounts in column 5. Enter here and on Part I, line 9, column (B)			
Part VIII Exploited Exempt Act	ivity Income,	Other Tha	n Advertis	ing Income	(see instruct	ions)				
1 Description of exploited activity:	4									
2 Gross unrelated business income from						2				
3 Expenses directly connected with prod line 10, column (B)						3				
4 Net income (loss) from unrelated trade lines 5 through 7	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.									
lines 5 through 7 5 Gross income from activity that is not unrelated business income						5				
6 Expenses attributable to income entere				6						
7 Excess exempt expenses. Subtract line	more than the	e amount on lin	e							
4. Enter here and on Part II, line 12										

Schedule A (Form 990-T) 2020

						EN'S	THEA:	TRE OF	' CHARL	OTTE	INC **	-***8031		Page 4
<u>Pa</u>	rt IX			tising In		renortin	a two or m	ore periodi	cals on a con	solidated	hasis			
•	A		or period	iloai(3). One	ON DOX II I	Срогин	g two or m	iore periodi	Jais on a con	isolidated	Dasis.			
	В													
	С													
_	D													
Ente	r am	oun	ts for each	periodical	listed abov	ve in th∈			nn. T	<u> </u>		C		D.
2	Gro	22	advertising	income		-		Α		В		C		D
а	Add	co	lumns A th	rough D. E	nter here a	and on	Part I, line	11, column	(A)			u		
3	Dire	ect a	advertising	costs by p	eriodical	L								
а	Add	co	lumns A th	rough D. E	nter here a	and on	Part I. line	11. column	(A)			u		
						_			1					
4				s). Subtract li ı line 4 showiı		ne								
			,	ough 8. For a	0 0	,								
		•		s or zero, do	-									
				d enter zero										
5										_		,		
6	Circ	ulat	tion incom	e		···· Г								
7	Exce	ess r	readership co	osts. If line 6	is less than	···· [
	line	5, sı	ubtract line 6	from line 5.	f line 5 is les	ss								
	than	line	6, enter zer	Ό		L								
8	Exce	229	readership c	osts allowed	as a									
				column show										
	line	4, er	nter the less	er of line 4 or	line 7	L								
а									lumns total o					
												u .		
Pa	rt X		Comp	<u>ensation</u>	of Offic	cers, I	Directors	s, and Ti	rustees (se	<u>ee instru</u>	uctions)			
												3. Percentage	1	Compensation
				1. Name	•				2. Ti	itie		of time devoted to business		tributable to lated business
(4)													%	
(1)													%	
(2)													%	
(4)													%	
													75	
Tot	al. E	nter	r here and	on Part II, I	ine 1	4							u	
Pa	rt X		Suppl	emental	Informa	tion (see insti	ructions)						
							, 							

0254000 CHILDREN'S THEATRE OF CHARLOTTE INC

-*8031

Federal Statements

FYE: 6/30/2021

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Statement 1 - Schedule A (990T), Part I, Line 12 - Other Income

Description	 Amount
ADVERTISING	\$ 4,082
TOTAL	\$ 4,082

Advertising

Statement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions

Description	Amount
PLAYBILL HOSTING	\$ 56
TOTAL	\$ 56

Form **4562**

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

equence No. 17

Name(s) shown on return Identifying number **-***8031 CHILDREN'S THEATRE OF CHARLOTTE INC Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1,040,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 2 2,590,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions. 5 (a) Description of property (b) Cost (business use only) 6 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 16 46,534 MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2020 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ... Section B-Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (business/investment use only–see instructions) (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in service 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L S/L Residential rental 27.5 yrs. MM property 27.5 yrs. MM S/L 39 yrs. MM S/L Nonresidential real property MM S/L Section C-Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs. S/L 30-year MM S/L 30 yrs. d 40-year 40 yrs. MM S/L **Summary** (See instructions.) Part IV Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22 46,534 here and on the appropriate lines of your return, Partnerships and S corporations—see instructions.

For assets shown above and placed in service during the current year, enter the

0254000 CHILDREN'S THEATRE OF CHARLOTTE INC **-***8031 Federal Asset Report FYE: 6/30/2021 Form 990, Page 1

		Date		Bus	Sec	Basis			
Asset	Description	In Service	Cost	_%_	179 Bonus	for Depr	Per Conv Meth	<u>Prior</u>	Current
Other	Depreciation:								
1	2003 Ford Van	11/30/02	29,313			29,313	5 MO S/L	29,313	0
2 3	Pace Trailer Silent Storm Snow Machine	4/30/03 9/30/05	2,598 625			2,598 625	5 MO S/L 5 MO S/L	2,598 625	$0 \\ 0$
4	AquaFog Fog Machine	5/16/06	3,245			3,245	5 MO S/L	3,245	0
5	Lighting Equipment	10/31/05	14,956			14,956	7 MO S/L	14,956	0
6	Skyfold Wall	5/31/06 10/01/06	59,347 12,567			59,347 12,567	20 MO S/L 7 MO S/L	41,789 12,567	2,967
7 8	Lighting Equipment Flyline Track & Components	9/15/07	2,451			2,451	10 MO S/L	2,451	0
9		11/15/07	3,129			3,129	5 MO S/L	3,129	0
10	Orchestra Pit	9/20/07	3,689			3,689		2,351	184
11 12	Yamaha Keyboard Synthesizer Lighting Cable & Connector package	7/20/08 7/29/08	3,598 2,538			3,598 2,538	5 MO S/L 10 MO S/L	3,598 2,538	$0 \\ 0$
13	JET Band saw -donated new	7/24/08	1,361			1,361	15 MO S/L	1,082	91
14	Yamaha Upright Piano-used (234417)	9/10/08	1,800				10 MO S/L	1,800	0
15 16	2008 Haulmark Trailer TS7X14DT2 Tiny Fogger	8/22/08 9/01/09	6,269 1,884			6,269 1,884	5 MO S/L 5 MO S/L	6,269 1,884	$\begin{array}{c} 0 \\ 0 \end{array}$
18	White Seamless Cyc	3/01/10	4,944			4,944		4,944	ő
19	2-Way Radio Systems - 20 Units	3/31/10	6,457			6,457		6,457	0
20 21	2009 Silver Birch Med Pewter Chevrolet Vε Black Stage Curtains (2 boarders & 4 Legs)	9/01/10	32,706 4,586			32,706 4,586	5 MO S/L 12 MO S/L	32,706 3,758	0 382
22	Table Saw	10/15/10	2,999			2,999	8 MO S/L	2,999	0
23	Wireless Microphone system/transmitter/3 N		3,732			3,732	5 MO S/L	3,732	0
	Lateral Open Storage/File System with 3 cal 4 Shure microphones/Bodypacks (Full Com		2,034 4,211			2,034 4,211	10 MO S/L 5 MO S/L	1,829 4,211	203
	Lectosonic Microphone System with 4 Mics		7,083			7,083	4 MO S/L	7,083	ő
28	19 Vertex Standard Two Way Radios	6/26/13	4,820			4,820	4 MO S/L	4,820	0
30 31	2 MAC Viper Moving Lights 2 BOCA ticket printers	8/31/13 4/30/14	19,575 3,292			19,575 3,292	7 MO S/L 5 MO S/L	19,108 3,292	467 0
33	Tarradiddle Trailer Retrofit	8/31/13	2,959			2,959	2 MO S/L	2,959	0
34	Suspended Dance floor-fully paid for by US		37,191			37,191	8 MO S/L	28,281	4,649
35 36	Barbizon - Jellstrings Yamaha Piano	10/10/14 12/01/14	658 1,977			658 1,977	5 MO S/L 7 MO S/L	658 1,576	0 282
37		11/30/14	2,083			2,083	10 MO S/L	1,162	208
38	Cyclorama & Full Stage Black (Rosebrand)		4,775			4,775	5 MO S/L	4,775	0
39 40	S.E. Systems Microphones (2) & Transmitte Bernina 800 Serger	1/02/15 11/17/14	5,037 800			5,037 800	5 MO S/L 10 MO S/L	5,037 447	0 80
	Dress forms (2 ladies, 1 man, 1 girl)	1/01/15	1,850			1,850	10 MO S/L	1,018	185
42	Pipe & Drape - Education	1/01/15	1,869			1,869	10 MO S/L	1,028	187
	Millermatic 141 Welder (Machine & Weldir Fold-n-Lock Storage Unit	4/01/15 5/01/15	1,224 2,005			1,224 2,005	10 MO S/L 5 MO S/L	642 2,005	122 0
	Flip Forms Platforms	6/01/15	3,162			3,162		1,607	316
	Wireless Dimming Control System (RC4)	6/21/15	1,979			1,979	5 MO S/L	1,979	0
	HP Laser Jet Printer & Envelope feeder Shelving (Scholastic Bookfairs)	9/01/14 8/24/15	1,172 1,963			1,172 1,963	8 MO S/L 20 MO S/L	856 474	147 98
51	Projectors and Accessories (TM productions	11/20/15	7,700			7,700	5 MO S/L	7,058	642
52	Cables to connect devices (Barbizon)	1/27/16	507			507	5 MO S/L	447	60
53 54	Garment Steamer and Wig Hose (Amazon) Canvas Block and Wig Dryer (Hairess Corp	2/01/16 2/01/16	272 1,245			272 1.245	10 MO S/L 10 MO S/L	120 550	27 125
55	Men's Size 38 Form (B&G Lieberman)	2/01/16	451			451	15 MO S/L	133	30
	Projector Lens and Lamp (Babylon) Triple Head 2 Go Digital SE External Adopt	2/19/16	4,500			4,500	5 MO S/L	3,900	600
57 58	Triple Head 2 Go Digital SE External Adapt iMac	3/21/16 4/01/16	467 1,189			467 1,189	5 MO S/L 5 MO S/L	396 1,011	71 178
	ETC (lights)	1/11/16	7,500			7,500	10 MO S/L	3,375	750
60	Computers and Monitors (Dell)	2/05/16	2,783			2,783	5 MO S/L	2,459	324
61 62	Printers (CDW Gov) Server Battery Back-Up (NewEgg)	8/15/15 7/15/15	2,114 830			2,114 830	5 MO S/L 5 MO S/L	2,079 830	35 0
	New Server (Dell) and Software (techsoup)	7/01/15	9,047			9,047	5 MO S/L	9,047	0
64	Marketing Laptop (HP)	10/01/15	1,170			1,170	4 MO S/L	1,170	0
	Amazon (Marketing video recorder) Barbizon (Base Haze Pro)	10/05/16 3/17/17	1,531 1,923			1,531 1,923	5 MO S/L 6 MO S/L	1,148 1,043	306 321
	Dell (ASLAN2 - New Server)	4/11/17	2,848			2,848	4 MO S/L	2,314	534
68	Shure ULXS14 Wireless Guitar System	8/01/17	1,887			1,887	10 MO S/L	551	189
69 70	3 Maverick Lights, Coloursource, Mega Cla Wireless Intercom & Headsets	9/11/17 8/30/17	19,431 6,977			19,431 6,977	7 MO S/L 8 MO S/L	7,865 2,471	2,776 872
71	4 Projectors	8/01/17	9,165			9,165	5 MO S/L	5,346	1,833
72	Liars Projector	8/01/17	4,200			4,200	5 MO S/L	2,450	840
	Dell Production Monitors for Super Comput Computer for Adam Burke	8/01/17 8/01/17	864 1,584			864 1,584	7 MO S/L5 MO S/L	359 924	123 317
'-	Computer for Addin Burke	0/01/1/	1,504			1,504	5 1410 B/L	<i>)</i> 2 4	317

