

Form **990**

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

OMB No. 1545-0047

**2020**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **CHILDREN'S THEATRE OF CHARLOTTE INC**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**300 EAST 7TH STREET**  
 City or town, state or province, country, and ZIP or foreign postal code  
**CHARLOTTE NC 28202**

**D** Employer identification number  
**\*\*-\*\*\*8031**

**E** Telephone number  
**704-973-2800**

**G** Gross receipts \$ **2,866,228**

**F** Name and address of principal officer:  
**NAOYA TSURUMAKI**  
**300 EAST 7TH STREET**  
**CHARLOTTE NC 28202**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) **t** (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.CTCHARLOTTE.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other **u**

**L** Year of formation: **1948** **M** State of legal domicile: **NC**

**H(c)** Group exemption number **u**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF CHILDREN'S THEATRE OF CHARLOTTE (CTC) IS TO CREATE EXCEPTIONAL THEATRE EXPERIENCES, INSPIRING GENERATIONS TO EXPLORE THE WONDER OF THEIR WORLD.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>23</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>136</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>275</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>4,082</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>1,302,289</b>	Current Year <b>2,078,994</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,977,090</b>	<b>617,838</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>176</b>	<b>341</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>146,294</b>	<b>169,055</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,425,849</b>	<b>2,866,228</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0</b>	<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,803,057</b>	<b>2,185,122</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>266,406</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,207,514</b>	<b>812,806</b>
<b>Net Assets or Fund Balances</b>	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,010,571</b>	<b>2,997,928</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-584,722</b>	<b>-131,700</b>
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>24,518,880</b>	End of Year <b>26,819,373</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>875,513</b>	<b>1,070,367</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>23,643,367</b>	<b>25,749,006</b>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **NAOYA TSURUMAKI** Date: \_\_\_\_\_  
 Type or print name and title: **MANAGING DIRECTOR**

**Paid Preparer Use Only**

Print/Type preparer's name: **LINDA COLE** Preparer's signature: **LINDA COLE** Date: **05/13/22** Check  if self-employed  if PTIN \*\*\*\*\*  
 Firm's name: **DANIEL RATLIFF & COMPANY** Firm's EIN: **\*\* - \*\*\*2812**  
 Firm's address: **2815 COLISEUM CENTRE DR STE 200 CHARLOTTE, NC 28217** Phone no.: **704-371-5000**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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?

Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,338,916 including grants of\$ ) (Revenue \$ 117,076 )

PROFESSIONAL THEATRE FOR YOUTH: CTC PRODUCES AND PRESENTS PROFESSIONAL THEATRICAL PRODUCTIONS FROM SCRIPTS EITHER SELECTED OR COMMISSIONED BY CTC ARTISTIC STAFF. EACH PRODUCTION IS CREATED BY PROFESSIONAL DIRECTORS, DESIGNERS, ACTORS AND MUSICIANS AND PERFORMED ON SETS AND IN COSTUMES CREATED BY CTC PRODUCTION STAFF. IN THE 2020-21 SEASON, DUE TO THE COVID-19 PANDEMIC, CTC PRESENTED AN ENTIRELY VIRTUAL SEASON OF PRODUCTIONS. EACH OF THE 4 SHOWS IN THIS SEASON WERE REHEARSED, DESIGNED, DIRECTED, FILMED, AND EDITED SPECIFICALLY FOR THE PURPOSE OF BEING STREAMED ONLINE. PERFORMANCES WERE STREAMED VIA BROADWAY ON DEMAND FOR PUBLIC AUDIENCES AND VIMEO OR YOUTUBE FOR SCHOOL AUDIENCES.

4b (Code: ) (Expenses \$ 673,216 including grants of\$ ) (Revenue \$ 500,764 )

THEATRE EDUCATION PROGRAMS: CTC THEATRE CLASSES ARE SEPARATED INTO TWO CATEGORIES: CREATIVE DRAMA FOR CHILDREN AGE 2 TO GRADE 5 AND THE SCHOOL OF THEATRE TRAINING (SOTT) FOR CHILDREN IN GRADES 3 TO 12. EACH MAY, SOTT CULMINATES WITH ONSTAGE, A 5-WEEK PERFORMANCE OPPORTUNITY IN PARTNERSHIP WITH OUR PRODUCTION DEPARTMENT. SUMMER CAMPS ARE AVAILABLE TO CHILDREN AGES 2-18 IN A WIDE VARIETY OF TOPICS, THEMES AND DISCIPLINES. COMMUNITY INVOLVEMENT PROGRAM (CIP) CLASSES AND WORKSHOPS ARE OFFERED TO SERVICE ORGANIZATIONS WORKING WITH CHILDREN IN CRISIS OR WHO RECEIVED PUBLIC ASSISTANCE IN THE 2020-21 SEASON, EDUCATION PROGRAMS WERE OFFERED BOTH IN-PERSON AND VIRTUALLY. FULL AND PARTIAL-TUITION SCHOLARSHIPS FOR ALL CLASSES AND CAMPS ARE OFFERED TO STUDENTS OF FINANCIAL NEED.

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

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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		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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

		Yes	No
<b>2a</b>	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		
	<b>2a</b> 136		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>X</b>	
<b>4a</b>	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)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>X</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>X</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	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? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, and governance procedures.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section 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.
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

NAOYA TSURUMAKI 300 EAST 7TH STREET NC 28202 704-973-2800 CHARLOTTE

**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) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>TIM ROGERS</b>										
PAST CHAIR	1.20 0.00	X		X			0	0	0	
(2) <b>ANGELA SCHOLL</b>										
SECRETARY	1.20 0.00	X		X			0	0	0	
(3) <b>ASHLEY JOSEPH</b>										
CHAIR	5.00 0.00	X		X			0	0	0	
(4) <b>STACIA NEUGENT</b>										
TREASURER	2.00 0.00	X		X			0	0	0	
(5) <b>SALLIE BEASON</b>										
BOARD MEMBER	0.60 0.00	X					0	0	0	
(6) <b>KRISTIN BLACK</b>										
BOARD MEMBER	1.20 0.00	X					0	0	0	
(7) <b>MARY ALICE BOYD</b>										
BOARD MEMBER	0.60 0.00	X					0	0	0	
(8) <b>MADDIE CHANDLER</b>										
BOARD MEMBER	0.60 0.00	X					0	0	0	
(9) <b>JULIO COLMENARES</b>										
BOARD MEMBER	0.60 0.00	X					0	0	0	
(10) <b>RYAN HUTCHENSON</b>										
BOARD MEMBER	0.60 0.00	X					0	0	0	
(11) <b>WILLIAM JEFFERSON</b>										
BOARD MEMBER	0.60 0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MITCHELL KELLING	0.60									
BOARD MEMBER	0.00	X						0	0	0
(13) CATHERINE MALONE	0.60									
BOARD MEMBER	0.00	X						0	0	0
(14) LISA MILLER	0.60									
BOARD MEMBER	0.00	X						0	0	0
(15) BRIAN MURDOCK	0.60									
BOARD MEMBER	0.00	X						0	0	0
(16) MALLORY NAVIN	0.60									
BOARD MEMBER	0.00	X						0	0	0
(17) KERBIE NEAL	0.60									
BOARD MEMBER	0.00	X						0	0	0
(18) KRISTEN SARIO	0.60									
BOARD MEMBER	0.00	X						0	0	0
(19) CHRIS SOCHA	0.60									
BOARD MEMBER	0.00	X						0	0	0
<b>1b Subtotal</b>							<b>u</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>u</b>	<b>277,606</b>		<b>25,858</b>
<b>d Total (add lines 1b and 1c)</b>							<b>u</b>	<b>277,606</b>		<b>25,858</b>

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

0



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b> 251,401					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 1,146,797					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 680,796					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 37,731					
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>2,078,994</b>				
<b>Program Service Revenue</b>	<b>2a</b> EDUCATION PROGRAMS	Business Code 611600	500,764	500,764			
	<b>b</b> PRODUCTION PROGRAMS	711110	117,074	117,074			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	<b>617,838</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	341			341	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>	208			208	
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real (ii) Personal				
		<b>b</b> Less: rental expenses	<b>6b</b>				
		<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities (ii) Other				
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
		<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss)	<b>u</b>					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
		<b>b</b> Less: direct expenses	<b>8b</b>				
	<b>c</b> Net income or (loss) from fundraising events	<b>u</b>					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
<b>b</b> Less: direct expenses		<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
<b>Miscellaneous Revenue</b>	<b>11a</b> BENEFICIAL INTEREST IN TRUSTS	Business Code 525920	164,765			164,765	
	<b>b</b> ADVERTISING	541800	4,082		4,082		
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>	<b>168,847</b>				
<b>12 Total revenue.</b> See instructions	<b>u</b>	<b>2,866,228</b>	<b>617,838</b>	<b>4,082</b>	<b>165,314</b>		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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 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):				
a Management				
b Legal				
c Accounting	23,850		23,850	
d Lobbying				
e Professional fundraising services. See Part IV, line 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 expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,002		6,002	
21 Payments to affiliates				
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.)				
a <b>PRODUCTION SUPPLIES &amp; EXP</b>	177,874	177,874		
b <b>OTHER EXPENSES</b>	129,247	99,461	13,458	16,328
c <b>PRINTING &amp; DESIGN</b>	18,471	18,164		307
d <b>OTHER FUNDRAISER EXP</b>	434			434
e 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	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		4	50,000	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	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	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	24,518,880	16	26,819,373		
<b>Liabilities</b>	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 Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties	524,981	24	554,525	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25	875,513	26	1,070,367	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	27	Net assets without donor restrictions	1,104,648	27	1,488,067	
	28	Net assets with donor restrictions	22,538,719	28	24,260,939	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
32	<b>Total net assets or fund balances</b>	23,643,367	32	25,749,006		
33	<b>Total liabilities and net assets/fund balances</b>	24,518,880	33	26,819,373		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>2,866,228</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>2,997,928</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-131,700</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>23,643,367</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>3,728,643</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	<b>-1,491,304</b>
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>25,749,006</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	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?		<b>X</b>
<b>3b</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		