0254000 CHILDREN'S THEATRE OF CHARLOTTE INC

-*8031 Federal Asset Report

FYE: 6/30/2021 Form 990, Page 1

					_				
Accet	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Asset	Description	III Service	Cost		. <u>179 bonus</u> .	Tor Depr	Per Conv Metri	PIIOI	Current
75	Dell Production Super Computer	7/15/17	1,524			1,524	5 MO S/L	915	305
76	Dell XPS 13 Computer (Taylor)	8/01/17	1,918			1,918	5 MO S/L	1,120	384
77	Dell Percision Tower 3620 Computer (Odur		1,133			1,133	5 MO S/L	662	227
78	11 Dell Computers & 13 Dell Monitors	8/01/17	8,817			8,817	5 MO S/L	5,142	1,763
79	5 Dell Computers	5/01/18	2,852			2,852	5 MO S/L	1,235	570
80	7 Dell Monitors	5/01/18	833			833		258	119
81	Dance Floor	2/06/19	7,299			7,299	8 MO S/L	1,292	912
82	Uninterrupted Power Source for Phone System		1,206			1,206		422	241
83	15 Two Way Radios	5/20/19	2,960			2,960		641	592
84	Phone System	10/31/18	42,736			42,736		7,123	4,274
85	5 Dell Computers with 4 Monitors	10/01/18	6,205			6,205	5 MO S/L	2,172	1,241
86	Dell Laptop & Docking Station - Thrive	2/01/19	1,229			1,229	5 MO S/L	348	246
87	RTC Trailer	9/01/18	7,003			7,003	5 MO S/L	2,568	1,401
88	RTC Van (Vin # 1GAZGPFG7J1338595)	9/01/18	42,544			42,544	5 MO S/L	15,600	8,509
89	Vectorworks	7/15/19	2,132			2,132		711	710
90	Dell (4 Computers & Monitors) Kasper, Ste		4,016			4,016		602	804
91	Dell (Production Computer)	10/15/19	1,622			1,622		243	325
92	Ticket Scanner	3/15/20	1,007			1,007	5 MO S/L	67	202
93	Lightboard Upgrades	12/15/20	6,197			6,197	5 MO S/L	0	723
94	10 Chromebooks & Wifi Aceess Points for I		3,810			3,810		0	953
95	2 Laptops, 1 Monitor (Chandler & Clair)	9/15/20	2,460			2,460	4 MO S/L	0	512
	Total Other Depreciation		556,201			556,201		377,805	46,534
	· · · · · · · · · · · · · · · · · · ·	_							
	Total ACRS and Other Deprec	iation	556,201			556,201		377,805	46,534
	1	=			:				
						~			
	Grand Totals		556,201			556,201		377,805	46,534
	Less: Dispositions and Transfer	rs	0			0		0	0,554
	Less: Start-up/Org Expense		ő			ő		ő	ŏ
		_	556 201			556 201			16.521
	Net Grand Totals	=	556,201			556,201		377,805	46,534



0254000 CHILDREN'S THEATRE OF CHARLOTTE INC **-***8031 AMT Asset Report FYE: 6/30/2021 Form 990, Page 1

		Doto		Dua Caa	Doois			
Asset	Description	Date In Service	e Cost	Bus Sec <u>%</u> 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<u>Other</u>	Depreciation: 2003 Ford Van	11/30/02	29,313		29,313	5 MO S/L	29,313	0
2	Pace Trailer	4/30/03	2,598		2,598	5 MO S/L	2,598	0
3	Silent Storm Snow Machine	9/30/05	625		625	5 MO S/L	625	0
4 5	AquaFog Fog Machine Lighting Equipment	5/16/06 10/31/05	3,245 14,956		3,245 14,956	5 MO S/L 7 MO S/L	3,245 14,956	$\begin{array}{c} 0 \\ 0 \end{array}$
6	Skyfold Wall	5/31/06	59,347		59,347	20 MO S/L	41,789	2,967
7	Lighting Equipment	10/01/06	12,567		12,567	7 MO S/L	12,567	0
8 9	Flyline Track & Components MotifXS8 Keyboard/Synthesizer	9/15/07 11/15/07	2,451 3,129		2,451 3,129	10 MO S/L 5 MO S/L	2,451 3,129	$0 \\ 0$
10	Orchestra Pit	9/20/07	3,689		3,689		2,351	184
11	Yamaha Keyboard Synthesizer	7/20/08	3,598		3,598		3,598	0
12 13	Lighting Cable & Connector package JET Band saw -donated new	7/29/08 7/24/08	2,538 1,361			10 MO S/L 15 MO S/L	2,538 1,082	0 91
13	Yamaha Upright Piano-used (234417)	9/10/08	1,800			13 MO S/L 10 MO S/L	1,800	0
15	2008 Haulmark Trailer TS7X14DT2	8/22/08	6,269		6,269	5 MO S/L	6,269	0
16	Tiny Fogger	9/01/09	1,884		1,884		1,884	0
18 19	White Seamless Cyc 2-Way Radio Systems - 20 Units	3/01/10 3/31/10	4,944 6,457		4,944 6,457		4,944 6,457	$0 \\ 0$
20	2009 Silver Birch Med Pewter Chevrolet Vε	11/15/09	32,706		32,706	5 MO S/L	32,706	0
21	Black Stage Curtains (2 boarders & 4 Legs)		4,586			12 MO S/L	3,758	382
22 23	Table Saw Wireless Microphone system/transmitter/3 N	10/15/10 4/01/11	2,999 3,732		2,999 3,732	8 MO S/L 5 MO S/L	2,999 3,732	$\begin{array}{c} 0 \\ 0 \end{array}$
25	Lateral Open Storage/File System with 3 cal	7/15/11	2,034		2,034	10 MO S/L	1,829	203
	4 Shure microphones/Bodypacks (Full Comp		4,211		4,211	5 MO S/L	4,211	0
	Lectosonic Microphone System with 4 Mics 19 Vertex Standard Two Way Radios	6/26/13	7,083 4,820		7,083 4,820	4 MO S/L 4 MO S/L	7,083 4,820	$\begin{array}{c} 0 \\ 0 \end{array}$
	2 MAC Viper Moving Lights	8/31/13	19,575		19,575	7 MO S/L	19,108	467
31	2 BOCA ticket printers	4/30/14	3,292		3,292	5 MO S/L	3,292	0
33 34	Tarradiddle Trailer Retrofit Suspended Dance floor-fully paid for by US	8/31/13 5/31/14	2,959 37,191		2,959 37,191	2 MO S/L 8 MO S/L	2,959 28,281	0 4 , 649
35	Barbizon - Jellstrings	10/10/14	658		658	5 MO S/L	658	0
36	Yamaha Piano	12/01/14	1,977		1,977	7 MO S/L	1,576	282
37 38	Traveler Track (Rosebrand) Cyclorama & Full Stage Black (Rosebrand)	11/30/14 11/30/14	2,083 4,775		2,083 4,775	10 MO S/L 5 MO S/L	1,162 4,775	208 0
39	S.E. Systems Microphones (2) & Transmitte		5,037		5,037	5 MO S/L	5,037	ő
	Bernina 800 Serger	11/17/14	800		800		447	80
41 42	Dress forms (2 ladies, 1 man, 1 girl) Pipe & Drape - Education	1/01/15 1/01/15	1,850 1,869		1,850 1,869	10 MO S/L 10 MO S/L	1,018 1,028	185 187
43	Millermatic 141 Welder (Machine & Weldir		1,224		1,224		642	122
	Fold-n-Lock Storage Unit	5/01/15	2,005		2,005	5 MO S/L	2,005	0
45 46	Flip Forms Platforms Wireless Dimming Control System (RC4)	6/01/15 6/21/15	3,162 1,979		3,162 1,979		1,607 1,979	316 0
47	HP Laser Jet Printer & Envelope feeder	9/01/14	1,172		1,172	8 MO S/L	856	147
	Shelving (Scholastic Bookfairs)	8/24/15	1,963			20 MO S/L	474	98
51 52	Projectors and Accessories (TM productions Cables to connect devices (Barbizon)	11/20/15 1/27/16	7,700 507		7,700 507	5 MO S/L 5 MO S/L	7,058 447	642 60
53	Garment Steamer and Wig Hose (Amazon)	2/01/16	272		272		120	27
54	Canvas Block and Wig Dryer (Hairess Corp		1,245		1,245	10 MO S/L	550	125
55 56	Men's Size 38 Form (B&G Lieberman) Projector Lens and Lamp (Babylon)	2/01/16 2/19/16	451 4,500		451 4,500		133 3,900	30 600
57	Triple Head 2 Go Digital SE External Adapt	3/21/16	467		467	5 MO S/L	396	71
58	iMac	4/01/16	1,189		1,189	5 MO S/L	1,011	178
59 60	ETC (lights) Computers and Monitors (Dell)	1/11/16 2/05/16	7,500 2,783		7,500 2,783	10 MO S/L 5 MO S/L	3,375 2,459	750 324
61	Printers (CDW Gov)	8/15/15	2,114		2,114	5 MO S/L	2,079	35
62	Server Battery Back-Up (NewEgg)	7/15/15	830		830		830	0
63 64	New Server (Dell) and Software (techsoup) Marketing Laptop (HP)	7/01/15 10/01/15	9,047 1,170		9,047 1,170	5 MO S/L 4 MO S/L	9,047 1,170	$\begin{array}{c} 0 \\ 0 \end{array}$
	Amazon (Marketing video recorder)	10/05/16	1,531		1,531	5 MO S/L	1,148	306
66	Barbizon (Base Haze Pro)	3/17/17	1,923		1,923	6 MO S/L	1,043	321
67 68	Dell (ASLAN2 - New Server) Shure ULXS14 Wireless Guitar System	4/11/17 8/01/17	2,848 1,887		2,848 1,887	4 MO S/L 10 MO S/L	2,314 551	534 189
	3 Maverick Lights, Coloursource, Mega Cla	9/11/17	19,431		19,431	7 MO S/L	7,865	2,776
70	Wireless Intercom & Headsets	8/30/17	6,977		6,977	8 MO S/L	2,471	872
71 72	4 Projectors Liars Projector	8/01/17 8/01/17	9,165 4,200		9,165 4,200	5 MO S/L 5 MO S/L	5,346 2,450	1,833 840
73	Dell Production Monitors for Super Comput		864		864		359	123
74	Computer for Adam Burke	8/01/17	1,584		1,584	5 MO S/L	924	317
1								

0254000 CHILDREN'S THEATRE OF CHARLOTTE INC

-*8031

AMT Asset Report Form 990, Page 1

FYE: 6/30/2021

Net Grand Totals

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per	Conv Meth	Prior	Current
75	Dell Production Super Computer	7/15/17	1,524			1,524	5	MO S/L	915	305
76	Dell XPS 13 Computer (Taylor)	8/01/17	1,918			1,918	5	MO S/L	1,120	384
77	Dell Percision Tower 3620 Computer (Odur	8/01/17	1,133			1,133	5	MO S/L	662	227
78	11 Dell Computers & 13 Dell Monitors	8/01/17	8,817			8,817	5	MO S/L	5,142	1,763
79	5 Dell Computers	5/01/18	2,852			2,852	5	MO S/L	1,235	570
80	7 Dell Monitors	5/01/18	833			833	7	MO S/L	258	119
81	Dance Floor	2/06/19	7,299			7,299	8	MO S/L	1,292	912
82	Uninterrupted Power Source for Phone Syst	10/01/18	1,206			1,206	5	MO S/L	422	241
83	15 Two Way Radios	5/20/19	2,960			2,960		MO S/L	641	592
84	Phone System	10/31/18	42,736			42,736		MO S/L	7,123	4,274
85	5 Dell Computers with 4 Monitors	10/01/18	6,205			6,205		MO S/L	2,172	1,241
86	Dell Laptop & Docking Station - Thrive	2/01/19	1,229			1,229	5	MO S/L	348	246
87	RTC Trailer	9/01/18	7,003			7,003	5	MO S/L	2,568	1,401
88	RTC Van (Vin # 1GAZGPFG7J1338595)	9/01/18	42,544			42,544	5	MO S/L	15,600	8,509
89	Vectorworks	7/15/19	0			0	0	HY	0	0
90	Dell (4 Computers & Monitors) Kasper, Ste	10/15/19	0			0	0	HY	0	0
91	Dell (Production Computer)	10/15/19	0			0	0	HY	0	0
92	Ticket Scanner	3/15/20	0			0	0	HY	0	0
								TTTT		

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376,182

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42,305

Dell (Production Computer) Ticket Scanner 3/15/20 Lightboard Upgrades 12/15/20 10 Chromebooks & Wifi Aceess Points for 1 7/15/20 2 Laptops, 1 Monitor (Chandler & Clair) 9/15/20 0 0 HY 0 **Total Other Depreciation** 534,957 534,957 534,957 **Total ACRS and Other Depreciation** 534,957 **Grand Totals** 534,957 534,957 Less: Dispositions and Transfers

534,957

0254000 CHILDREN'S THEATRE OF CHARLOTTE INC
-*8031 **Depreciation Adjustment Report All Business Activities** FYE: 6/30/2021 AMT Adjustments/ Preferences AMT Form Unit Asset Description Tax There are no assets that meet the criteria of this report