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>BRADLEY VINEYARD</b>	0.60									
BOARD MEMBER	0.00	X					0	0	0	
(21) <b>LINDA REYNOLDS</b>	60.00									
MANAGING DIRECTOR	0.00			X			89,487	0	3,081	
(22) <b>ADAM BURKE</b>	60.00									
ARTISTIC DIRECTOR	0.00			X			114,366	0	17,509	
(23) <b>NICHELE WEINTRAUB</b>	0.60									
BOARD MEMBER	0.00	X					0	0	0	
(24) <b>JUDITH WHELAN</b>	0.60									
BOARD MEMBER	0.00	X					0	0	0	
(25) <b>THOMAS WHITLOCK</b>	0.60									
BOARD MEMBER	0.00	X					0	0	0	
(26) <b>TRACY CHANDLER</b>	60.00									
FINANCE DIRECTOR	0.00			X			73,753	0	5,268	
(27) <b>NAOYA TSURUMAKI</b>	60.00									
MANAGING DIRECTOR	0.00			X			0	0	0	
<b>1b Subtotal</b>							<b>277,606</b>		<b>25,858</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**CHILDREN'S THEATRE OF CHARLOTTE INC**

Employer identification number

**\*\* - \*\*\* 8031**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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

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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) - 14 98.46%; 15 Public support percentage from 2019 Schedule A, Part II, line 14 - 15 97.91%; 16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization - [X]; 16b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization - [ ]; 17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization - [ ]; 17b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization - [ ]; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions - [ ]

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 - 18 - %

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

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
  - b** A family member of a person described in line 11a above?
  - c** A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

- 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.*
- 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.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 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).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 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?
- 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).*
- 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.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section 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 instructions).
  - a** 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.*
  - c** The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*
- 2** Activities Test. *Answer lines 2a and 2b below.*
  - a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
  - 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.*
- 3** Parent of Supported Organizations. *Answer lines 3a and 3b below.*
  - a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
  - b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

**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.)

**PART II, LINE 10 - OTHER INCOME DETAIL**

**GROSS INCOME FROM FUNDRAISING EVENTS \$ 265,314**

COPY - DO NOT FILE

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

**Schedule of Contributors**

OMB No. 1545-0047

**2020**

u Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

**CHILDREN'S THEATRE OF CHARLOTTE INC**

**\*\* - \*\*\* 8031**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

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

Name of organization

Employer identification number

CHILDREN'S THEATRE OF CHARLOTTE INC

\*\*-\*\*\*8031

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARTS AND SCIENCE COUNCIL OF CHARLOTT 222 CHURCH STREET CHARLOTTE NC 28202	\$ 251,841	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NC ARTS COUNCIL DEPT. OF CULTURAL RESOURCES #4632 RALEIGH NC 27699	\$ 89,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE LEON LEVINE FOUNDATION 6000 FAIRVIEW ROAD, SUITE 1525 CHARLOTTE NC 28210	\$ 80,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	WOMEN'S IMPACT FUND 2525 DISTRIBUTION STREET CHARLOTTE NC 28203	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON ST. CHARLOTTE NC 28202	\$ 600,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE SHUBERT FOUNDATION 234 WEST 44TH STREET NEW YORK NY 10036	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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

2020

Open to Public Inspection

Name of the organization

Employer identification number

CHILDREN'S THEATRE OF CHARLOTTE INC

\*\* - \*\*\* 8031

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d 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 tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 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 \$, b Assets included in Form 990, Part X u \$



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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	13,545,520	14,081,170	14,666,247	14,253,736	13,335,419
<b>b</b> Contributions .....	71,546		7,529		8,026
<b>c</b> Net investment earnings, gains, and losses .....	3,932,217	136,067	109,024	1,144,214	1,647,845
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	642,296	635,665	664,673	703,340	706,803
<b>f</b> Administrative expenses .....	38,810	36,052	36,957	28,263	30,751
<b>g</b> End of year balance .....	16,868,176	13,545,520	14,081,170	14,666,247	14,253,736

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** %
  - b** Permanent endowment **u** **70.00** %
  - c** Term endowment **u** **30.00** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No       |
|---|-----|----------|
| <b>(i)</b> Unrelated organizations .....  |     | <b>X</b> |
| <b>(ii)</b> Related organizations .....   |     | <b>X</b> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... |     |          |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		100,227	80,222	20,005
<b>d</b> Equipment .....		332,582	242,194	90,388
<b>e</b> Other .....		123,392	101,922	21,470
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....			<b>u</b>	<b>131,863</b>

**Part VII Investments – Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other <b>BENEFICIAL INTEREST IN TRUST</b> .....	<b>16,868,177</b>	<b>MARKET</b>
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) .....	<b>16,868,177</b>	

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) <b>CONTRIBUTIONS - FUTURE USE FACILITY</b>	<b>7,279,553</b>
(2) <b>INVESTMENT IN SHARED ASSETS W/ CML</b>	<b>111,589</b>
(3) <b>OTHER</b>	<b>27,969</b>
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) .....	<b>7,419,111</b>

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) .....	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>7,029,550</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>3,728,643</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>434,679</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>4,163,322</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>2,866,228</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>2,866,228</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>4,923,911</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>1,925,983</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>1,925,983</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>2,997,928</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>2,997,928</b>

**Part XIII Supplemental Information.**

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

**PART X - FIN 48 FOOTNOTE**

THE THEATRE ACCOUNTS FOR TAX UNCERTAINTIES BASED ON A MORE LIKELY THAN NOT RECOGNITION THRESHOLD WHEREBY TAX BENEFITS ARE ONLY RECOGNIZED WHEN THE THEATRE BELIEVES THAT THEY HAVE A GREATER THAN 50% LIKELIHOOD OF BEING SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE THEATRE HAS EVALUATED ALL OF ITS TAX POSITIONS AND DETERMINED THAT IT HAD NO UNCERTAIN INCOME TAX POSITIONS AS OF JUNE 30, 2020 AND 2021.

**Part XIII Supplemental Information** *(continued)*

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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.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open To Public  
Inspection**

**CHILDREN'S THEATRE OF CHARLOTTE INC**

Employer identification number  
**\*\* - \*\*\*8031**

**Part I Types of Property**

	(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 amounts
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	<b>X</b>	<b>12</b>	<b>32,479</b>	<b>FAIR MARKET VALUE</b>
10 Securities — Closely held stock				
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				
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 <b>u</b> ( <b>UNITS OF PAINT</b> )	<b>X</b>	<b>76</b>	<b>5,252</b>	<b>COST</b>
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	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? .....		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		<b>X</b>
b 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.		

**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.

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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Employer identification number

CHILDREN'S THEATRE OF CHARLOTTE INC

\*\* - \*\*\*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

Name of the organization

Employer identification number

CHILDREN'S THEATRE OF CHARLOTTE INC

\*\* - \*\*\*8031

DIRECTOR IS EXCUSED AND THE EXECUTIVE COMMITTEE FURTHER DISCUSSES THEIR PERFORMANCE AND SETS COMPENSATION FOR THE DIRECTOR, IN CONSIDERATION OF THE BUDGET. AT A SUBSEQUENT BOARD MEETING, THE PROCESS AND OUTCOME ARE PRESENTED TO THE BOARD. EVERY 2 TO 3 YEARS, COMPARABILITY DATA FROM OTHER FORM 990S AND/OR SURVEYS ON NON-PROFIT ORGANIZATIONS IS INCORPORATED INTO THE PROCESS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE THEATRE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

COPY - DO NOT FILE



## 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-EO**

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

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 20 21.