FYE: 6/30/22

0254000 CHILDREN'S THEATRE OF CHARLOTTE INC

-*8031 Future Depreciation Report

FYE: 6/30/2021 Form 990, Page 1

<u>Asset</u>	Description	Date In Service	Cost	Tax	AMT	
Other	Depreciation:					
0ther 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 18 19 20 21 22 23 25 26 27 28 30 31 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64	Depreciation: 2003 Ford Van Pace Trailer Silent Storm Snow Machine AquaFog Fog Machine Lighting Equipment Skyfold Wall Lighting Equipment Flyline Track & Components MotifXS8 Keyboard/Synthesizer Orchestra Pit Yamaha Keyboard Synthesizer Lighting Cable & Connector package JET Band saw -donated new Yamaha Upright Piano-used (234417) 2008 Haulmark Trailer TS7X14DT2 Tiny Fogger White Seamless Cyc 2-Way Radio Systems - 20 Units 2009 Silver Birch Med Pewter Chevrolet Van Black Stage Curtains (2 boarders & 4 Legs) - Table Saw Wireless Microphone system/transmitter/3 Micr Lateral Open Storage/File System with 3 cabin 4 Shure microphones/Bodypacks (Full Compass Lectosonic Microphone System with 4 Mics 19 Vertex Standard Two Way Radios 2 MAC Viper Moving Lights 2 BOCA ticket printers Tarradiddle Trailer Retrofit Suspended Dance floor-fully paid for by USAIR Barbizon - Jellstrings Yamaha Piano Traveler Track (Rosebrand) Cyclorama & Full Stage Black (Rosebrand) S.E. Systems Microphones (2) & Transmitter (1 Bernina 800 Serger Dress forms (2 ladies, 1 man, 1 girl) Pipe & Drape - Education Millermatic 141 Welder (Machine & Welding St Fold-n-Lock Storage Unit Flip Forms Platforms Wireless Dimming Control System (RC4) HP Laser Jet Printer & Envelope feeder Shelving (Scholastic Bookfairs) Projectors and Accessories (TM productions) Cables to connect devices (Barbizon) Garment Steamer and Wig Hose (Amazon) Canvas Block and Wig Dryer (Hairess Corp) Men's Size 38 Form (B&G Lieberman) Projector Lens and Lamp (B&G Lieberman) Projector Lens and Monitors (Dell) Printers (CDW Gov) Server Battery Back-Up (NewEgg) New Server (Dell) and Software (techsoup) Marketing Laptop (HP)	Service 11/30/02 4/30/03 9/30/05 5/16/06 10/31/05 5/31/06 10/01/06 9/15/07 7/20/08 7/29/08 7/29/08 7/24/08 9/01/09 3/01/10 3/31/10 11/15/09 9/01/10 10/15/10 4/01/11 7/15/11 1/15/13 6/26/13 8/31/13 4/30/14 8/31/13 5/31/14 10/10/14 12/01/14 11/30/14 11/30/14 11/30/14 11/30/14 11/30/14 11/30/15 5/01/15 6/21/15 9/01/16 2/01/16	29,313 2,598 625 3,245 14,956 59,347 12,567 2,451 3,129 3,689 3,598 2,538 1,361 1,800 6,269 1,884 4,944 6,457 32,706 4,586 2,999 3,732 2,034 4,211 7,083 4,820 19,575 3,292 2,959 37,191 658 1,977 2,083 4,775 5,037 800 1,850 1,869 1,224 2,005 3,162 1,979 1,172 1,963 7,700 507 272 1,145 4,514 4,500 4,67 1,189 7,500 2,783 2,114 830 9,047 1,170	0 0 0 0 0 2,968 0 0 0 185 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 2,968 0 0 0 185 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
65 66 67 68 69 70 71	Amazon (Marketing video recorder) Barbizon (Base Haze Pro) Dell (ASLAN2 - New Server) Shure ULXS14 Wireless Guitar System 3 Maverick Lights, Coloursource, Mega Clamp, Wireless Intercom & Headsets 4 Projectors	10/05/16 3/17/17 4/11/17 8/01/17 9/11/17 8/30/17 8/01/17	1,531 1,923 2,848 1,887 19,431 6,977 9,165	77 320 0 188 2,776 872 1,833	77 320 0 188 2,776 872 1,833	
72 73	Liars Projector Dell Production Monitors for Super Computer	8/01/17 8/01/17	4,200 864	840 124	840 124	

0254000 CHILDREN'S THEATRE OF CHARLOTTE INC

-*8031 Future Depreciation Report

FYE: 6/30/2021 Form 990, Page 1

		Date In		_	
<u>Asset</u>	Description	Service	Cost	Tax	AMT
74	Computer for Adam Burke	8/01/17	1,584	317	317
75	Dell Production Super Computer	7/15/17	1,524	304	304
76	Dell XPS 13 Computer (Taylor)	8/01/17	1,918	383	383
77	Dell Percision Tower 3620 Computer (Odum)	8/01/17	1,133	226	226
78	11 Dell Computers & 13 Dell Monitors	8/01/17	8,817	1,764	1,764
79	5 Dell Computers	5/01/18	2,852	571	571
80	7 Dell Monitors	5/01/18	833	119	119
81	Dance Floor	2/06/19	7,299	913	913
82	Uninterrupted Power Source for Phone System	10/01/18	1,206	241	241
83	15 Two Way Radios	5/20/19	2,960	592	592
84	Phone System	10/31/18	42,736	4,273	4,273
85	5 Dell Computers with 4 Monitors	10/01/18	6,205	1,241	1,241
86	Dell Laptop & Docking Station - Thrive	2/01/19	1,229	246	246
87	RTC Trailer	9/01/18	7,003	1,400	1,400
88	RTC Van (Vin # 1GAZGPFG7J1338595)	9/01/18	42,544	8,509	8,509
89	Vectorworks	7/15/19	2,132	711	0
90	Dell (4 Computers & Monitors) Kasper, Steele	10/15/19	4,016	803	0
91	Dell (Production Computer)	10/15/19	1,622	324	0
92	Ticket Scanner	3/15/20	1,007	201	0
93	Lightboard Upgrades	12/15/20	6,197	1,239	0
94	10 Chromebooks & Wifi Aceess Points for Ed	7/15/20	3,810	952	0
95	2 Laptops, 1 Monitor (Chandler & Clair)	9/15/20	2,460	615	0
	Total Other Depreciation		556,201	43,256	38,411
	Total ACRS and Other Depreciation		556,201	43,256	38,411
	Grand Totals		556,201	43,256	38,411

FYE: 6/30/22

6. Totals

Form 990-T	Business II	ncome Activity	/ Summary		2020
lame	THEATRE OF CHARLOTTE	TNC		Taxpayer Id	entification Number
CUTTDKEN . 2	THEATRE OF CHARLOTTE	TINC			0031
susiness Activity	Income (and allocation of Prior-	2018 NOL)			
A. Total Pre-2018 Net	Operating Losses Carried Forward			N/A A.	
3. Total Pre-2018 Net	Operating Loss allocated to Sch A activities	······································		В.	
	Operating Loss allocated to Form 990-T, Li				
	Sum of B and C)				
E. Pre-2018 Remainin	g (Line A minus Line D)			E.	
F. Pre-2018 Net Oper	ating Losses Expiring this Year			F.	
G. Pre-2018 Net Oper	ating Losses Carried Forward			G.	
	siness Income Activity with Income	Code	Net Income		ated Pre2018 NOL
	······································		1.		
2.			2.		
3.			3.		
1.			4.		
-			_		
·					
7			7.	-	
·			0	-	
·			9	-	
D.			10.		
1.			11.	-	
2.			12.	-	
3.			49	-	
4.			4.4		
5. All other revenue					
	ome		16.		
6. Total taxable inc			16		
Unrelated Bu	siness Income Activity with Losses	Code		(Current Year Loss
1. ADVERTIS	•	- 41000			-82
					
2 3				3.	
 1.				3.	
5 ΔII other activities				····· <u>"</u> —	

Form **990-T**

Schedule A Loss Carryover Calculation Description ADVERTISING

2020

Name

Taxpayer Identification Number **-***8031

CHILDREN'S THEATRE OF CHARLOTTE INC Unincorporated Business Income Tax Code: 541800

Activity: ADVERTISING AND RELATED SERVICES

Each activity may carryforward losses after 2018

	Lash asimy may sanyio mara losses and Lare		
1	Activity income	1	4,082
2	Activity deductions	2	4,164
3	Activities income or loss, after deductions	3	-82
4	Losses carried over to this year (do not include amounts prior to 2018)	4	
5	Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive.	5	
6	Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II		
7	Remaining losses to be carried forward to 2021 (Subtract Line 6 from line 4)	7	
8	If line 3 is less than zero, enter that amount here as a positive number	8	82
9	Total loss carried forward to 2021 (Add lines 7 and 8)	9	82
Ele	ectronic Filing includes the report of additional amounts for this activity		
	Activity loss amounts from 2019	E1	
E2	Prior year activity losses included on Schedule A, Llne 17	E2	



0254000 CHILDREN'S THEATRE OF CHARLOTTE INC

-*8031 Federal Statements **-***8031 FYE: 6/30/2021 **Taxable Interest on Investments** Description Unrelated Exclusion Postal Acquired after Business Code Code 6/30/75 US Obs (\$ or %) **Amount** 14 341 TOTAL 341

0254000 CHILDREN'S THEATRE OF CHARLOTTE INC

-*8031

Federal Statements

FYE: 6/30/2021

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	E	Total xpenses	Program Service		Management & General	//	Fund Raising
OTHER EXPENSES	\$	41,145	\$	41,145	\$	\$	
TOTAL	\$	41,145	\$	41,145	\$ 0	\$	0

0254000 CHILDREN'S THEATRE OF CHARLOTTE INC **-***8031 Federal Statements	
-*8031 Federal Statements FYE: 6/30/2021	
Schedule A, Part II, Line 10(e)	
Description Cave TN Face TN Fa	Amount
CAKE IN FACE EVENT TOTAL	\$ 0
Schedule A, Part II, Line 12 - Current year	
Description PRODUCTION PROGRAMS	* Amount \$ 117,074
EDUCATION PROGRAMS RENT 1	500,764
N/A TOTAL	\$ 617,838
	· · · · · · · · · · · · · · · · · · ·

0254000 CHILDREN'S THEATRE OF CHARLOTTE INC

Public Inspection Copy

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 2020 Open to Public Inspection

<u>A</u>	For the	e 2020	calendar ye	ar, or tax year beginn	ing07/01/20	, and ending	06/30/2	1					
В	Check if a	applicable:	C Name of org	ganization					D Employ	er identificat	ion number		
Ш	Address of	change		CHILDR	EN'S THEATRE	OF CHARI	LOTTE INC	5		10	\ /		
\Box	Name cha	ange	Doing busine		1130					L02803	1/		
二				street (or P.O. box if mail is no		ss)		Room/suite		Telephone number 704-973-2800			
-	Initial retur			AST 7TH STREET , state or province, country, and					1 / 0 4 -	9/3-4	800		
	terminated										0.066.0	00	
	Amended	return	CHARLO	address of principal officer:	NC 28202				G Gross r	eceipts\$	2,866,2	<u> 28</u>	
Ħ	Application	n pending						H(a) Is this a	group return fo	or subordinates	Yes X	No	
Ш	Application	ii peridirig	1	A TSURUMAKI							= =] No	
			1	EAST 7TH STI				1	subordinates ii			J NO	
				LOTTE		8202		- " "	io, allacri a ii	st. See instruct	lions		
<u></u>		mpt status:) t (insert no.)	4947(a)(1) or	527	-					
<u>J</u>	Website:			HARLOTTE OR					exemption num				
		organization		ation Trust Associa	ation Other u		L Ye	ear of formation:	1948	M State of	f legal domicile:	<u>NC</u>	
F	Part I		ummary										
4	1 E			organization's mission o									
Š				OF CHILDREN'S									
'n				THEATRE EXPE	RIENCES, INS	PIRING GE	ENERATION	S TO EX	PLORE	THE			
Governance				THEIR WORLD.									
တိ	2 (Check th	nis box u	if the organization disc	ontinued its operatio	ns or disposed	I of more than	25% of its n	et assets.	1			
∞ಶ				embers of the governing						23			
Activities	4 1	Number	of independe	ent voting members of	the governing body (Part VI, line 1b	b)		4	23			
Ĭ	5 7	Total nur	mber of indiv	viduals employed in cale	endar year 2020 (Pa	rt V, line 2a)			5	136			
Act	6 7	Total nur	mber of volu	inteers (estimate if nece	essary)				6	275			
	1			ness revenue from Part					4,08	<u>82</u>			
	١d	Net unre	lated busine	ss taxable income from	Form 990-T, Part I,	line 11			7b			0	
						_	Prior \			urrent Year	-		
<u>e</u>	8 Contributions and grants (Part VIII, line 1h)								2,289		,078,99		
Revenue				enue (Part VIII, line 2g)				1,97	7,090		617,83		
Şe	10 l	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							176			<u>41</u>	
_						6,294		169,055					
				lines 8 through 11 (mus				3,42	5,849		,866,22	<u> 28</u>	
				mounts paid (Part IX, co						+		0	
			•	or members (Part IX, co					<u>C</u>		105.11	<u> </u>	
es	15 5			ensation, employee ber			-10)	2,80	3,057		,185,12	<u> 22</u>	
Expenses	16a F	Profession	onal fundrais	ing fees (Part IX, colun	nn (A), line 11e)				C)		0	
ă	b1	Total fun	ndraising exp	enses (Part IX, column	(D), line 25) u	266,4	.06				212 21		
ш	17 (rt IX, column (A), lines				1,20	7,514		812,80	<u> </u>	
				lines 13-17 (must equa		a), line 25)			0,571		,997,92		
	19 F	Revenue	e less expens	ses. Subtract line 18 fro	om line 12				34,722		-131,70	<u> </u>	
Net Assets or	<u> </u>	Total	note /Dart V	line 16)				Beginning of C			nd of Year	72	
ASSE Rals	5 20 I		sets (Part X,	· · · · · · · · · · · · · · · · · · ·					.8,880 75,513		,819,37		
let /	21 1		oilities (Part)	* * * * * * * * * * * * * * * * * * * *	4 f 15 00						<u>,070,36</u> ,749,00		
	•			alances. Subtract line 2	1 from line 20			23,04	3,367	25,	, /49,00	00	
	Part II		gnature E										
				clare that I have examined claration of preparer (other						of my know	ledge and bel	lief, it is	
		T k		siaranon or proparor (outo	and officery to bacca		oo p.op.						
e:		-	Signature of office	or					IDate	0			
Sig			•				W3373 G	DT					
He	ere	-	NAOYA	TSURUMAKI			MANAG:	ING DI	RECTO	<u>R</u>			
		+	Type or print nam		Dronovoda aire t	uro.		D-4-			TINI		
Pai	id	1	e preparer's nan	ne	Preparer's signatu	iie		Date	Chec	" Ш"	TIN		
	eparer	LINDA		DANITE: 5:	LINDA COLE	2227		05/1	3/22 self-e		01258933	_	
	e Only	Firm's na	ame }	DANIEL RATI			202		Firm's EIN }	56-	198281	<u> </u>	
US	e Only		_	2815 COLISE		DR STE	200			704	271	00	
_		Firm's ac		CHARLOTTE,					Phone no.	704-	371-50		
Ma	y the IF	≺S discu	iss this retur	n with the preparer sho	wn above? See insti	ructions					Yes X I	No	

orm 990 (2020) CHILDREN'S THEATRE OF CHARLOTTE INC56-1028031	Page 2
Part III Statement of Program Service Accomplishments	
Check if Schedule O contains a response or note to any line in this Part III	📙
Briefly describe the organization's mission:	
THE MISSION OF CHILDREN'S THEATRE OF CHARLOTTE (CTC) IS TO CREE EXCEPTIONAL THEATRE EXPERIENCES, INSPIRING GENERATIONS TO EXPLO WONDER OF THEIR WORLD.	ORE THE
2 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," describe these new services on Schedule O.	Yes X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
If "Yes," describe these changes on Schedule O.	
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.	
4a (Code:) (Expenses \$ 1,338,916 including grants of \$) (Revenue \$ PROFESSIONAL THEATRE FOR YOUTH: CTC PRODUCES AND PRESENTS PROF THEATRICAL PRODUCTIONS FROM SCRIPTS EITHER SELECTED OR COMMISSIARTISTIC STAFF. EACH PRODUCTION IS CREATED BY PROFESSIONAL DIR DESIGNERS, ACTORS AND MUSICIANS AND PERFORMED ON SETS AND IN COREATED BY CTC PRODUCTION STAFF. IN THE 2020-21 SEASON, DUE TO PANDEMIC, CTC PRESENTED AN ENTIRELY VIRTUAL SEASON OF PRODUCTION THE 4 SHOWS IN THIS SEASON WERE REHEARSED, DESIGNED, DIRECTED, EDITED SPECIFICALLY FOR THE PURPOSE OF BEING STREAMED ONLINE. WERE STREAMED VIA BROADWAY ON DEMAND FOR PUBLIC AUDIENCES AND YOUTUBE FOR SCHOOL AUDIENCES.	IONED BY CTC ECTORS, OSTUMES THE COVID-19 ONS. EACH OF FILMED, AND PERFORMANCES VIMEO OR
4b (Code:) (Expenses\$ 673,216 including grants of\$) (Revenue \$ THEATRE EDUCATION PROGRAMS: CTC THEATRE CLASSES ARE SEPARATED CATEGORIES: CREATIVE DRAMA FOR CHILDREN AGE 2 TO GRADE 5 AND THEATRE TRAINING (SOTT) FOR CHILDREN IN GRADES 3 TO 12. EACH ME CULMINATES WITH ONSTAGE, A 5-WEEK PERFORMANCE OPPORTUNITY IN PROBECTION DEPARTMENT. SUMMER CAMPS ARE AVAILABLE TO 2-18 IN A WIDE VARIETY OF TOPICS, THEMES AND DISCIPLINES. COMMINVOLVEMENT PROGRAM (CIP) CLASSES AND WORKSHOPS ARE OFFERED TO ORGANIZATIONS WORKING WITH CHILDREN IN CRISIS OR WHO RECEIVED ASSISTANCE IN THE 2020-21 SEASON, EDUCATION PROGRAMS WERE OFFER PERSON AND VIRTUALLY. FULL AND PARTIAL-TUITION SCHOLARSHIPS FOR AND CAMPS ARE OFFERED TO STUDENTS OF FINANCIAL NEED.	AY, SOTT ARTNERSHIP CHILDREN AGES UNITY SERVICE PUBLIC RED BOTH IN-
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
•	
*	
·	
•	
•••••••••••••••••••••••••••••••	
~	
•	
*	
•	
4d Other program services (Describe on Schedule O.)	
(Expenses \$ including grants of\$) (Revenue \$)
4e Total program service expenses u 2,012,132	

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)? If "Yes,"			
	complete Schedule A	1	X	
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)			v
_	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		Λ
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Voo." complete Schodule D. Port I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
_	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	37
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		
ıza	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1 141		
	fundraising, business, 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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any 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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 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?			
••	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			· ·
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ΙV		
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
_	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
اہ	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
		240		
ZJa	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		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
	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		х
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		х
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 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			İ
	"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		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			3,5
00	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u>X</u>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		х
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,"	<u> </u>		
-	complete Schodule N. Part II	32		х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		v	1
Dr	19? Note: All Form 990 filers are required to complete Schedule O. Art V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Γċ	Check if Schedule O contains a response or note to any line in this Part V			
	Oncon il Conedule O contains a response di note to any line in tilis part v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 34		. 03	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 3 4 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	Х	
DAA		Forr		(2020)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X If "Yes." enter the name of the foreign country **u** 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? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Х and services provided to the payor? If "Yes." did the organization notify the donor of the value of the goods or services provided? 7b Х Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 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 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders _____ 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? X 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X If "Yes," see instructions and file Form 4720, Schedule N. Х 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

га	Transports line On the service of th										
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	. See	instr								
	Check if Schedule O contains a response or note to any line in this Part VI			_X_							
Sec	tion A. Governing Body and Management										
1a	Enter the number of voting members of the governing body at the end of the tax year	M	Yes	No							
	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 with										
	any other officer, director, trustee, or key employee?	2		<u> </u>							
3	Did the organization delegate control over management duties customarily performed by or under the direct										
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		_X_							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	6		<u>X</u>							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint										
	one or more members of the governing body?	7a		<u>X</u>							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,										
	stockholders, or persons other than the governing body?	7b		<u>X</u>							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	ring:									
а	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 reached at										
	the 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 Reven	ue C	ode.)								
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		x							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,										
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No" go to line 13	12a	х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>										
·	describe in Schedule O how this was done	12c	x								
13	Did the organization have a written whistleblower policy?	13	x								
14	Did the organization have a written decument retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by	17	-22								
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
_		150	х								
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a	^	X							
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b									
40-											
тоа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		v							
	with a taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its										
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the										
	organization's exempt status with respect to such arrangements?	16b									
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed u NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)										
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and										
	financial statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records ${f u}$										
NZ	AOYA TSURUMAKI 300 EAST 7TH STREET										
CI	HARLOTTE NC 28202 704	-97	3-28	300							

Form 990 (2020)	CHTI.DREN'S	THEATER	\bigcirc E	CHARLOTTE	INC56-1028031
FUIIII 990 (ZUZU)		THEATKE	OT.	CHARLOTTE	TICO-TO-2003T

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (F) Reportable compensation Name and title Average Position Reportable Estimated amount (do not check more than one hours compensation of other from related per week box, unless person is both an from the compensation officer and a director/trustee) organization organizations from the (list any hours for (W-2/1099-MISC) (W-2/1099-MISC) organization and related Highest related organizations stitutional organizations vidual employee below trustee dotted line) trustee (1) TIM ROGERS 1.20 PAST CHAIR 0.00 X X 0 0 0 (2) ANGELA SCHOLL 1.20 SECRETARY 0.00 X X 0 0 0 (3) ASHLEY JOSEPH 5.00 CHAIR X 0.00 X 0 0 0 (4) STACIA NEUGENT 2.00 TREASURER Х X 0 0 0 0.00 (5) SALLIE BEASON 0.60 BOARD MEMBER 0.00 X 0 0 0 (6) KRISTIN BLACK 1.20 Х BOARD MEMBER 0.00 0 0 0 (7) MARY ALICE BOYD 0.60 BOARD MEMBER 0.00 X 0 0 0 (8) MADDIE CHANDLER 0.60 BOARD MEMBER 0.00 X 0 0 0 (9) JULIO COLMENARES 0.60 BOARD MEMBER 0.00 Х 0 0 0 (10) RYAN HUTCHENSON 0.60 BOARD MEMBER 0.00 X 0 0 0 (11) WILLIAM JEFFERS ON 0.60 BOARD MEMBER 0.00 X 0 0 0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and								s, and Highest Compensated Employees (continued)						
	(A) Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both a officer and a director/trustee					an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the			
	Publ	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganization ed orgar	n and	
(12)	MITCHELL KEL	LING												
BOARD	MEMBER	0.60	x						0	0				0
(13)	CATHERINE MA	LONE												
BOARD	MEMBER	0.60	x						0	0				0
(14)	LISA MILLER													
	MEMBED	0.60	x							0				0
$\frac{60ARD}{(15)}$	MEMBER BRIAN MURDOC	0.00 K	^						0	<u> </u>				
		0.60												_
BOARD (16)	MEMBER MALLORY NAVI	0.00	X						0	0				0
		0.60												
BOARD (17)	MEMBER KERBIE NEAL	0.00	X						0	0				0
(1/)	KERBIE NEAL	0.60												
	MEMBER	0.00	X						0	0				0
(18)	KRISTEN SARI	0.60												
BOARD	MEMBER	0.00	х						0	0				0
(19)	CHRIS SOCHA	0.60												
	MEMBER	0.00	x						0	o				0
1b Su								u	200					
	tal from continuation she tal (add lines 1b and 1c)							u u	277,606 277,606				5,8 5,8	
2 To	tal number of individuals (i	ncluding but no	t lim	ited 1	to the	ose	listed			than \$100,000 of				
rep	ortable compensation fron	n the organizati	on t	<u>ш</u>								\Box	Yes	No
	I the organization list any f ployee on line 1a? <i>If "Yes</i>									sated		3		Х
4 For	r any individual listed on lin	ne 1a, is the su	m of	rep	ortab	le c	ompe	ensa	ation and other compensa					
ina	ganization and related orga lividual											4		х
5 Dic	I any person listed on line services rendered to the	1a receive or a	accru	ie co	mpe	nsat	ion f	rom	n any unrelated organization			5		X
	B. Independent Contract			, 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				o con out person				'	
	mplete this table for your to meet this table for your to meet the organ										tax vear			
		(A) I business address								(B) tion of services			(C) npensatio	n
	tal number of independent									_				
DAA	eived more than \$100,000	or compensati	on f	rom	tne c	orgai	nızati	ion	u	0		Form	990	(2020)

Pa	rt V	Statement of Reve Check if Schedule C		s a resp	onse or no	te to anv line ir	this Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
						0 041			sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a		251,401				
Gra	h	Membership dues	16	 					
s, (Am					-				
ar	4	Related organizations							
n, E	u	Government grants (contributions)		1	146,797				
Sig	f	All other contributions, gifts, grants,		 	110/131				
her	•	and similar amounts not included above	1 _{1f}		680,796				
育	~		- 11	¢	37,731				
Sol	9	Noncash contributions included in lines 1a- Total. Add lines 1a-1f				2,078,994			
<u> </u>		Total. Add lines ra-11				2,010,334			
a)	20	EDUCATION DOODAMS			Business Code 611600	500,764	500,764		
Vic.	2a	EDUCATION PROGRAMS PRODUCTION PROGRAMS			711110	117,074	117,074		
Program Service Revenue	b	*			711110	117,074	11/,0/4		
am	۲ C	•							
ge	u								
Pr	•	All other program convice reve							
		All other program service rever				617,838			
_	<u>y</u> 3	Total. Add lines 2a–2f Investment income (including of				017,030			
	3	, ,				341			341
	4	Income from investment of tax		and proces	eds u	311			311
	5	Royalties				208			208
	3) Real		Personal	200			200
	62	Gross rents 6a) Ittal	(11)	1 Cl3Oriai				
	b	Less: rental expenses 6b							
		Rental inc. or (loss) 6c							
		N ()			11				
	7a	Gross amount from	Securities) Other				
		sales of assets	- Courties	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \) Guioi				
<u>e</u>	h	other than inventory Less: cost or other							
Revenue	b	basis and sales exps. 7b							
Şe.	_	Gain or (loss) 7c							
		Net gain or (loss)			u				
Other		Gross income from fundraising ever		T	u				
O	Ja	(not including \$							
		of contributions reported on line 1c)							
		See Part IV, line 18							
	b	Less: direct expenses							
		Net income or (loss) from fund		nts	u				
		Gross income from gaming activities		T					
	- Ju	See Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from gam		s	u				
		Gross sales of inventory, less		T					
		returns and allowances	10a						
	b	Less: cost of goods sold							
		Net income or (loss) from sales		•	u				
s		2 2 3 2 1 (1223) 113111 34101		<i>,</i>	Business Code				
no.	11a	BENEFICIAL INTEREST I	N TRUSTS		525920	164,765			164,765
ane	b	ADIFIDETATIO			541800	4,082		4,082	,
eve	C					-		-	
Miscellaneous Revenue	d	All other revenue							
=		Total. Add lines 11a–11d			u	168,847			
		Total revenue. See instruction				2,866,228	617,838	4,082	165,314