**u Do not send to the IRS. Keep for your records.  
u Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

**2020**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization or person subject to tax

Taxpayer identification number

**CHILDREN'S THEATRE OF CHARLOTTE INC \*\*-\*\*\*8031**

Name and title of officer or person subject to tax **NAOYA TSURUMAKI  
MANAGING DIRECTOR**

**Part I Type of Return and Return Information (Whole Dollars Only)**

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>1a Form 990</b> check here <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> _____
<b>2a Form 990-EZ</b> check here <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a Form 1120-POL</b> check here <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a Form 990-PF</b> check here <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a Form 8868</b> check here <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c)	<b>5b</b> _____
<b>6a Form 990-T</b> check here <input checked="" type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a Form 4720</b> check here <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1)	<b>7b</b> _____

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

Under penalties of perjury, I declare that  I am an officer of the above organization or  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**

I authorize **DANIEL RATLIFF & COMPANY** to enter my PIN **80310** as my signature  
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

Date } **05/13/22**

**Part III 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.

ERO's signature } **LINDA COLE** Date } **05/13/22**

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Form **990-T**

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

OMB No. 1545-0047

# 2020

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

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

Department of the Treasury  
Internal Revenue Service

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

**A**  Check box if address changed.

**B** Exempt under section  
 501(C)(3) **( 3 )**  
 408(e)  220(e)  
 408A  530(a)  
 529(a)  529A

**Name of organization** (  Check box if name changed and see instructions.)  
**CHILDREN'S THEATRE OF CHARLOTTE INC**

**Employer identification number**  
**\*\* - \*\*\* 8031**

**Number, street, and room or suite no. If a P.O. box, see instructions.**  
**300 EAST 7TH STREET**

**Group exemption number (see instructions)**

**City or town, state or province, country, and ZIP or foreign postal code**  
**CHARLOTTE NC 28202**

**F**  Check box if an amended return.

**C** Book value of all assets at end of year ..... **u 26,819,373**

**G** Check organization type **u**  501(c) corporation  501(c) trust  401(a) trust  Other trust  Applicable reinsurance entity

**H** Check if filing only to **u**  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... **u**

**J** Enter the number of attached Schedules A (Form 990-T) ..... **u 1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... **u**  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation  
**u**

**L** The books are in care of **u NAOYA TSURUMAKI** Telephone number **u 704-973-2800**

Part I Total Unrelated Business Taxable income		
1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	-82
2	Reserved	
3	Add lines 1 and 2	-82
4	Charitable contributions (see instructions for limitation rules)	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	-82
6	Deduction for net operating loss. See instructions	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	-82
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	1,000
9	Trusts. Section 199A deduction. See instructions	
10	Total deductions. Add lines 8 and 9	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	0

Part II Tax Computation		
1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	0
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	0
3	Proxy tax. See instructions	
4	Other tax amounts. See instructions	
5	Alternative minimum tax (trusts only)	
6	Tax on noncompliant facility income. See instructions	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	0

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
<b>b</b> Other credits (see instructions) .....	<b>1b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
<b>e Total credits.</b> Add lines 1a through 1d .....		<b>1e</b>	
<b>2</b> Subtract line 1e from Part II, line 7 .....		<b>2</b>	
<b>3</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....		<b>3</b>	
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions) <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>u</b>	<b>4</b>	<b>0</b>
<b>5</b> 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....		<b>5</b>	
<b>6a</b> Payments: A 2019 overpayment credited to 2020 .....	<b>6a</b>		
<b>b</b> 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> <b>u</b> <input type="checkbox"/> .....	<b>6b</b>		
<b>c</b> Tax deposited with Form 8868 .....	<b>6c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
<b>e</b> Backup withholding (see instructions) .....	<b>6e</b>		
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other .....	<b>u</b>	<b>6g</b>	
<b>7 Total payments.</b> Add lines 6a through 6g .....		<b>7</b>	
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> <b>u</b> <input type="checkbox"/> .....		<b>8</b>	
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed <input type="checkbox"/> <b>u</b> <input type="checkbox"/> .....		<b>9</b>	<b>0</b>
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid <input type="checkbox"/> <b>u</b> <input type="checkbox"/> .....		<b>10</b>	
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax u</b> <b>Refunded u</b> .....		<b>11</b>	

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

	Yes	No
<b>1</b> At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>u</b> .....		<b>X</b>
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		<b>X</b>
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> <b>u</b> \$ .....		
<b>4a</b> Did the organization change its method of accounting? (see instructions) .....		<b>X</b>
<b>b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

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

<b>u</b> MANAGING DIRECTOR					
Signature of officer	Date	Title			

May the IRS discuss this return with the preparer shown below (see instructions)?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LINDA COLE</b>	Preparer's signature <b>LINDA COLE</b>	Date <b>05/13/22</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>*****</b>
	Firm's name } <b>DANIEL RATLIFF &amp; COMPANY</b>	Firm's EIN } <b>** - ***2812</b>			
	Firm's address } <b>2815 COLISEUM CENTRE DR STE 200</b>	Phone no. } <b>704-371-5000</b>			
		<b>CHARLOTTE, NC 28217</b>			

**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

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

<b>A</b> Name of the organization <b>CHILDREN'S THEATRE OF CHARLOTTE INC</b>	<b>B</b> Employer identification number <b>** - ***8031</b>
<b>C</b> Unrelated Business Activity Code (see instructions) <b>u541800</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business **u ADVERTISING**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance <b>u</b>	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnership and S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organization (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) <b>SEE STMT 1</b>	<b>12</b> 4,082		4,082
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 4,082		4,082

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>		
<b>2</b> Salaries and wages	<b>2</b>		4,108
<b>3</b> Repairs and maintenance	<b>3</b>		
<b>4</b> Bad debts	<b>4</b>		
<b>5</b> Interest (attach statement) (see instructions)	<b>5</b>		
<b>6</b> Taxes and licenses	<b>6</b>		
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		<b>8b</b> 0
<b>9</b> Depletion	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans	<b>10</b>		
<b>11</b> Employee benefit programs	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>		
<b>13</b> Excess readership costs (Part IX)	<b>13</b>		
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 2</b>	<b>14</b>		56
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>		4,164
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>		-82
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>		
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>		-82

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation u

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold, 9 Do the rules of section 263A apply to the organization?

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property. Rows 2-5: Rent received or accrued (a, b, c), Total rents received or accrued, Deductions directly connected with the income, Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property. Rows 2-11: Gross income from or allocable to debt-financed property, Deductions (a, b, c), Amount of average acquisition debt, Average adjusted basis, Divide line 4 by line 5, Gross income reportable, Total gross income, Allocable deductions, Total allocable deductions, Total dividends-received deductions.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt/Nonexempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. 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)

Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

**Totals** .....

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

**Totals** .....

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity:	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	<b>2</b>
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	<b>3</b>
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	<b>4</b>
5 Gross income from activity that is not unrelated business income	<b>5</b>
6 Expenses attributable to income entered on line 5	<b>6</b>
7 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	<b>7</b>

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A [ ]
B [ ]
C [ ]
D [ ]

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and rows for advertising income, costs, and gains. Includes sub-rows 'a' for totals.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business. Includes a Total row.

Part XI Supplemental Information (see instructions)

Series of horizontal dotted lines for supplemental information.



**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 (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)  
u Attach to your tax return.

u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2020**

Attachment  
Sequence No. **179**

Name(s) shown on return

**CHILDREN'S THEATRE OF CHARLOTTE INC**

Identifying number  
**\*\*-\*\*\*8031**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,040,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,590,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	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	
13	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.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>46,534</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	<b>0</b>
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 <input type="checkbox"/> u <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				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	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>46,534</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

## Federal Asset Report

FYE: 6/30/2021

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	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	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	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	Flyline Track & Components	9/15/07	2,451			2,451	10 MO S/L	2,451	0
9	MotifXS8 Keyboard/Synthesizer	11/15/07	3,129			3,129	5 MO S/L	3,129	0
10	Orchestra Pit	9/20/07	3,689			3,689	20 MO S/L	2,351	184
11	Yamaha Keyboard Synthesizer	7/20/08	3,598			3,598	5 MO S/L	3,598	0
12	Lighting Cable & Connector package	7/29/08	2,538			2,538	10 MO S/L	2,538	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			1,800	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	5 MO S/L	1,884	0
18	White Seamless Cyc	3/01/10	4,944			4,944	10 MO S/L	4,944	0
19	2-Way Radio Systems - 20 Units	3/31/10	6,457			6,457	5 MO S/L	6,457	0
20	2009 Silver Birch Med Pewter Chevrolet V	11/15/09	32,706			32,706	5 MO S/L	32,706	0
21	Black Stage Curtains (2 boarders & 4 Legs)	9/01/10	4,586			4,586	12 MO S/L	3,758	382
22	Table Saw	10/15/10	2,999			2,999	8 MO S/L	2,999	0
23	Wireless Microphone system/transmitter/3 M	4/01/11	3,732			3,732	5 MO S/L	3,732	0
25	Lateral Open Storage/File System with 3 cal	7/15/11	2,034			2,034	10 MO S/L	1,829	203
26	4 Shure microphones/Bodypacks (Full Com)	9/15/11	4,211			4,211	5 MO S/L	4,211	0
27	Lectosonic Microphone System with 4 Mics	1/15/13	7,083			7,083	4 MO S/L	7,083	0
28	19 Vertex Standard Two Way Radios	6/26/13	4,820			4,820	4 MO S/L	4,820	0
30	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	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	5/31/14	37,191			37,191	8 MO S/L	28,281	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	Traveler Track (Rosebrand)	11/30/14	2,083			2,083	10 MO S/L	1,162	208
38	Cyclorama & Full Stage Black (Rosebrand)	11/30/14	4,775			4,775	5 MO S/L	4,775	0
39	S.E. Systems Microphones (2) & Transmitt	1/02/15	5,037			5,037	5 MO S/L	5,037	0
40	Bernina 800 Serger	11/17/14	800			800	10 MO S/L	447	80
41	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
43	Millermatic 141 Welder (Machine & Weldir	4/01/15	1,224			1,224	10 MO S/L	642	122
44	Fold-n-Lock Storage Unit	5/01/15	2,005			2,005	5 MO S/L	2,005	0
45	Flip Forms Platforms	6/01/15	3,162			3,162	10 MO S/L	1,607	316
46	Wireless Dimming Control System (RC4)	6/21/15	1,979			1,979	5 MO S/L	1,979	0
47	HP Laser Jet Printer & Envelope feeder	9/01/14	1,172			1,172	8 MO S/L	856	147
50	Shelving (Scholastic Bookfairs)	8/24/15	1,963			1,963	20 MO S/L	474	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	Garment Steamer and Wig Hose (Amazon)	2/01/16	272			272	10 MO S/L	120	27
54	Canvas Block and Wig Dryer (Haires Corp)	2/01/16	1,245			1,245	10 MO S/L	550	125
55	Men's Size 38 Form (B&G Lieberman)	2/01/16	451			451	15 MO S/L	133	30
56	Projector Lens and Lamp (Babylon)	2/19/16	4,500			4,500	5 MO S/L	3,900	600
57	Triple Head 2 Go Digital SE External Adap	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	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	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	5 MO S/L	830	0
63	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
65	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	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	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	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
73	Dell Production Monitors for Super Comput	8/01/17	864			864	7 MO S/L	359	123
74	Computer for Adam Burke	8/01/17	1,584			1,584	5 MO S/L	924	317

## Federal Asset Report

FYE: 6/30/2021

## Form 990, Page 1

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	5 MO S/L	641	592
84	Phone System	10/31/18	42,736			42,736	10 MO S/L	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 # 1GAZGPF7J1338595)	9/01/18	42,544			42,544	5 MO S/L	15,600	8,509
89	Vectorworks	7/15/19	2,132			2,132	3 MO S/L	711	710
90	Dell (4 Computers & Monitors) Kasper, Ste	10/15/19	4,016			4,016	5 MO S/L	602	804
91	Dell (Production Computer)	10/15/19	1,622			1,622	5 MO S/L	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 Access Points for 1	7/15/20	3,810			3,810	4 MO S/L	0	953
95	2 Laptops, 1 Monitor (Chandler & Clair)	9/15/20	2,460			2,460	4 MO S/L	0	512
<b>Total Other Depreciation</b>			<b>556,201</b>			<b>556,201</b>		<b>377,805</b>	<b>46,534</b>
<b>Total ACRS and Other Depreciation</b>			<b>556,201</b>			<b>556,201</b>		<b>377,805</b>	<b>46,534</b>
<b>Grand Totals</b>			<b>556,201</b>			<b>556,201</b>		<b>377,805</b>	<b>46,534</b>
<b>Less: Dispositions and Transfers</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>556,201</b>			<b>556,201</b>		<b>377,805</b>	<b>46,534</b>

## AMT Asset Report

FYE: 6/30/2021

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	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	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	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	Flyline Track & Components	9/15/07	2,451			2,451	10 MO S/L	2,451	0
9	MotifXS8 Keyboard/Synthesizer	11/15/07	3,129			3,129	5 MO S/L	3,129	0
10	Orchestra Pit	9/20/07	3,689			3,689	20 MO S/L	2,351	184
11	Yamaha Keyboard Synthesizer	7/20/08	3,598			3,598	5 MO S/L	3,598	0
12	Lighting Cable & Connector package	7/29/08	2,538			2,538	10 MO S/L	2,538	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			1,800	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	5 MO S/L	1,884	0
18	White Seamless Cyc	3/01/10	4,944			4,944	10 MO S/L	4,944	0
19	2-Way Radio Systems - 20 Units	3/31/10	6,457			6,457	5 MO S/L	6,457	0
20	2009 Silver Birch Med Pewter Chevrolet V	11/15/09	32,706			32,706	5 MO S/L	32,706	0
21	Black Stage Curtains (2 boarders & 4 Legs)	9/01/10	4,586			4,586	12 MO S/L	3,758	382
22	Table Saw	10/15/10	2,999			2,999	8 MO S/L	2,999	0
23	Wireless Microphone system/transmitter/3 M	4/01/11	3,732			3,732	5 MO S/L	3,732	0
25	Lateral Open Storage/File System with 3 cal	7/15/11	2,034			2,034	10 MO S/L	1,829	203
26	4 Shure microphones/Bodypacks (Full Com)	9/15/11	4,211			4,211	5 MO S/L	4,211	0
27	Lectosonic Microphone System with 4 Mics	1/15/13	7,083			7,083	4 MO S/L	7,083	0
28	19 Vertex Standard Two Way Radios	6/26/13	4,820			4,820	4 MO S/L	4,820	0
30	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	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	5/31/14	37,191			37,191	8 MO S/L	28,281	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	Traveler Track (Rosebrand)	11/30/14	2,083			2,083	10 MO S/L	1,162	208
38	Cyclorama & Full Stage Black (Rosebrand)	11/30/14	4,775			4,775	5 MO S/L	4,775	0
39	S.E. Systems Microphones (2) & Transmitt	1/02/15	5,037			5,037	5 MO S/L	5,037	0
40	Bernina 800 Serger	11/17/14	800			800	10 MO S/L	447	80
41	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
43	Millermatic 141 Welder (Machine & Weldir	4/01/15	1,224			1,224	10 MO S/L	642	122
44	Fold-n-Lock Storage Unit	5/01/15	2,005			2,005	5 MO S/L	2,005	0
45	Flip Forms Platforms	6/01/15	3,162			3,162	10 MO S/L	1,607	316
46	Wireless Dimming Control System (RC4)	6/21/15	1,979			1,979	5 MO S/L	1,979	0
47	HP Laser Jet Printer & Envelope feeder	9/01/14	1,172			1,172	8 MO S/L	856	147
50	Shelving (Scholastic Bookfairs)	8/24/15	1,963			1,963	20 MO S/L	474	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	Garment Steamer and Wig Hose (Amazon)	2/01/16	272			272	10 MO S/L	120	27
54	Canvas Block and Wig Dryer (Haires Corp)	2/01/16	1,245			1,245	10 MO S/L	550	125
55	Men's Size 38 Form (B&G Lieberman)	2/01/16	451			451	15 MO S/L	133	30
56	Projector Lens and Lamp (Babylon)	2/19/16	4,500			4,500	5 MO S/L	3,900	600
57	Triple Head 2 Go Digital SE External Adap	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	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	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	5 MO S/L	830	0
63	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
65	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	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	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	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
73	Dell Production Monitors for Super Comput	8/01/17	864			864	7 MO S/L	359	123
74	Computer for Adam Burke	8/01/17	1,584			1,584	5 MO S/L	924	317

**AMT Asset Report**

FYE: 6/30/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Dep'r	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	5 MO S/L	641	592
84	Phone System	10/31/18	42,736			42,736	10 MO S/L	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 # 1GAZGPF7J1338595)	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
93	Lightboard Upgrades	12/15/20	0			0	0 HY	0	0
94	10 Chromebooks & Wifi Access Points for 1	7/15/20	0			0	0 HY	0	0
95	2 Laptops, 1 Monitor (Chandler & Clair)	9/15/20	0			0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>534,957</u>			<u>534,957</u>		<u>376,182</u>	<u>42,305</u>
	<b>Total ACRS and Other Depreciation</b>		<u>534,957</u>			<u>534,957</u>		<u>376,182</u>	<u>42,305</u>
	<b>Grand Totals</b>		534,957			534,957		376,182	42,305
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>534,957</u>			<u>534,957</u>		<u>376,182</u>	<u>42,305</u>

0254000 CHILDREN'S THEATRE OF CHARLOTTE INC

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## Depreciation Adjustment Report