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
sect	ion 501(c)(3) and 501(c)(4) organizations mus Check if Schedule O contains a res			si complete column (A).				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1		1115DE	BCUO		Py			
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22							
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	277,606	64,455	176,391	36,760			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
7	persons described in section 4958(c)(3)(B)	1,592,790	1,030,870	392,473	169,447			
7 8	Other salaries and wages Pension plan accruals and contributions (include	1,354,130	1,030,070	334,413	109,44/			
o	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits	174,161	111,495	41,906	20,760			
10	Payroll taxes	140,565	82,675	42,090	15,800			
11	Fees for services (nonemployees):	,	,	,:50	,- -			
а	Management							
	Legal							
С	Accounting	23,850		23,850				
d	Lobbying							
е	Professional fundraising services. See Part IV, line	7						
f								
g	, ,	44 44	4.7.4.					
	(A) amount, list line 11g expenses on Schedule O.)	41,145	41,145	C 12C	1 000			
	Advertising and promotion	57,384 22,147	50,225 15,430	6,136 4,352	1,023 2,365			
13 14	Office expenses Information technology	22,1 1 7	13,430	4,332	2,303			
15	Royalties	18,000	18,000					
16	Occupancy	229,040	217,588	9,162	2,290			
17	Travel			7,252				
18	Payments of travel or entertainment expense	es						
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest	6,002		6,002				
21	Payments to affiliates	4= 44-						
22	Depreciation, depletion, and amortization	67,981	64,581	2,720	680			
23	Insurance	21,231	20,169	850	212			
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
а	PRODUCTION SUPPLIES & EXP	177,874	177,874					
b	OTHER EXPENSES	129,247	99,461	13,458	16,328			
C	PRINTING & DESIGN	18,471	18,164		307			
d	OTHER FUNDRAISER EXP	434			434			
е	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	2,997,928	2,012,132	719,390	266,406			
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 u if							
DAA	following SOP 98-2 (ASC 958-720)				Form 990 (2020)			
רועם					Form 330 (2020)			

		0 (2020) CHILDREN'S THEATRE O	r CHARI	OTTE INC6-	-1028031		Page 11
P	art)			· 4: D ()			
		Check if Schedule O contains a response or n	ote to any lin	e in this Part X			
				_	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0 10	0011	200	1	200
	2	Savings and temporary each investments			1,698,213	2	2,227,070
	3	Savings and temporary cash investments	68,954	3	48,257		
	4	Pledges and grants receivable, net			00,754	4	50,000
	5	Accounts receivable, net Loans and other receivables from any current or for	mer officer of	director			307000
		trustee, key employee, creator or founder, substanti					
		controlled entity or family member of any of these p				5	
	6	Loans and other receivables from other disqualified				,	
s	"	under section 4958(f)(1)), and persons described in				6	
Assets	7					7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			82,897	9	74,695
	10a	Land, buildings, and equipment: cost or other			<u> </u>		/
		basis. Complete Part VI of Schedule D	10a	556,201			
	b	Less: accumulated depreciation	10b	424,338	165,926	10c	131,863
	11	Investments—publicly traded securities				11	,
	12				13,545,520	12	16,868,177
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			8,957,170	15	7,419,111
	16	Total assets. Add lines 1 through 15 (must equal li	ne 33)		24,518,880	16	26,819,373
	17	Accounts payable and accrued expenses			131,337	17	153,432
	18	Grants payable				18	
	19	Deferred revenue			219,195	19	362,410
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part	IV of Schedu	le D		21	
es	22	Loans and other payables to any current or former	officer, directo	or,			
Ħ		trustee, key employee, creator or founder, substanti					
Liabilities		controlled entity or family member of any of these p	ersons			22	
_	23					23	
	24	Unsecured notes and loans payable to unrelated th			524,981	24	554,525
	25	Other liabilities (including federal income tax, payab					
		parties, and other liabilities not included on lines 17	-24). Complet	te Part X			
		of Schedule D			075 513	25	1 000 200
	26	Total liabilities. Add lines 17 through 25			875,513	26	1,070,367
es		Organizations that follow FASB ASC 958, check	nere A				
and	27	and complete lines 27, 28, 32, and 33.			1 104 649	27	1,488,067
Bal	27				1,104,648 22,538,719	27	24,260,939
Fund Balances	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958.	44,330,113	28	47,400,333		
		and complete lines 29 through 33.					
	29	One it all the all the standard and a signal and a summer through		29			
Assets or	30	Paid-in or capital surplus, or land, building, or equip	 ment fund			30	
18S	31	Retained earnings, endowment, accumulated incom				31	
Net /	32	Total net assets or fund balances			23,643,367	32	25,749,006
Ž	33	Total liabilities and net assets/fund balances			24,518,880	33	26,819,373
		The second of th			==,==,,		

26,819,373 Form 990 (2020)

Form	990 (2020) CHILDREN'S THEATRE OF CHARLOTTE INC56-1028031				Pag	ge 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>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,86			
2	Total expenses (must equal Part IX, column (A), line 25)	2		-13			
3 Revenue less expenses. Subtract line 2 from line 1							
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5 Net unrealized gains (losses) on investments 5 3							
6	Donated services and use of facilities	6		.,49	1,3	<u> 304</u>	
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10	25	74	9,0	<u> 006</u>	
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>	╨	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed 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 basis, consolidated basis, or both:						
	X Separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			_			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on						
_	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		ı	

Part VII Section A. Office	rs, Directors, T	ruste	es,	Key	Em	ploy	ees	, and Highest Compens	ated Employees (continu	ıed)			
(A) Name and title	(B) Average hours per week (list any	box	not cl k, unles cer an	ss pe	ition more rson i	s both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) imated a of other compensation the	er ation	
Publ	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganizatio ed organ	n and	5
(20) BRADLEY VINE													
BOARD MEMBER	0.60	x						0	0				0
(21) LINDA REYNOI		^						0	<u> </u>				
MANAGING DIRECTOR	60.00			x				89,487	0			3,0	81
(22) ADAM BURKE												- , -	
ARTISTIC DIRECTOR	60.00			х				114,366	0		1	7,5	09
(23) NICHELLE WE	NTRAUB												
	0.60												•
BOARD MEMBER (24) JUDITH WHELA	0.00	X						0	0				0
BOARD MEMBER	0.60	x						0	0				0
(25) THOMAS WHITI		^							<u> </u>				
BOARD MEMBER	0.60	x						0	0				0
(26) TRACY CHANDI									<u> </u>				
	60.00												
FINANCE DIRECTOR	0.00			X				73,753	0			5,2	68
(27) NAOYA TSURUM	60.00			37					0				•
MANAGING DIRECTOR 1b Subtotal	0.00			X				277,606	0	 		5,8	<u> </u>
c Total from continuation sh	eets to Part VII	. Se	ction	Α.			u u	277,000				<i>3</i>	30
d Total (add lines 1b and 1c)	<u> </u>						u						
Total number of individuals (reportable compensation fro				o th	ose	liste	d ab	pove) who received more	than \$100,000 of		 _	Yes	No
3 Did the organization list any	former officer, of	direc	tor, t	ruste	ee, k	кеу е	emp	loyee, or highest compen-	sated	ſ		163	140
employee on line 1a? If "Yes											3		
For any individual listed on I organization and related org individual	anizations great	er th	an [˙] \$	150	,000	? If	"Yes				4		
5 Did any person listed on line	a 1a receive or a	ccru	e co	mpe	ensa	tion 1	rom						
for services rendered to the		"Yes	s," co	mpl	ete .	Sche	dule	e J for such person			5		
1 Complete this table for your	 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. 												
	(A) d business address	00	, , , , , , , , , , , , , , , , , , , 	<u> </u>					(B) tion of services	tar year		(C) npensati	on
	a business dadress							Везин	tion of solvidos			nperisua	011
2 Total number of independen													
received more than \$100,00	o oi compensati	UN Î	OII) [ne (Jiga	ııı∠at	IOU	<u>u</u>					

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

Open to Public

u Attach to Form 990 or Form 990-EZ.

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

Open to Pub Inspection

Employer identification number

			CHILDREN'S :	THEATRE OF	CHAR	LOTTE	INC	56-10	28031
Pa	ırt I	Reas	on for Public Charity	y Status. (All org	anizatio	ns mus	t comp	lete this part.) See in	structions.
The	orga	nization is no	t a private foundation beca	use it is: (For lines 1	through 1	2, check	only one	box.)	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	П	A hospital of	r a cooperative hospital ser	rvice organization des	scribed in	section	170(b)(1)(A)(iii).	
4	П	A medical re	esearch organization operat	ted in conjunction with	n a hospit	al describ	oed in s e	ection 170(b)(1)(A)(iii). En	ter the hospital's name,
		city, and sta	te:	•	-				•
5		An organizat	tion operated for the benefi	t of a college or unive	ersity own	ed or ope	erated by	a governmental unit descri	ribed in
	_	section 170	O(b)(1)(A)(iv). (Complete Pa	art II.)					
6			ate, or local government or		escribed in	n sectio i	170(b)	(1)(A)(v).	
7	X		tion that normally receives section 170(b)(1)(A)(vi).		ts support	from a g	jovernme	ental unit or from the gener	al public
8			y trust described in sectior		omplete P	art II.)			
9	П	-	ral research organization d		-		erated in	conjunction with a land-gra	ant college
	_	-	or a non-land-grant college						
10		An organizat	tion that normally receives:	(1) more than 33 1/3	% of its s	support fr	om contr	ibutions, membership fees,	and gross
		receipts from	n activities related to its exe	empt functions, subject	ct to certai	in except	ions; and	(2) no more than 331/3%	of its
			gross investment income the organization after June				`	,	sses
11		An organizat	tion organized and operated	d exclusively to test for	or public s	safety. Se	e sectio	on 509(a)(4).	
12			tion organized and operated						
			ore publicly supported orga ox in lines 12a through 12d						
	а		A supporting organization of	-			-	· ·	=
			orted organization(s) the pong organization. You must			-	ority of th	e directors or trustees of the	ne
	b		A supporting organization s	-			ith its su	pported organization(s), by	/ having
		control o	r management of the supp	orting organization ve	sted in th	e same p	ersons t	hat control or manage the	supported
		organiza	tion(s). You must complet	te Part IV, Sections	A and C.				
	С		functionally integrated. A priced organization(s) (see it						grated with,
	d		non-functionally integrat						=
			ot functionally integrated. T						tentiveness
		'	ent (see instructions). You	•	•		,		
	е		nis box if the organization really integrated, or Type III i						e III
	f		imber of supported organiz		atoa oapp	Jorang of	garnzano	11.	
	g		following information about		ization(s).				
(i)		e of supported	(ii) EIN	(iii) Type of organiz	. ,	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
()		anization		(described on lines		listed in you	ır governing	support (see	other support (see
				above (see instructi	ions))	docur	nent?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(P)									
(D)									
(E)									

Schedule A (Form 990 or 990-EZ) 2020 CHILDREN'S THEATRE OF CHARLOTTE INC56-1028031

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support								
Caler	ndar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not	1112	he	GUU			y	
	include any "unusual grants.")	1,401,933	1,316,655	1,348,664	1,302,289	2,078,994	7,448,535	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge	1,942,700	1,948,559	1,924,716	1,947,958	1,879,643	9,643,576	
4	Total. Add lines 1 through 3	3,344,633	3,265,214	3,273,380	3,250,247	3,958,637	17,092,111	
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)							
6	Public support. Subtract line 5 from line 4						17,092,111	
Sec	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	3,344,633	3,265,214	3,273,380	3,250,247	3,958,637	17,092,111	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	675	722	437	176	341	2,351	
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.)	72,048	62,799	56,119	74,348		265,314	
11	Total support. Add lines 7 through 10						17,359,776	
12	Gross receipts from related activities, et-	c. (see instructions	s)			12	617,838	
13	First 5 years. If the Form 990 is for the							
	organization, check this box and stop he	ere					▶ □	
Sec	tion C. Computation of Public	Support Perce	entage					
14	Public support percentage for 2020 (line	6, column (f) divid	ed by line 11, co	olumn (f))		14	98.46 %	
15	Public support percentage from 2019 Sc	hedule A, Part II, I	ine 14			15	97.91%	
16a	33 1/3% support test—2020. If the orga	anization did not ch	neck the box on I	ine 13, and line 14	4 is 33 1/3% or m	ore, check this		
	box and stop here. The organization qualifies as a publicly supported organization							
b								
	this box and stop here. The organization qualifies as a publicly supported organization							
17a	7a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is							
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in							
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10%-facts-and-circumstances test—2	019. If the organiz	ation did not che	ck a box on line 1	3, 16a, 16b, or 17	a, and line	_	
	15 is 10% or more, and if the organization	on meets the "fact	s-and-circumstan	ces" test, check th	nis box and stop	here. Explain		
	in Part VI how the organization meets the	ne "facts-and-circur	mstances" test. T	he organization q	ualifies as a publi	icly supported		
	organization						▶ □	
18	Private foundation. If the organization of	did not check a bo	x on line 13, 16a	, 16b, 17a, or 17b	, check this box a	and see		
	instructions						▶ □	

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.)