FYE: 6/30/2021

### All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

COPY - DO NOT FILE

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	2003 Ford Van	11/30/02	29,313	0	0
2	Pace Trailer	4/30/03	2,598	0	0
3	Silent Storm Snow Machine	9/30/05	625	0	0
4	AquaFog Fog Machine	5/16/06	3,245	0	0
5	Lighting Equipment	10/31/05	14,956	0	0
6	Skyfold Wall	5/31/06	59,347	2,968	2,968
7	Lighting Equipment	10/01/06	12,567	0	0
8	Flyline Track & Components	9/15/07	2,451	0	0
9	MotifXS8 Keyboard/Synthesizer	11/15/07	3,129	0	0
10	Orchestra Pit	9/20/07	3,689	185	185
11	Yamaha Keyboard Synthesizer	7/20/08	3,598	0	0
12	Lighting Cable & Connector package	7/29/08	2,538	0	0
13	JET Band saw -donated new	7/24/08	1,361	90	90
14	Yamaha Upright Piano-used (234417)	9/10/08	1,800	0	0
15	2008 Haulmark Trailer TS7X14DT2	8/22/08	6,269	0	0
16	Tiny Fogger	9/01/09	1,884	0	0
18	White Seamless Cyc	3/01/10	4,944	0	0
19	2-Way Radio Systems - 20 Units	3/31/10	6,457	0	0
20	2009 Silver Birch Med Pewter Chevrolet Van	11/15/09	32,706	0	0
21	Black Stage Curtains (2 boarders & 4 Legs) -	9/01/10	4,586	382	382
22	Table Saw	10/15/10	2,999	0	0
23	Wireless Microphone system/transmitter/3 Micr	4/01/11	3,732	0	0
25	Lateral Open Storage/File System with 3 cabin	7/15/11	2,034	2	2
26	4 Shure microphones/Bodypacks (Full Compass	9/15/11	4,211	0	0
27	Lectosonic Microphone System with 4 Mics	1/15/13	7,083	0	0
28	19 Vertex Standard Two Way Radios	6/26/13	4,820	0	0
30	2 MAC Viper Moving Lights	8/31/13	19,575	0	0
31	2 BOCA ticket printers	4/30/14	3,292	0	0
33	Tarradiddle Trailer Retrofit	8/31/13	2,959	0	0
34	Suspended Dance floor-fully paid for by USAIR	5/31/14	37,191	4,261	4,261
35	Barbizon - Jellstrings	10/10/14	658	0	0
36	Yamaha Piano	12/01/14	1,977	119	119
37	Traveler Track (Rosebrand)	11/30/14	2,083	209	209
38	Cyclorama & Full Stage Black (Rosebrand)	11/30/14	4,775	0	0
39	S.E. Systems Microphones (2) & Transmitter (1	1/02/15	5,037	0	0
40	Bernina 800 Serger	11/17/14	800	80	80
41	Dress forms (2 ladies, 1 man, 1 girl)	1/01/15	1,850	185	185
42	Pipe & Drape - Education	1/01/15	1,869	187	187
43	Millermatic 141 Welder (Machine & Welding St	4/01/15	1,224	123	123
44	Fold-n-Lock Storage Unit	5/01/15	2,005	0	0
45	Flip Forms Platforms	6/01/15	3,162	316	316
46	Wireless Dimming Control System (RC4)	6/21/15	1,979	0	0
47	HP Laser Jet Printer & Envelope feeder	9/01/14	1,172	146	146
50	Shelving (Scholastic Bookfairs)	8/24/15	1,963	98	98
51	Projectors and Accessories (TM productions)	11/20/15	7,700	0	0
52	Cables to connect devices (Barbizon)	1/27/16	507	0	0
53	Garment Steamer and Wig Hose (Amazon)	2/01/16	272	27	27
54	Canvas Block and Wig Dryer (Haires Corp)	2/01/16	1,245	124	124
55	Men's Size 38 Form (B&G Lieberman)	2/01/16	451	30	30
56	Projector Lens and Lamp (Babylon)	2/19/16	4,500	0	0
57	Triple Head 2 Go Digital SE External Adapter	3/21/16	467	0	0
58	iMac	4/01/16	1,189	0	0
59	ETC (lights)	1/11/16	7,500	750	750
60	Computers and Monitors (Dell)	2/05/16	2,783	0	0
61	Printers (CDW Gov)	8/15/15	2,114	0	0
62	Server Battery Back-Up (NewEgg)	7/15/15	830	0	0
63	New Server (Dell) and Software (techsoup)	7/01/15	9,047	0	0
64	Marketing Laptop (HP)	10/01/15	1,170	0	0
65	Amazon (Marketing video recorder)	10/05/16	1,531	77	77
66	Barbizon (Base Haze Pro)	3/17/17	1,923	320	320
67	Dell (ASLAN2 - New Server)	4/11/17	2,848	0	0
68	Shure ULXS14 Wireless Guitar System	8/01/17	1,887	188	188
69	3 Maverick Lights, Coloursource, Mega Clamp,	9/11/17	19,431	2,776	2,776
70	Wireless Intercom & Headsets	8/30/17	6,977	872	872
71	4 Projectors	8/01/17	9,165	1,833	1,833
72	Liars Projector	8/01/17	4,200	840	840
73	Dell Production Monitors for Super Computer	8/01/17	864	124	124



Asset	Description	Date In 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 # 1GAZGPF7J1338595)	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 Access Points for Ed	7/15/20	3,810	952	0
95	2 Laptops, 1 Monitor (Chandler & Clair)	9/15/20	2,460	615	0
	<b>Total Other Depreciation</b>		<u>556,201</u>	<u>43,256</u>	<u>38,411</u>
	<b>Total ACRS and Other Depreciation</b>		<u>556,201</u>	<u>43,256</u>	<u>38,411</u>
	<b>Grand Totals</b>		<u>556,201</u>	<u>43,256</u>	<u>38,411</u>

Form <b>990-T</b>	<b>Business Income Activity Summary</b>	<b>2020</b>
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Name <b>CHILDREN'S THEATRE OF CHARLOTTE INC</b>	Taxpayer Identification Number <b>** - *** 8031</b>
--	--

**Business Activity Income (and allocation of Prior-2018 NOL)**

- |  |     |
|--|-----|
| A. Total Pre-2018 Net Operating Losses Carried Forward .....               | N/A |
| B. Total Pre-2018 Net Operating Loss allocated to Sch A activities .....   | B.  |
| C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6 ..... | C.  |
| D. Pre-2018 Applied (Sum of B and C) .....                                 | D.  |
| E. Pre-2018 Remaining (Line A minus Line D) .....                          | E.  |
| F. Pre-2018 Net Operating Losses Expiring this Year .....                  | F.  |
| G. Pre-2018 Net Operating Losses Carried Forward .....                     | G.  |

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. _____		1. _____	_____
2. _____		2. _____	_____
3. _____		3. _____	_____
4. _____		4. _____	_____
5. _____		5. _____	_____
6. _____		6. _____	_____
7. _____		7. _____	_____
8. _____		8. _____	_____
9. _____		9. _____	_____
10. _____		10. _____	_____
11. _____		11. _____	_____
12. _____		12. _____	_____
13. _____		13. _____	_____
14. _____		14. _____	_____
15. All other revenue _____		15. _____	_____
16. Total taxable income .....		16. _____	_____

**Business Activity Losses**

Unrelated Business Income Activity with Losses	Code		Current Year Loss
1. <b>ADVERTISING</b> .....	<b>541800</b>	1. _____	<b>-82</b>
2. _____		2. _____	
3. _____		3. _____	
4. _____		4. _____	
5. All other activities .....		5. _____	
6. Totals .....		6. _____	<b>-82</b>

Form <b>990-T</b>	<b>Schedule A Loss Carryover Calculation</b>	<b>2020</b>
Description <b>ADVERTISING</b>		

Name <b>CHILDREN'S THEATRE OF CHARLOTTE INC</b>	Taxpayer Identification Number <b>** - *** 8031</b>
--	--

Unincorporated Business Income Tax Code: **541800** Activity: **ADVERTISING AND RELATED SERVICES**

Each activity may carryforward losses after 2018

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. <b>Enter here and on Line 17 of Form 990-T, Sch A, Part II</b> .....	6	
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

Electronic Filing includes the report of additional amounts for this activity

E1 Activity loss amounts from 2019 .....	E1	
E2 Prior year activity losses included on Schedule A, Line 17 .....	E2	

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**Federal Statements**

FYE: 6/30/2021

**Taxable Interest on Investments**

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US
						Obs (\$ or %)
	\$ 341					14
TOTAL	\$ 341					

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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)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
OTHER EXPENSES	\$ 41,145	\$ 41,145	\$	\$
TOTAL	\$ 41,145	\$ 41,145	\$ 0	\$ 0

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0254000 CHILDREN'S THEATRE OF CHARLOTTE INC