Sec	tion A. Public Support			4			
Caler	ndar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1112	DE	GUU		JUL	ľ
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						
	tion B. Total Support		# \ 004 =	() 0040	(D 0040	() 0000	(n =
	ndar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	\$					
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)					-0.47)(0)	
14	First 5 years. If the Form 990 is for the					. , . ,	. ┌
500	organization, check this box and stop h tion C. Computation of Public						·····
	•			-l (f))		45	l 0/
15	Public support percentage for 2020 (line						%
16 Soc	Public support percentage from 2019 Sc					16	%
	tion D. Computation of Investn			o 40 ook (0)		17	0/
17	Investment income percentage for 2020					1 40	%
	vestment income percentage from 2019			line 14 and line			%
19a	33 1/3% support tests—2020. If the organization and mare than 33 1/3% should this						. □
h	17 is not more than 33 1/3%, check this		_			-	► L
b	33 1/3% support tests—2019. If the ord	=					
20	line 18 is not more than 33 1/3%, check Private foundation. If the organization		_	· ·		-	_
20	i iivate iouiiuatioii. Ii tile organizationi	uiu iioi cileck a bo	14, 19a	, or rap, crieck (fi	is bux and see Ins		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

Л		Yes	No
		"	
	1		
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10h		
(Fo	10b	or 990-	EZ) 2020

	ule A (Form 990 or 990-EZ) 2020 CHILDREN'S THEATRE OF CHARLOTTE INC56-102803	1		Page 5
Par	t IV Supporting Organizations (continued)			
		\longrightarrow	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
_	11c below, the governing body of a supported organization?	11a	-	
b	A family member of a person described in line 11a above?	11b	V	
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	#		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
		\rightarrow	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		
Sect	ion D. All Type III Supporting Organizations			
		\longrightarrow	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 instruct	ions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
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	instruc	tions).	
2	Activities Test. Answer lines 2a and 2b below.	\rightarrow	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
DAA	Schedule A (For	m 990	or 990-E	Z) 2020

Sched	ule A (Form 990 or 990-EZ) 2020 CHILDREN'S THEATRE OF CHAR			8031 Page 6
Par	Type in the state of the state			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov.	20, 1970 (explain in Pa	rt VI). See
	instructions. All other Type III non-functionally integrated supporting organizations	must o	complete Sections A three	ough E.
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year
	Public Inchaction			(optional)
1	Net short-term capital gain	1		JUV
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 Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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 Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integra	ted Ty	pe III supporting organi	zation

Schedule A (Form 990 or 990-EZ) 2020

(see instructions).

CHILDREN'S THEATRE OF CHARLOTTE INC56-1028031 Schedule A (Form 990 or 990-EZ) 2020 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required-provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2020 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions Underdistributions** Distributable Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 **a** From 2015 **b** From 2016 **c** From 2017 **d** From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2020 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2016. **b** Excess from 2017 c Excess from 2018. d Excess from 2019 e Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020

	(Form 990 or 99	0-EZ) 2020	CHILD	REN'S	THEATI	RE OF	CHARLOT'	TE INC	<u>56-10280</u>	31	Page 8
Part VI	Supplen	nental Inf	formation.	Provide	the explai	nations re	quired by Pa	art II, line	10; Part II, I	ine 17a or	17b; Part
									, 11b, and 1 [.] Part IV, Secti		
									5, 6, and 8; a		
									instructions.)		Occiden E
								(000			
PART	II, LIN	IE 10 -	- OTHER	INCO	ME DET	AIL					
						•					
GROSS	INCOME	FROM	FUNDRA	ISING	EVENT	S Ş	265,3	14			

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

2020

Name of the organization

Employer identification number

CUITINGEN 2 IU	EATRE OF CHARLOTTE INC 56-1026031
Organization type (check o	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	Filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 r property) from any one contributor. Complete Parts I and II. See instructions for determining a ntributions.
Special Rules	
regulations under sec 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during the literary, or educations	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
contributor, during th contributions totaled during the year for ar General Rule applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received in exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the s to this organization because it received nonexclusively religious, charitable, etc., contributions ore during the year.
990-EZ, or 990-PF), but it m	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, ust 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 to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

CHILDREN'S THEATRE OF CHARLOTTE INC

Employer identification number 56-1028031

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space i	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 251,841	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 89,750	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
. 3		\$ 80,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions \$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 600,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Training distriction and Edit T T	\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements u Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Employer identification number Name of the organization CHILDREN'S THEATRE OF CHARLOTTE INC 56-1028031 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$ (ii) Assets included in Form 990, Part X u \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$ Assets included in Form 990, Part X

	edule D (Form 990) 2020 CHILDREN art III Organizations Maintaini					Page 2				
3	Using the organization's acquisition, acce					<u> </u>				
	collection items (check all that apply):									
а	H		Loan or exchange pro	-						
b			Other			n\/				
C	Preservation for future generations		ノワリ			$\mathcal{U}_{\mathcal{V}}$				
4	Provide a description of the organization's	s collections and expla	ain now they further t	ne organization's ex	kempt purpose in P	art				
5	XIII. During the year, did the organization solid	cit or roccivo donation	e of art historical tros	seurce or other eim	ilor					
3	assets to be sold to raise funds rather that		•	•		☐ Yes ☐ No				
Pa	art IV Escrow and Custodial		5 part of the organiza	tion's concentrition		103 140				
	Complete if the organizat		s" on Form 990,	Part IV, line 9,	or reported an a	amount on Form				
	990, Part X, line 21.		,	, ,	•					
1a	Is the organization an agent, trustee, cus	todian or other interm	ediary for contribution	s or other assets n	ot					
	included on Form 990, Part X?					Yes No				
b	If "Yes," explain the arrangement in Part	XIII and complete the	following table:							
						Amount				
d	Additions during the year				1d					
е	Distributions during the year				1e					
f	9				1f					
	Did the organization include an amount o				*	Yes No				
	If "Yes," explain the arrangement in Part art V Endowment Funds.	XIII. Check here if the	explanation has beei	n provided on Part	XIII					
Г	Complete if the organizat	ion answered "Ye	s" on Form 990	Part IV line 10						
	Complete ii the organizat	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bad	ck (e) Four years back				
1a	Beginning of year balance	13,545,520	14,081,170	14,666,247						
	Contributions	71,546	11/001/170	7,52		8,026				
	Net investment earnings, gains, and	71,510		,,52.		- 0,020				
·	1	3,932,217	136,067	109,02	1,144,2	14 1,647,845				
d	Grants or scholarships	0,00=,==,								
	Other expenditures for facilities and									
_	programs	642,296	635,665	664,67	703,3	706,803				
f	Administrative expenses	38,810	36,052	36,95		63 30,751				
g		16,868,176	13,545,520	14,081,170	14,666,2	47 14,253,736				
2	Provide the estimated percentage of the	current year end balar	nce (line 1g, column (a)) held as:	•					
а	Board designated or quasi-endowment u	ı %								
b	Permanent endowment u 70.00 %									
С	Term endowment u 30.00 %									
	The percentages on lines 2a, 2b, and 2c	should equal 100%.								
3a	Are there endowment funds not in the po	ssession of the organ	ization that are held a	and administered for	r the					
	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 orga	anizations listed as red	quired on Schedule R	?		3b				
4	Describe in Part XIII the intended uses o		ndowment funds.							
Pa	art VI Land, Buildings, and Ed		o" on Form 000	Dort IV/ line 11e	Soo Form 00	O Dort V line 10				
	Complete if the organizat Description of property	(a) Cost or other b			A. See FOITH 99	(d) Book value				
	Description of property	(investment)	(other		depreciation	(u) BOOK Value				
10	Land		(Strick	,						
ıd h	LandBuildings									
	Leasehold improvements		10	0,227	80,222	20,005				
					242,194	90,388				

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV,	line 11b. See Form 99	0, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	4.1	Cost or end-of-year	market value
(1) Financial		Actio	n - n	n-
	eld equity interests			UV
• • • • • • • • • • • • • • • • • • • •	ENEFICIAL INTEREST IN TRUST	16,868,177	MARKET	
(F)				
(G) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) u	16,868,177		
Part VIII	Investments – Program Related.	10,000,177		
i ait viii	Complete if the organization answered "Yes" o	n Form 990 Part IV	line 11c See Form 99	0 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of	
	(,	(4)	Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) u			
Part IX	Other Assets.			
-	Complete if the organization answered "Yes" or	n Form 990, Part IV,	line 11d. See Form 99	
	(a) Description		17	(b) Book value
(1)	CONTRIBUTIONS - FUTURE		Y	7,279,553
(2)		SSETS W/ CML		111,589 27,969
(3)	OTHER			21,909
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		u	7,419,111
Part X	Other Liabilities.			,,,
	Complete if the organization answered "Yes" of	n Form 990. Part IV.	line 11e or 11f. See F	orm 990. Part X.
	line 25.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)		u	
-	uncertain tax positions. In Part XIII, provide the text of the	=		_
organization's	liability for uncertain tax positions under FASB ASC 740. Cl	heck here if the text of the	e footnote has been provided	in Part XIII X

SCH	edule D (Form 990) 2020 CHILDREN'S THEATRE OF CHARLO				Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Staten	nents	With Revenue per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990,	Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	7,029,550
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			n.
b	Donated services and use of facilities	2b	434,679		IUV
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			-
е	Add lines 2a through 2d			2e	4,163,322
3	Subtract line 2e from line 1			3	2,866,228
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			
	Add lines 4a and 4b			4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,866,228
Pa	art XII Reconciliation of Expenses per Audited Financial State			er R	eturn.
	Complete if the organization answered "Yes" on Form 990,	Part	IV, line 12a.		
1	Total expenses and losses per audited financial statements			1	4,923,911
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,925,983		
b	Prior year adjustments	2b			
С		2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,925,983
3	Subtract line 2e from line 1			3	2,997,928
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
_				4c	
				-	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,997,928
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.			5	
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, line	es 1b and 2b; Part V, line	5	
5 Prov 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	IV, line	es 1b and 2b; Part V, line	5	
5 Prov 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, line	es 1b and 2b; Part V, line	5	
5 Prov 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	IV, line	es 1b and 2b; Part V, line	5	
5 Prov 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	IV, line	es 1b and 2b; Part V, line additional information.	5 e 4; Pa	rt X, line
5 Prov 2; Pa P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART X - FIN 48 FOOTNOTE HE THEATRE ACCOUNTS FOR TAX UNCERTAINTIES	IV, line	es 1b and 2b; Part V, line additional information.	5 e 4; Pa	rt X, line KELY THAN NOT
5 Prov 2; Pa P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART X - FIN 48 FOOTNOTE	IV, line	es 1b and 2b; Part V, line additional information.	5 e 4; Pa	rt X, line KELY THAN NOT
5 Prow 2; Pa P T	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi ART X - FIN 48 FOOTNOTE HE THEATRE ACCOUNTS FOR TAX UNCERTAINTIES ECOGNITION THRESHOLD WHEREBY TAX BENEFITS	IV, line de any BAS	es 1b and 2b; Part V, line additional information. BED ON A MORI CONLY RECOGN	5 2 4; Pa E LI NIZE	rt X, line KELY THAN NOT D WHEN THE
5 Prow 2; Pa P T	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART X - FIN 48 FOOTNOTE HE THEATRE ACCOUNTS FOR TAX UNCERTAINTIES	IV, line de any BAS	es 1b and 2b; Part V, line additional information. BED ON A MORI CONLY RECOGN	5 2 4; Pa E LI NIZE	rt X, line KELY THAN NOT D WHEN THE
5 Provv2; Provv2; Provv2 T	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART X - FIN 48 FOOTNOTE HE THEATRE ACCOUNTS FOR TAX UNCERTAINTIES ECOGNITION THRESHOLD WHEREBY TAX BENEFITS HEATRE BELIEVES THAT THEY HAVE A GREATER	IV, linede any BAS ARE	es 1b and 2b; Part V, line additional information. SED ON A MORE ONLY RECOGN	5 4; Pa	rt X, line KELY THAN NOT WHEN THE OF BEING
5 Provv2; Provv2; Provv2 T	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi ART X - FIN 48 FOOTNOTE HE THEATRE ACCOUNTS FOR TAX UNCERTAINTIES ECOGNITION THRESHOLD WHEREBY TAX BENEFITS	IV, linede any BAS ARE	es 1b and 2b; Part V, line additional information. SED ON A MORE ONLY RECOGN	5 4; Pa	rt X, line KELY THAN NOT WHEN THE OF BEING
Prov 2; Pr P T R	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART X - FIN 48 FOOTNOTE HE THEATRE ACCOUNTS FOR TAX UNCERTAINTIES ECOGNITION THRESHOLD WHEREBY TAX BENEFITS HEATRE BELIEVES THAT THEY HAVE A GREATER USTAINED UPON EXAMINATION BY TAXING AUTHO	IV, line de any BAS ARE THAN	es 1b and 2b; Part V, line additional information. SED ON A MORE CONLY RECOGN 1 50% LIKELIE IES. THE THI	5 4; Pa LI NIZE HOOD	TO THE
Prov 2; Pr P T R	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART X - FIN 48 FOOTNOTE HE THEATRE ACCOUNTS FOR TAX UNCERTAINTIES ECOGNITION THRESHOLD WHEREBY TAX BENEFITS HEATRE BELIEVES THAT THEY HAVE A GREATER	IV, line de any BAS ARE THAN	es 1b and 2b; Part V, line additional information. SED ON A MORE CONLY RECOGN 1 50% LIKELIE IES. THE THI	5 4; Pa LI NIZE HOOD	TO THE
5 Prov 2; Pr T R T S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART X - FIN 48 FOOTNOTE HE THEATRE ACCOUNTS FOR TAX UNCERTAINTIES ECOGNITION THRESHOLD WHEREBY TAX BENEFITS HEATRE BELIEVES THAT THEY HAVE A GREATER USTAINED UPON EXAMINATION BY TAXING AUTHO VALUATED ALL OF ITS TAX POSITIONS AND DET	IV, line de any BAS ARE THAN RIT:	es 1b and 2b; Part V, line additional information. SED ON A MORI E ONLY RECOGN N 50% LIKELIN IES. THE THI	5 4; Pa LI NIZE HOOD	TO THE
5 Prov 2; Pr T R T S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART X - FIN 48 FOOTNOTE HE THEATRE ACCOUNTS FOR TAX UNCERTAINTIES ECOGNITION THRESHOLD WHEREBY TAX BENEFITS HEATRE BELIEVES THAT THEY HAVE A GREATER USTAINED UPON EXAMINATION BY TAXING AUTHO	IV, line de any BAS ARE THAN RIT:	es 1b and 2b; Part V, line additional information. SED ON A MORI E ONLY RECOGN N 50% LIKELIN IES. THE THI	5 4; Pa LI NIZE HOOD	TO THE
5 Prov 2; Pr T R T S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART X - FIN 48 FOOTNOTE HE THEATRE ACCOUNTS FOR TAX UNCERTAINTIES ECOGNITION THRESHOLD WHEREBY TAX BENEFITS HEATRE BELIEVES THAT THEY HAVE A GREATER USTAINED UPON EXAMINATION BY TAXING AUTHO VALUATED ALL OF ITS TAX POSITIONS AND DET	IV, line de any BAS ARE THAN RIT:	es 1b and 2b; Part V, line additional information. SED ON A MORI E ONLY RECOGN N 50% LIKELIN IES. THE THI	5 4; Pa LI NIZE HOOD	TO THE
5 Prov 2; Pr T R T S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART X - FIN 48 FOOTNOTE HE THEATRE ACCOUNTS FOR TAX UNCERTAINTIES ECOGNITION THRESHOLD WHEREBY TAX BENEFITS HEATRE BELIEVES THAT THEY HAVE A GREATER USTAINED UPON EXAMINATION BY TAXING AUTHO VALUATED ALL OF ITS TAX POSITIONS AND DET	IV, line de any BAS ARE THAN RIT:	es 1b and 2b; Part V, line additional information. SED ON A MORI E ONLY RECOGN N 50% LIKELIN IES. THE THI	5 4; Pa LI NIZE HOOD	TO THE
5 Prov 2; Pr T R T S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART X - FIN 48 FOOTNOTE HE THEATRE ACCOUNTS FOR TAX UNCERTAINTIES ECOGNITION THRESHOLD WHEREBY TAX BENEFITS HEATRE BELIEVES THAT THEY HAVE A GREATER USTAINED UPON EXAMINATION BY TAXING AUTHO VALUATED ALL OF ITS TAX POSITIONS AND DET	IV, line de any BAS ARE THAN RIT:	es 1b and 2b; Part V, line additional information. SED ON A MORI E ONLY RECOGN N 50% LIKELIN IES. THE THI	5 4; Pa LI NIZE HOOD	TO THE
5 Prov 2; Pr T R T S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART X - FIN 48 FOOTNOTE HE THEATRE ACCOUNTS FOR TAX UNCERTAINTIES ECOGNITION THRESHOLD WHEREBY TAX BENEFITS HEATRE BELIEVES THAT THEY HAVE A GREATER USTAINED UPON EXAMINATION BY TAXING AUTHO VALUATED ALL OF ITS TAX POSITIONS AND DET	IV, line de any BAS ARE THAN RIT:	es 1b and 2b; Part V, line additional information. SED ON A MORI E ONLY RECOGN N 50% LIKELIN IES. THE THI	5 4; Pa LI NIZE HOOD	TO THE
5 Prov 2; Pr T R T S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART X - FIN 48 FOOTNOTE HE THEATRE ACCOUNTS FOR TAX UNCERTAINTIES ECOGNITION THRESHOLD WHEREBY TAX BENEFITS HEATRE BELIEVES THAT THEY HAVE A GREATER USTAINED UPON EXAMINATION BY TAXING AUTHO VALUATED ALL OF ITS TAX POSITIONS AND DET	IV, line de any BAS ARE THAN RIT:	es 1b and 2b; Part V, line additional information. SED ON A MORI E ONLY RECOGN N 50% LIKELIN IES. THE THI	5 4; Pa LI NIZE HOOD	TO THE
5 Prov 2; Pr T R T S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART X - FIN 48 FOOTNOTE HE THEATRE ACCOUNTS FOR TAX UNCERTAINTIES ECOGNITION THRESHOLD WHEREBY TAX BENEFITS HEATRE BELIEVES THAT THEY HAVE A GREATER USTAINED UPON EXAMINATION BY TAXING AUTHO VALUATED ALL OF ITS TAX POSITIONS AND DET	IV, line de any BAS ARE THAN RIT:	es 1b and 2b; Part V, line additional information. SED ON A MORI E ONLY RECOGN N 50% LIKELIN IES. THE THI	5 4; Pa LI NIZE HOOD	TO THE
5 Prov 2; Pr T R T S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART X - FIN 48 FOOTNOTE HE THEATRE ACCOUNTS FOR TAX UNCERTAINTIES ECOGNITION THRESHOLD WHEREBY TAX BENEFITS HEATRE BELIEVES THAT THEY HAVE A GREATER USTAINED UPON EXAMINATION BY TAXING AUTHO VALUATED ALL OF ITS TAX POSITIONS AND DET	IV, line de any BAS ARE THAN RIT:	es 1b and 2b; Part V, line additional information. SED ON A MORI E ONLY RECOGN N 50% LIKELIN IES. THE THI	5 4; Pa LI NIZE HOOD	TO THE
5 Prov 2; Pr T R T S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART X - FIN 48 FOOTNOTE HE THEATRE ACCOUNTS FOR TAX UNCERTAINTIES ECOGNITION THRESHOLD WHEREBY TAX BENEFITS HEATRE BELIEVES THAT THEY HAVE A GREATER USTAINED UPON EXAMINATION BY TAXING AUTHO VALUATED ALL OF ITS TAX POSITIONS AND DET	IV, line de any BAS ARE THAN RIT:	es 1b and 2b; Part V, line additional information. SED ON A MORI E ONLY RECOGN N 50% LIKELIN IES. THE THI	5 4; Pa LI NIZE HOOD	TO THE
5 Prov 2; Pr T R T S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART X - FIN 48 FOOTNOTE HE THEATRE ACCOUNTS FOR TAX UNCERTAINTIES ECOGNITION THRESHOLD WHEREBY TAX BENEFITS HEATRE BELIEVES THAT THEY HAVE A GREATER USTAINED UPON EXAMINATION BY TAXING AUTHO VALUATED ALL OF ITS TAX POSITIONS AND DET	IV, line de any BAS ARE THAN RIT:	es 1b and 2b; Part V, line additional information. SED ON A MORI E ONLY RECOGN N 50% LIKELIN IES. THE THI	5 4; Pa LI NIZE HOOD	TO THE
5 Prov 2; Pr T R T S	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ART X - FIN 48 FOOTNOTE HE THEATRE ACCOUNTS FOR TAX UNCERTAINTIES ECOGNITION THRESHOLD WHEREBY TAX BENEFITS HEATRE BELIEVES THAT THEY HAVE A GREATER USTAINED UPON EXAMINATION BY TAXING AUTHO VALUATED ALL OF ITS TAX POSITIONS AND DET	IV, line de any BAS ARE THAN RIT:	es 1b and 2b; Part V, line additional information. SED ON A MORI E ONLY RECOGN N 50% LIKELIN IES. THE THI	5 4; Pa LI NIZE HOOD	TO THE

Schedule D (F	Form 990) 2020	CHILDREN'S	THEATRE OF	CHARLOTTE	INC56-1028031	Page 5
Part XIII	Supplemen	ntal Information	(continued)		INC56-1028031	
	Duk		Insp	ectic	on Co)DV
						7
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SCHEDULE M (Form 990)

Name of the organization

Part I

Noncash Contributions

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

u Attach to Form 990.

Department of the Treasury Internal Revenue Service u Go to www.irs.gov/Form990 for instructions and the latest information.

Types of Property

2020

OMB No. 1545-0047

Open To Public Inspection

Employer identification number 56-1028031 CHILDREN'S THEATRE OF CHARLOTTE INC

		(a) Check if applicable	(b) Number of contributions or items contributed	(C) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amo			
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded	х	12	32,479	FAIR MARKET VALU	JE		
10	Securities — Closely held stock			32,175				
11	Securities — Partnership, LLC,							
•	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
. •	contribution — Historic							
	structures							
14	Qualified conservation							
•	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
. 0 17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
- · 25	Other u(UNITS OF PAINT)	x	76	5,252	COST			
26	Other u ()		. •	5,151				
- ° 27	Other u ()							
28	Other u (
29	Number of Forms 8283 received by	v the orga	nization during the tax	vear for contributions for				
	which the organization completed I				29			
	γ		, ,				Yes	No
30a	During the year, did the organization	n receive	by contribution any pro	perty reported in Part I. lir	nes 1 through			
	28, that it must hold for at least three				=			
	to be used for exempt purposes fo					30a		х
b	If "Yes," describe the arrangement		3 7 3 3					
31	Does the organization have a gift a		e policy that requires the	e review of any nonstanda	ard			
	a a mérilla véi a ma O	•		•		31		х
32a	Does the organization hire or use t							
	() ()		· ·	•		32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an a	amount in	column (c) for a type of	f property for which colum	n (a) is checked,			
	describe in Part II.		()	. , ,	,			

Schedule M (F	orm 990) 2020 CH]	ILDREN'S	THEATRE	OF	CHARLOTTI	INC56-1028	031	Page 2
Part II	Supplementa	I Information	. Provide the	e infori	mation require	d by Part I, lines	031 30b, 32b, and 33, a	nd whether
	the organization	on is reporting	in Part I, co	olumn	(b), the numb	er of contributions	, the number of iter	ns received,
	or a combinat	tion of both. Al	lso complete	this p	art for any ac	ditional information	, the number of iter n.	
			-		•			
	Duib				o ot	ion	COD	
)				
	UN				OUL		OOP	y
								•••••

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 **2020**

Department of the Treasury Internal Revenue Service

u Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

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

Employer identification number

CHILDREN'S THEATRE OF CHARLOTTE 56-1028031

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS PREPARED BY A PAID TAX PROFESSIONAL. IT IS REVIEWED IN DETAIL BY THE TREASURER AND FINANCE COMMITTEE. THE TAX RETURN IS DISTRIBUTED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE CODE OF CONDUCT AND CONFLICT OF INTEREST POLICY IS DISTRIBUTED AT SPECIAL STAFF MEETINGS HELD ANNUALLY. IT IS EXPLAINED WITH EXAMPLES AND PROCEDURES GIVEN. EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST AND TO REPORT NEW SITUATIONS THAT ARISE DURING THE YEAR IN ORDER TO DETERMINE IF THERE IS A CONFLICT OF INTEREST. NEW EMPLOYEES ARE GIVEN THERE IS A SEPARATE CONFLICT OF INTEREST POLICY FOR THE POLICY UPON HIRE. BOARD MEMBERS, WHICH IS DISCUSSED AT A BOARD MEETING AT THE BEGINNING OF THE YEAR. ALL BOARD MEMBERS MUST COMPLETE AND SIGN A DISCLOSURE FORM LISTING ANY CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST. BOARD MEMBERS ARE INSTRUCTED TO INFORM THE THEATRE OF ANY CONFLICT THAT MIGHT ARISE DURING THE YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE MANAGING AND ARTISTIC DIRECTORS EACH REPORT DIRECTLY TO THE BOARD. EXECUTIVE COMMITTEE, ALL OF WHOM ARE INDEPENDENT BOARD MEMBERS, HOLD AN ANNUAL PERFORMANCE EVALUATION WITH EACH DIRECTOR, SEPARATELY. THE DIRECTOR PREPARES A WRITTEN SELF-ASSESSMENT OF THEIR PERFORMANCE FOR THE YEAR BASED ON GOALS AND OBJECTIVES FOR THE PERIOD AND MEETS WITH THE EXECUTIVE COMMITTEE TO REVIEW PERFORMANCE AND SET GOALS FOR THE UPCOMING YEAR.