\*\*-\*\*\*8031

**Federal Statements**

FYE: 6/30/2021

**Schedule A, Part II, Line 10(e)**

Description	Amount
CAKE IN FACE EVENT	\$
TOTAL	\$ 0

**Schedule A, Part II, Line 12 - Current year**

Description	Amount
PRODUCTION PROGRAMS	\$ 117,074
EDUCATION PROGRAMS	500,764
RENT 1	
N/A	
TOTAL	\$ 617,838

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0254000  
CHILDREN'S THEATRE OF CHARLOTTE INC

2020 Government

Public Inspection Copy

Form **990**

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

OMB No. 1545-0047

**2020**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **CHILDREN'S THEATRE OF CHARLOTTE INC**  
 Doing business as:  
 Number and street (or P.O. box if mail is not delivered to street address): **300 EAST 7TH STREET**  
 Room/suite:  
 City or town, state or province, country, and ZIP or foreign postal code: **CHARLOTTE NC 28202**

**D** Employer identification number: **56-1028031**  
**E** Telephone number: **704-973-2800**  
**G** Gross receipts: **2,866,228**

**F** Name and address of principal officer:  
**NAOYA TSURUMAKI**  
**300 EAST 7TH STREET**  
**CHARLOTTE NC 28202**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) **t** (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.CTCHARLOTTE.ORG** **H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u** **L** Year of formation: **1948** **M** State of legal domicile: **NC**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF CHILDREN'S THEATRE OF CHARLOTTE (CTC) IS TO CREATE EXCEPTIONAL THEATRE EXPERIENCES, INSPIRING GENERATIONS TO EXPLORE THE WONDER OF THEIR WORLD.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>23</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>136</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>275</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>4,082</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,302,289</b>	<b>2,078,994</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,977,090</b>	<b>617,838</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>176</b>	<b>341</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>146,294</b>	<b>169,055</b>
		<b>3,425,849</b>	<b>2,866,228</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>0</b>	<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>2,803,057</b>	<b>2,185,122</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>266,406</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>1,207,514</b>	<b>812,806</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>4,010,571</b>	<b>2,997,928</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-584,722</b>	<b>-131,700</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>24,518,880</b>	<b>26,819,373</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>875,513</b>	<b>1,070,367</b>
	<b>23,643,367</b>	<b>25,749,006</b>	

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **NAOYA TSURUMAKI** Date: \_\_\_\_\_  
 Type or print name and title: **MANAGING DIRECTOR**

**Paid Preparer Use Only**

Print/Type preparer's name: **LINDA COLE** Preparer's signature: **LINDA COLE** Date: **05/13/22** Check  if self-employed PTIN: **P01258933**

Firm's name: **DANIEL RATLIFF & COMPANY** Firm's EIN: **56-1982812**  
 Firm's address: **2815 COLISEUM CENTRE DR STE 200 CHARLOTTE, NC 28217** Phone no.: **704-371-5000**

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



Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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?

Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,338,916 including grants of\$ ) (Revenue \$ 117,076 )

PROFESSIONAL THEATRE FOR YOUTH: CTC PRODUCES AND PRESENTS PROFESSIONAL THEATRICAL PRODUCTIONS FROM SCRIPTS EITHER SELECTED OR COMMISSIONED BY CTC ARTISTIC STAFF. EACH PRODUCTION IS CREATED BY PROFESSIONAL DIRECTORS, DESIGNERS, ACTORS AND MUSICIANS AND PERFORMED ON SETS AND IN COSTUMES CREATED BY CTC PRODUCTION STAFF. IN THE 2020-21 SEASON, DUE TO THE COVID-19 PANDEMIC, CTC PRESENTED AN ENTIRELY VIRTUAL SEASON OF PRODUCTIONS. EACH OF THE 4 SHOWS IN THIS SEASON WERE REHEARSED, DESIGNED, DIRECTED, FILMED, AND EDITED SPECIFICALLY FOR THE PURPOSE OF BEING STREAMED ONLINE. PERFORMANCES WERE STREAMED VIA BROADWAY ON DEMAND FOR PUBLIC AUDIENCES AND VIMEO OR YOUTUBE FOR SCHOOL AUDIENCES.

4b (Code: ) (Expenses \$ 673,216 including grants of\$ ) (Revenue \$ 500,764 )

THEATRE EDUCATION PROGRAMS: CTC THEATRE CLASSES ARE SEPARATED INTO TWO CATEGORIES: CREATIVE DRAMA FOR CHILDREN AGE 2 TO GRADE 5 AND THE SCHOOL OF THEATRE TRAINING (SOTT) FOR CHILDREN IN GRADES 3 TO 12. EACH MAY, SOTT CULMINATES WITH ONSTAGE, A 5-WEEK PERFORMANCE OPPORTUNITY IN PARTNERSHIP WITH OUR PRODUCTION DEPARTMENT. SUMMER CAMPS ARE AVAILABLE TO CHILDREN AGES 2-18 IN A WIDE VARIETY OF TOPICS, THEMES AND DISCIPLINES. COMMUNITY INVOLVEMENT PROGRAM (CIP) CLASSES AND WORKSHOPS ARE OFFERED TO SERVICE ORGANIZATIONS WORKING WITH CHILDREN IN CRISIS OR WHO RECEIVED PUBLIC ASSISTANCE IN THE 2020-21 SEASON, EDUCATION PROGRAMS WERE OFFERED BOTH IN-PERSON AND VIRTUALLY. FULL AND PARTIAL-TUITION SCHOLARSHIPS FOR ALL CLASSES AND CAMPS ARE OFFERED TO STUDENTS OF FINANCIAL NEED.

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

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

		Yes	No
<b>2a</b>	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		
	<b>2a</b> <b>136</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>X</b>	
<b>4a</b>	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)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>X</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>X</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	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? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1a</b>	<b>23</b>		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>1b</b>	<b>23</b>		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>7a</b>			<b>X</b>
<b>7b</b>			<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>8a</b>		<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>8b</b>		<b>X</b>	
<b>9</b>	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.		<b>X</b>
<b>9</b>			<b>X</b>

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

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

**Section 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.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

**NAOYA TSURUMAKI**  
**CHARLOTTE**

**300 EAST 7TH STREET**

**NC 28202**

**704-973-2800**

**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) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>TIM ROGERS</b>	1.20									
PAST CHAIR	0.00	X		X			0	0	0	
(2) <b>ANGELA SCHOLL</b>	1.20									
SECRETARY	0.00	X		X			0	0	0	
(3) <b>ASHLEY JOSEPH</b>	5.00									
CHAIR	0.00	X		X			0	0	0	
(4) <b>STACIA NEUGENT</b>	2.00									
TREASURER	0.00	X		X			0	0	0	
(5) <b>SALLIE BEASON</b>	0.60									
BOARD MEMBER	0.00	X					0	0	0	
(6) <b>KRISTIN BLACK</b>	1.20									
BOARD MEMBER	0.00	X					0	0	0	
(7) <b>MARY ALICE BOYD</b>	0.60									
BOARD MEMBER	0.00	X					0	0	0	
(8) <b>MADDIE CHANDLER</b>	0.60									
BOARD MEMBER	0.00	X					0	0	0	
(9) <b>JULIO COLMENARES</b>	0.60									
BOARD MEMBER	0.00	X					0	0	0	
(10) <b>RYAN HUTCHENSON</b>	0.60									
BOARD MEMBER	0.00	X					0	0	0	
(11) <b>WILLIAM JEFFERSON</b>	0.60									
BOARD MEMBER	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MITCHELL KELLING	0.60									
BOARD MEMBER	0.00	X					0	0	0	
(13) CATHERINE MALONE	0.60									
BOARD MEMBER	0.00	X					0	0	0	
(14) LISA MILLER	0.60									
BOARD MEMBER	0.00	X					0	0	0	
(15) BRIAN MURDOCK	0.60									
BOARD MEMBER	0.00	X					0	0	0	
(16) MALLORY NAVIN	0.60									
BOARD MEMBER	0.00	X					0	0	0	
(17) KERBIE NEAL	0.60									
BOARD MEMBER	0.00	X					0	0	0	
(18) KRISTEN SARIO	0.60									
BOARD MEMBER	0.00	X					0	0	0	
(19) CHRIS SOCHA	0.60									
BOARD MEMBER	0.00	X					0	0	0	
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>277,606</b>		<b>25,858</b>	
<b>d Total (add lines 1b and 1c)</b>							<b>277,606</b>		<b>25,858</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u1**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