PAGE 1 OF 1

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2020 or other tax year beginning 07/01/20, and ending 06/30/21

Open to Public Inspection for 501(c)(3)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

uGo to www.irs.gov/Form990T for instructions and the latest information.

u Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Organizations Only Name of organization (Check box if name changed and see instructions.) Check box if D Employer identification number address changed Exempt under section Print CHILDREN'S THEATRE OF CHARLOTTE INC 56-1028031 501(**C**)(Number, street, and room or suite no. If a P.O. box, see instructions. **3**) or E Group exemption number 300 EAST 7TH STREET (see instructions) Type 408(e) 220(e) City or town, state or province, country, and ZIP or foreign postal code 408A 530(a) CHARLOTTE NC 28202 Check box if 529(a) 529A 26,819,373 C Book value of all assets at end of year u an amended return. X 501(c) corporation 501(c) trust 401(a) trust Other trust Check organization type **u** Applicable reinsurance entity Check if filing only to **u** Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation Telephone number u 704-973-2800 The books are in care of **u** NAOYA TSURUMAKI Part I **Total Unrelated Business Taxable income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) -82 2 2 Reserved -82 3 3 Add lines 1 and 2 Charitable contributions (see instructions for limitation rules) 4 4 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 -82 5 5 Deduction for net operating loss. See instructions 6 0 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 Subtract line 6 from line 5 7 -82 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 1,000 8 Trusts. Section 199A deduction. See instructions 9 9 1,000 **Total deductions.** Add lines 8 and 9 10 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 11 0 enter zero Part II Tax Computation Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 0 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) 0 Proxy tax. See instructions 3 3

Other tax amounts. See instructions

Alternative minimum tax (trusts only)

Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

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Form	990-T (2020) CHILDREN'S TH	IEATRE OF CHARLOTTE	INC56-1028031			Page 2
Pa	rt III Tax and Payments					
1a	•	rm 1118; trusts attach Form 1116)	. 1a			
b	Other credits (see instructions)		. 1b			
С	General business credit. Attach Form 3800	00 (see instructions)	_ 1c			
d	Credit for prior year minimum tax (attach F					
е	Total credits. Add lines 1a through 1d			1e	m	
2	Subtract line 1e from Part II, line 7 Other taxes. Check if from: Form 4			2		
3	Other taxes. Check if from: Form 4					7
		(attach statement)		3	<u> </u>	
4	Total tax. Add lines 2 and 3 (see instruction					^
_	section 1294. Enter tax amount here			_ · 4_	<u> </u>	0
5	2020 net 965 tax liability paid from Form 9		1 1	5		
6a	Payments: A 2019 overpayment credited to		- 6a			
b	2020 estimated tax payments. Check if se	· · · -				
С.						
d	Foreign organizations: Tax paid or withheld					
e	Backup withholding (see instructions)		. 6e			
t ~	Credit for small employer health insurance	France 0420	. 6f			
g	Other credits, adjustments, and payments: Form 4136		. 60			
7	Total payments. Add lines 6a through 6g			7		
7 8	Estimated tax penalty (see instructions). C			··		
9	Tax due. If line 7 is smaller than the total of	of lines 4.5. and 8. enter amount owed	 ເ	· — —		0
10	Overpayment. If line 7 is larger than the total of	total of lines 4.5. and 8. enter amount of	vernaid	u 10		
11	Enter the amount of line 10 you want: Cred			I		
		Certain Activities and Other In				
			(000			Yes No
1	At any time during the 2020 calendar year,	r, did the organization have an interest	in or a signature or other au	uthority		
	over a financial account (bank, securities, o		=	-		
	FinCEN Form 114, Report of Foreign Bank					
	here u		_			X
2	During the tax year, did the organization re	eceive a distribution from, or was it the	grantor of, or transferor to,	а		
	foreign trust?					X
	If "Yes," see instructions for other forms the	ne organization may have to file.				
3	Enter the amount of tax-exempt interest re	eceived or accrued during the tax year	u \$			
4a	Did the organization change its method of	f accounting? (see instructions)				X
b	If 4a is "Yes," has the organization describe	ped the change on Form 990, 990-EZ, 9	990-PF, or Form 1128? If "N	۱o,"		
_				<u> </u>		
	rt V Supplemental Informatio					
Provi	de the explanation required by Part IV, line	e 4b. Also, provide any other additional	information. See instruction	S.		
Sig	Under penalties of perjury, I declare that I have examin true, correct, and complete. Declaration of preparer (oth			wledge and belie	May the IRS	discuss this return
Her		1	DIRECTOR		(see instruct	discuss this retur parer shown belov tions)?
	Signature of officer	Date Title	/INECION		- X Y	Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid	LINDA COLE	LINDA COLE	05/1	.3/22 self-er	nployed P01	258933
		TLIFF & COMPANY		Firm's EIN }		1982812
	Only 2815 COLI		200			
	Firm's address \ CHARLOTTE	NC 28217		Dhone no	704-35	71-5000

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2020

Department of the Treasury

uGo to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for

u Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only Internal Revenue Service B Employer identification number A Name of the organization CHILDREN'S THEATRE OF CHARLOTTE INC 56-1028031 C Unrelated Business Activity Code (see instructions) u541800 D Sequence: E Describe the unrelated trade or business u ADVERTISING **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net Part I Gross receipts or sales 1a Less returns and allowances ____ c Balance u 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) 4a Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) b 4b Capital loss deduction for trusts 4c С Income (loss) from partnership and S corporation (attach Rent income (Part IV) 6 6 Unrelated debt-financed income (Part V) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) 9 organization (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) SEE STMT 1 4,082 4,082 12 4,082 Total. Combine lines 3 through 12. 13 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 1 1 4,108 Salaries and wages 2 2 Repairs and maintenance 3 3 4 4 Interest (attach statement) (see instructions) 5 6 Taxes and licenses Depreciation (attach Form 4562) (see instructions) 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 q Depletion Contributions to deferred compensation plans 10 10 Employee benefit programs 11 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 13 56 Other deductions (attach statement) SEE STATEMENT 14 14 Total deductions. Add lines 1 through 14 15 4,164 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 column (C) -82 16

Deduction for net operating loss (see instructions)

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2020

-82

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17

	dule A (Form 990-T) 2020 CHILDREN'S			NC56-1028031	Page 2
	rt III Cost of Goods Sold		inventory valuation u		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement	nt)		4	
5	Other costs (attach statement)			5	-
6	Total. Add lines 1 through 5			6	$\mathcal{L}V$
7	Inventory at end of year			7	1 1
8	Cost of goods sold. Subtract line / from line	6. Enter nere and in Par	t i, iine ∠	<u>8</u>	
9	Do the rules of section 263A (with respect to p				
	rt IV Rent Income (From Real Pro)
1	Description of property (property street address	s, city, state, ∠IP code).	Check if a dual-use (see	instructions)	
	<u>A</u> H —				
	B -				
	D	A 1	В	•	
2	Pont received or accrued	Α	В	С	D
2	Rent received or accrued From personal property (if the percentage of				
а	rent for personal property is more than 10%				
	but not more than 50%)				
h	From real and personal property (if the				
D	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income).				
^	Total rents received or accrued by property.				
C	Add lines 2a and 2b, columns A through D				
	_				
3	Total rents received or accrued. Add line 2c co	lumns A through D. Ente	er here and on Part I, line	e 6, column (A) u .	
4	Deductions directly connected with the income				
-	in lines 2(a) and 2(b) (attach statement)				
_					
5	Total deductions. Add line 4 columns A throu	gh D. Enter here and or	Part I, line 6, column (B)) u .	
Pai	rt V Unrelated Debt-Financed In	come (see instructi	ions)		
1	Description of debt-financed property (street ac	ddress, city, state, ZIP c	ode). Check if a dual-use	(see instructions)	
	A			·	
	В				
	с 🗌				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A th	rough D). Enter here an	d on Part I, line 7, column	n (A) u	
	_	<u> </u>	, , , , , , , , , , , , , , , , , , , ,	. ,	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colun				
11	Total dividends-received deductions include	ed in line 10		u	

Pa	rt VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instruc	tions)	
1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I,		
	line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete		
	lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line		
	4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2020

000									
	dule A (Form 990-T) 2020 CHILDREN'S THEAT	RE OF CHARLOTTE	INC 56	-1028031	Page 4				
	rt IX Advertising Income								
1	Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.								
	<u>В</u> —								
	С								
			M	,0					
Ente	r amounts for each periodical listed above in the correspond		/ 		$\cup V$				
2	Cross advertising income	В		С	D				
2	Gross advertising income								
а	Add columns A through D. Enter here and on Part I, line 1	1, column (A)		u					
3	Direct advertising costs by periodical								
а	Add columns A through D. Enter here and on Part I, line 1	1, column (A)		u <u> </u>					
4	Advertising gain (loss). Subtract line 3 from line								
	2. For any column in line 4 showing a gain,								
	complete lines 5 through 8. For any column in								
	line 4 showing a loss or zero, do not complete								
5	lines 5 through 7, and enter zero on line 8								
6	Circulation income								
7	Excess readership costs. If line 6 is less than								
	line 5, subtract line 6 from line 5. If line 5 is less								
	than line 6, enter zero								
8	Excess readership costs allowed as a								
	deduction. For each column showing a gain on								
_	line 4, enter the lesser of line 4 or line 7 Add line 8, columns A through D. Enter the greater of the I	line On columns total or zero bare	ond on						
а	Part II, line 13			u					
Pai	rt X Compensation of Officers, Directors,								
ı aı	t A Compensation of Officers, Directors,	and musices (see msud	Clioi is)	3. Percentage	4. Compensation				
	1. Name	2. Title		of time devoted	attributable to				
				to business	unrelated business				
(1)				%					
(2)				%	<u>'</u>				
(3)				%					
(4)				%					
Tot	al. Enter here and on Part II, line 1			u					
Pai	t XI Supplemental Information (see instru	uctions)							
		•							

0254000 CHILDREN'S THEATRE OF CHARLOTTE INC

56-1028031

Federal Statements

FYE: 6/30/2021

Advertising

Statement 1 - Schedule A (990T), Part I, Line 12 - Other Income

Description Amount

ADVERTISING \$ 4,082
TOTAL \$ 4,082

Advertising

Statement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions

Description Amount
PLAYBILL HOSTING \$ 56
TOTAL \$ 56

Form **4562**

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

ience No. 17

Name(s) shown on return Identifying number CHILDREN'S THEATRE OF CHARLOTTE INC 56-1028031 Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 1,040,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 2 2,590,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction, Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶ 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 16 46,534 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2020 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (business/investment use only–see instructions) (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25 yrs. S/L 25-year property Residential rental 27.5 yrs. MM S/I property 27.5 yrs. MM S/L 39 yrs. MM S/L Nonresidential real property MM S/L Section C-Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs. S/L 30-year MM S/L 30 yrs. d 40-year 40 yrs. MM S/L **Summary** (See instructions.) Part IV Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22 46,534 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions. For assets shown above and placed in service during the current year, enter the