0

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b> 251,401				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 1,146,797				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 680,796				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 37,731				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b> 2,078,994				
	<b>Program Service Revenue</b>	<b>2a</b> EDUCATION PROGRAMS	Business Code 611600	500,764	500,764	
<b>b</b> PRODUCTION PROGRAMS		711110	117,074	117,074		
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		<b>u</b> 617,838				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	341		341	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>				
	<b>5</b> Royalties	<b>u</b>	208		208	
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>6a</b>				
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)	<b>u</b>				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>7a</b>				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss)	<b>u</b>				
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
	<b>b</b> Less: direct expenses	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
<b>Miscellaneous Revenue</b>	<b>11a</b> BENEFICIAL INTEREST IN TRUSTS	Business Code 525920	164,765		164,765	
	<b>b</b> ADVERTISING	541800	4,082	4,082		
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d	<b>u</b> 168,847				
<b>12 Total revenue.</b> See instructions	<b>u</b> 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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	277,606	64,455	176,391	36,760
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,592,790	1,030,870	392,473	169,447
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	174,161	111,495	41,906	20,760
<b>10</b> Payroll taxes	140,565	82,675	42,090	15,800
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	23,850		23,850	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	41,145	41,145		
<b>12</b> Advertising and promotion	57,384	50,225	6,136	1,023
<b>13</b> Office expenses	22,147	15,430	4,352	2,365
<b>14</b> Information technology				
<b>15</b> Royalties	18,000	18,000		
<b>16</b> Occupancy	229,040	217,588	9,162	2,290
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	6,002		6,002	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	67,981	64,581	2,720	680
<b>23</b> Insurance	21,231	20,169	850	212
<b>24</b> 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.)				
<b>a</b> <b>PRODUCTION SUPPLIES &amp; EXP</b>	177,874	177,874		
<b>b</b> <b>OTHER EXPENSES</b>	129,247	99,461	13,458	16,328
<b>c</b> <b>PRINTING &amp; DESIGN</b>	18,471	18,164		307
<b>d</b> <b>OTHER FUNDRAISER EXP</b>	434			434
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,997,928	2,012,132	719,390	266,406
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	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		4 50,000
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	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	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	24,518,880	16 26,819,373	
<b>Liabilities</b>	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 Schedule D		21
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties	524,981	24 554,525
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26	<b>Total liabilities.</b> Add lines 17 through 25	875,513	26 1,070,367
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27	Net assets without donor restrictions	1,104,648	27 1,488,067
	28	Net assets with donor restrictions	22,538,719	28 24,260,939
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	29	Capital stock or trust principal, or current funds		29
	30	Paid-in or capital surplus, or land, building, or equipment fund		30
	31	Retained earnings, endowment, accumulated income, or other funds		31
	32	<b>Total net assets or fund balances</b>	23,643,367	32 25,749,006
33	<b>Total liabilities and net assets/fund balances</b>	24,518,880	33 26,819,373	

<b>Part XI Reconciliation of Net Assets</b>		
Check if Schedule O contains a response or note to any line in this Part XI <input type="checkbox"/>		
<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b> 2,866,228
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b> 2,997,928
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b> -131,700
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b> 23,643,367
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b> 3,728,643
<b>6</b>	Donated services and use of facilities	<b>6</b> -1,491,304
<b>7</b>	Investment expenses	<b>7</b>
<b>8</b>	Prior period adjustments	<b>8</b>
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b> 25,749,006

<b>Part XII Financial Statements and Reporting</b>		
Check if Schedule O contains a response or note to any line in this Part XII <input type="checkbox"/>		
	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>X</b>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>b</b> Were the organization's financial statements audited by an independent accountant?	<b>X</b>	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>c</b> 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?	<b>X</b>	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b> 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?		<b>X</b>
<b>b</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		

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>BRADLEY VINEYARD</b>	0.60									
BOARD MEMBER	0.00	X					0	0	0	
(21) <b>LINDA REYNOLDS</b>	60.00									
MANAGING DIRECTOR	0.00			X			89,487	0	3,081	
(22) <b>ADAM BURKE</b>	60.00									
ARTISTIC DIRECTOR	0.00			X			114,366	0	17,509	
(23) <b>NICHELE WEINTRAUB</b>	0.60									
BOARD MEMBER	0.00	X					0	0	0	
(24) <b>JUDITH WHELAN</b>	0.60									
BOARD MEMBER	0.00	X					0	0	0	
(25) <b>THOMAS WHITLOCK</b>	0.60									
BOARD MEMBER	0.00	X					0	0	0	
(26) <b>TRACY CHANDLER</b>	60.00									
FINANCE DIRECTOR	0.00			X			73,753	0	5,268	
(27) <b>NAOYA TSURUMAKI</b>	60.00									
MANAGING DIRECTOR	0.00			X			0	0	0	
<b>1b Subtotal</b>							<b>277,606</b>		<b>25,858</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2020**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**CHILDREN'S THEATRE OF CHARLOTTE INC**

Employer identification number

**56-1028031**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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

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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 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.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 98.46%; 15 Public support percentage from 2019 Schedule A, Part II, line 14 97.91%; 16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> 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.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> 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.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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.		
<b>b</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.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.		
<b>b</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.		

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

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

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

<b>Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)</b>			
<b>Section D – Distributions</b>			<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		
<b>6</b>	Other distributions (describe in Part VI). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
<b>9</b>	Distributable amount for 2020 from Section C, line 6		
<b>10</b>	Line 8 amount divided by line 9 amount		
<b>Section E – Distribution Allocations</b> (see instructions)			
	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b>	Distributable amount for 2020 from Section C, line 6		
<b>2</b>	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.		
<b>3</b>	Excess distributions carryover, if any, to 2020		
<b>a</b>	From 2015 .....		
<b>b</b>	From 2016 .....		
<b>c</b>	From 2017 .....		
<b>d</b>	From 2018 .....		
<b>e</b>	From 2019 .....		
<b>f</b>	<b>Total</b> of lines 3a through 3e		
<b>g</b>	Applied to underdistributions of prior years		
<b>h</b>	Applied to 2020 distributable amount		
<b>i</b>	Carryover from 2015 not applied (see instructions)		
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
<b>4</b>	Distributions for 2020 from Section D, line 7: \$		
<b>a</b>	Applied to underdistributions of prior years		
<b>b</b>	Applied to 2020 distributable amount		
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.		
<b>5</b>	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.		
<b>6</b>	Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
<b>7</b>	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
<b>8</b>	Breakdown of line 7:		
<b>a</b>	Excess from 2016 .....		
<b>b</b>	Excess from 2017 .....		
<b>c</b>	Excess from 2018 .....		
<b>d</b>	Excess from 2019 .....		
<b>e</b>	Excess from 2020 .....		

**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.)

**PART II, LINE 10 - OTHER INCOME DETAIL**

**GROSS INCOME FROM FUNDRAISING EVENTS \$ 265,314**

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

**Schedule of Contributors**

OMB No. 1545-0047

**2020**

u Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization <b>CHILDREN'S THEATRE OF CHARLOTTE INC</b>	Employer identification number <b>56-1028031</b>
--	---

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

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

Name of organization

Employer identification number

**CHILDREN'S THEATRE OF CHARLOTTE INC**

**56-1028031**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	..... ..... .....	\$ 251,841	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	..... ..... .....	\$ 89,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	..... ..... .....	\$ 80,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	..... ..... .....	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	..... ..... .....	\$ 600,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	..... ..... .....	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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

2020

Open to Public Inspection

Name of the organization

Employer identification number

CHILDREN'S THEATRE OF CHARLOTTE INC

56-1028031

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d 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 tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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. 1b 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 \$, b Assets included in Form 990, Part X u \$

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	13,545,520	14,081,170	14,666,247	14,253,736	13,335,419
<b>b</b> Contributions	71,546		7,529		8,026
<b>c</b> Net investment earnings, gains, and losses	3,932,217	136,067	109,024	1,144,214	1,647,845
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	642,296	635,665	664,673	703,340	706,803
<b>f</b> Administrative expenses	38,810	36,052	36,957	28,263	30,751
<b>g</b> End of year balance	16,868,176	13,545,520	14,081,170	14,666,247	14,253,736

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** %
  - b** Permanent endowment **u** **70.00** %
  - c** Term endowment **u** **30.00** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                    | Yes | No       |
|------------------------------------|-----|----------|
| <b>(i)</b> Unrelated organizations |     | <b>X</b> |
| <b>(ii)</b> Related organizations  |     | <b>X</b> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		100,227	80,222	20,005
<b>d</b> Equipment		332,582	242,194	90,388
<b>e</b> Other		123,392	101,922	21,470
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			<b>u</b>	<b>131,863</b>



**Part VII Investments – Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other <b>BENEFICIAL INTEREST IN TRUST</b>	<b>16,868,177</b>	<b>MARKET</b>
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ... <b>u</b>	<b>16,868,177</b>	

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) <b>CONTRIBUTIONS - FUTURE USE FACILITY</b>	<b>7,279,553</b>
(2) <b>INVESTMENT IN SHARED ASSETS W/ CML</b>	<b>111,589</b>
(3) <b>OTHER</b>	<b>27,969</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ... <b>u</b>	<b>7,419,111</b>

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ... <b>u</b>	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>7,029,550</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>3,728,643</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>434,679</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>4,163,322</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>2,866,228</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>2,866,228</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>4,923,911</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>1,925,983</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>1,925,983</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>2,997,928</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>2,997,928</b>

**Part XIII Supplemental Information.**

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

**PART X - FIN 48 FOOTNOTE**

THE THEATRE ACCOUNTS FOR TAX UNCERTAINTIES BASED ON A MORE LIKELY THAN NOT RECOGNITION THRESHOLD WHEREBY TAX BENEFITS ARE ONLY RECOGNIZED WHEN THE THEATRE BELIEVES THAT THEY HAVE A GREATER THAN 50% LIKELIHOOD OF BEING SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE THEATRE HAS EVALUATED ALL OF ITS TAX POSITIONS AND DETERMINED THAT IT HAD NO UNCERTAIN INCOME TAX POSITIONS AS OF JUNE 30, 2020 AND 2021.

**Part XIII Supplemental Information** *(continued)*

Public Inspection Copy

**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.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open To Public  
Inspection**

**CHILDREN'S THEATRE OF CHARLOTTE INC**

Employer identification number

**56-1028031**

<b>Part I Types of Property</b>		(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 amounts
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 .....	<b>X</b>	<b>12</b>	<b>32,479</b>	<b>FAIR MARKET VALUE</b>
10	Securities — Closely held stock .....				
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 .....				
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 <b>u</b> ( <b>UNITS OF PAINT</b> ) .....	<b>X</b>	<b>76</b>	<b>5,252</b>	<b>COST</b>
26	Other <b>u</b> ( ..... ) .....				
27	Other <b>u</b> ( ..... ) .....				
28	Other <b>u</b> ( ..... ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	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? .....		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		<b>X</b>
b 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.		

**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.

Public Inspection Copy

Area with horizontal dotted lines for supplemental information.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

u Attach to Form 990 or 990-EZ.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Employer identification number

CHILDREN'S THEATRE OF CHARLOTTE INC

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  
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

Name of the organization

Employer identification number

CHILDREN'S THEATRE OF CHARLOTTE INC

56-1028031

DIRECTOR IS EXCUSED AND THE EXECUTIVE COMMITTEE FURTHER DISCUSSES THEIR PERFORMANCE AND SETS COMPENSATION FOR THE DIRECTOR, IN CONSIDERATION OF THE BUDGET. AT A SUBSEQUENT BOARD MEETING, THE PROCESS AND OUTCOME ARE PRESENTED TO THE BOARD. EVERY 2 TO 3 YEARS, COMPARABILITY DATA FROM OTHER FORM 990S AND/OR SURVEYS ON NON-PROFIT ORGANIZATIONS IS INCORPORATED INTO THE PROCESS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE THEATRE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Form **990-T**

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

OMB No. 1545-0047

**2020**

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

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**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**  Check box if address changed.

**B** Exempt under section  
 501(C)(3)  408(e)  408A  529(a)  
 220(e)  530(a)  529A

**Name of organization** (  Check box if name changed and see instructions.)  
**CHILDREN'S THEATRE OF CHARLOTTE INC**

**Employer identification number**  
**56-1028031**

**Group exemption number** (see instructions)

**Print or Type**  
 Number, street, and room or suite no. If a P.O. box, see instructions.  
**300 EAST 7TH STREET**  
 City or town, state or province, country, and ZIP or foreign postal code  
**CHARLOTTE NC 28202**

**F**  Check box if an amended return.

**C** Book value of all assets at end of year ..... **u 26,819,373**

**G** Check organization type **u**  501(c) corporation  501(c) trust  401(a) trust  Other trust  Applicable reinsurance entity

**H** Check if filing only to **u**  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... **u**

**J** Enter the number of attached Schedules A (Form 990-T) ..... **u 1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsi- dary controlled group? ..... **u**  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation  
**u**

**L** The books are in care of **u NAOYA TSURUMAKI** Telephone number **u 704-973-2800**

<b>Part I Total Unrelated Business Taxable income</b>			
1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-82
2	Reserved	2	
3	Add lines 1 and 2	3	-82
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-82
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-82
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0
<b>Part II Tax Computation</b>			
1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)



**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
<b>b</b> Other credits (see instructions) .....	<b>1b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
<b>e Total credits.</b> Add lines 1a through 1d .....		<b>1e</b>	
<b>2</b> Subtract line 1e from Part II, line 7 .....		<b>2</b>	
<b>3</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....		<b>3</b>	
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions) <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>u</b>	<b>4</b>	<b>0</b>
<b>5</b> 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....		<b>5</b>	
<b>6a</b> Payments: A 2019 overpayment credited to 2020 .....	<b>6a</b>		
<b>b</b> 2020 estimated tax payments. Check if section 643(g) election applies <b>u</b> <input type="checkbox"/> .....	<b>6b</b>		
<b>c</b> Tax deposited with Form 8868 .....	<b>6c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
<b>e</b> Backup withholding (see instructions) .....	<b>6e</b>		
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other .....	<b>6g</b>		
<b>7 Total payments.</b> Add lines 6a through 6g .....		<b>7</b>	
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <b>u</b> <input type="checkbox"/> .....	<b>u</b>	<b>8</b>	
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>u</b>	<b>9</b>	<b>0</b>
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>u</b>	<b>10</b>	
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax u</b> <b>Refunded u</b> .....		<b>11</b>	

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

	Yes	No
<b>1</b> At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>u</b> .....		<b>X</b>
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		<b>X</b>
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year .....		
<b>4a</b> Did the organization change its method of accounting? (see instructions) .....		<b>X</b>
<b>b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

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

<b>u</b> _____	<b>u</b> <b>MANAGING DIRECTOR</b>			
Signature of officer	Title	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN

May the IRS discuss this return with the preparer shown below (see instructions)?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LINDA COLE</b>	Preparer's signature <b>LINDA COLE</b>	Date <b>05/13/22</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01258933</b>
	Firm's name } <b>DANIEL RATLIFF &amp; COMPANY</b>	Firm's EIN } <b>56-1982812</b>			
	Firm's address } <b>2815 COLISEUM CENTRE DR STE 200 CHARLOTTE, NC 28217</b>			Phone no. <b>704-371-5000</b>	

**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

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

<b>A</b> Name of the organization <b>CHILDREN'S THEATRE OF CHARLOTTE INC</b>	<b>B</b> Employer identification number <b>56-1028031</b>
<b>C</b> Unrelated Business Activity Code (see instructions) <b>u541800</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business **u ADVERTISING**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance <b>u</b>	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnership and S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organization (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) <b>SEE STMT 1</b>	<b>12</b> 4,082		<b>4,082</b>
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 4,082		<b>4,082</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)		<b>1</b>	
<b>2</b> Salaries and wages		<b>2</b>	4,108
<b>3</b> Repairs and maintenance		<b>3</b>	
<b>4</b> Bad debts		<b>4</b>	
<b>5</b> Interest (attach statement) (see instructions)		<b>5</b>	
<b>6</b> Taxes and licenses		<b>6</b>	
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>	0
<b>9</b> Depletion		<b>9</b>	
<b>10</b> Contributions to deferred compensation plans		<b>10</b>	
<b>11</b> Employee benefit programs		<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)		<b>12</b>	
<b>13</b> Excess readership costs (Part IX)		<b>13</b>	
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 2</b>		<b>14</b>	56
<b>15 Total deductions.</b> Add lines 1 through 14		<b>15</b>	4,164
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		<b>16</b>	-82
<b>17</b> Deduction for net operating loss (see instructions)		<b>17</b>	
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16		<b>18</b>	-82

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation u

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes Yes/No checkboxes for line 9.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Line 1: Description of property. Lines 2-5: Rent received or accrued, deductions, and total deductions. Columns A, B, C, D.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Lines 2-7: Gross income, deductions, average acquisition debt, and average adjusted basis. Lines 8-11: Total gross income, allocable deductions, and total dividends-received deductions. Columns A, B, C, D.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt/Nonexempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			u Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		u Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

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
7 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

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A [ ]
B [ ]
C [ ]
D [ ]

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and rows for: 2 Gross advertising income, 3 Direct advertising costs by periodical, 4 Advertising gain (loss), 5 Readership costs, 6 Circulation income, 7 Excess readership costs, 8 Excess readership costs allowed as a deduction.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business. Includes rows (1) through (4) and a Total row.

Part XI Supplemental Information (see instructions)

Series of horizontal dotted lines for supplemental information.

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

<u>Description</u>	<u>Amount</u>
ADVERTISING	\$ 4,082
TOTAL	\$ 4,082

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

<u>Description</u>	<u>Amount</u>
PLAYBILL HOSTING	\$ 56
TOTAL	\$ 56

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

**u Attach to your tax return.**

**u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.**

OMB No. 1545-0172

**2020**

Attachment  
Sequence No. **179**

Name(s) shown on return

**CHILDREN'S THEATRE OF CHARLOTTE INC**

Identifying number  
**56-1028031**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,040,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,590,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	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	
13	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.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>46,534</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	<b>0</b>
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 <input type="checkbox"/> <b>u</b> <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				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	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>46,534</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA