# .990

2949305126917 1 Return of Organization Exempt From Inco

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	091		MAY	26	2026MBN	-ÖSC	45-0047
יו ע	mi to f	<u>e</u>	K.B.P	2/2	2	8	18

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

		the Treasury			cial security nrs.gov/Form99			-			90	6		to Publi pection	ic
			lendar year, or ta				1/2018		ending		6/30/	2019			
		applicable	C Name of organiza		ater Charlotte (	Cultural 1	Trust			D Emp	oloyer id	entificat	on numi	ber	
	Address	change	Doing business a							1.					
	Name ch	nange		•	if mail is not delive	ered to str	eet address)	Room/suite		82-057					
_		•	220 North Tryon	Street						E Tele	phone n	umber			
י 🗀	nıtıal ret	urn	City or town				State NC	ZIP code 28202		704-97	3-4500	)			
☐ F	inal retur	n/terminated	Charlotte Foreign country i		Foreign provi		_	Foreign posta	l code						
$\Box$	Amende	d return	r oreign country i	iaiiie	r creigh provii	incersitate/	county	r oreign posta	., 0000	<b>G</b> Gros	s receip	ts \$		24,940	.42
Ξ			E. Nama and address						T						
⊔′	Applicati	on pending	F Name and addres			244 6	Shaalawa Ni	0.600001	1 ''	nis a group i			7	Yes X	=
			Holly Welch Stu		North Tryon 8	Street, C	<del></del> 1	K # 7	4 ' <i>'</i>	e all subor			_	Yes [	_ No
<u> </u>	ax-exen	npt status	X 501(c)(3)	501(c)(	) <b>◀</b> (inse	ert no)	4947(a)(1	527 j	] IF.	"No," attac	n a list	(see instr	uctions)		
<u>J V</u>	Vebsit	e: ► Nor	ne					<u> </u>	H(c) Gr	oup exem	ption nui	nber 🕨			
KF	orm of c	organization	X Corporation	Trust [	Association	Oth	ner ▶	L Ye	ar of form	ation 2	002	M State	of legal	domicile	NC
Р	art I	Su	mmary				•								
	1		lescribe the organ	nization's m	ission or mos	t signific	ant activitie	es The	Greate	r Charlo	tte Cul	tural Ti	rust		
ခ္ဌ		-	es charitable perm			_									
nar		Charlott	e/Mecklenburg a	nd its cultur	al partners			- 4 1 1 4							
Activities & Governance	2				zation disconti	nued its	operations	s br disposed	(Omb)	ethan 2	5% of	its net	assets		
တိ	3		of voting member								ال ٦	3			1
مخ ده	4	Number	of independent v	otina mem	here of the an	vernina	hody (Part	Valine 1b)		0004		4			
ţį	5	Total nu	imber of individua	als employe	d in calendar	year 20	18 (Part V,	In 2a) MA	Y 267	2020		5			
Ę	6	Total nu	mber of voluntee	ers (estimate	e if necessary)	)			·	·	J‱[	6		•	(
Ą	7a	Total un	related business	revenue fro	om Part VIII, c	olumn (	C), line 12	୍ବ କ୍ର	DEN	, UT		7a			(
	b	Net unre	elated business ta	axable ıncoı	me from Form	990-T,	line 38	<u> </u>			== :	7b			(
<b>!</b> •										Prior Ye			Curr	ent Year	
a	8		utions and grants								720,7			19,683	<u>,38</u>
, Ē	9 Program service revenue (Part VIII, line 2g)								9 093 370					(	
Revenue	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)								<u> </u>	8,983,370				5,257	<u>,044</u>
_		11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)								0 704 153				24.040	426
	12							ine (2)	+	9,704,152 6,802,369				24,940 25,520	
	13 14		and similar amous paid to or for me				•				),OUZ,C	0	····	20,020	, <del>7</del> 23
<b>,</b> 0	15		other compensati					s 5_10)				<del>   </del>			-
Se	16a		onal fundraising					,5 0 10,	-			<del>   </del>			$\overrightarrow{}$
xpenses	b		ndraising expens	-			•	71,134							
Ä	17		kpenses (Part IX,								983,0	77		1,014	.747
	18		penses Add line					e 25)		7	7,785,4			26,535	
	19	Revenue	e less expenses	Subtract In	ne 18 from line	12				1	1,918,7	'06		-1,594	,75°
Assets or									Beginn	ung of Cu			End	of Year	
sets	20	Total as	sets (Part X, line	16)						184	1,439,3	314		184,151	,797
a As	21		bilities (Part X, Iir	•								이			(
Net A			ets or fund baland	ces Subtra	ct line 21 from	line 20				184	,439,3	314		184,151	<u>,797</u>
	rt II		nature Block												
Unde	erpenalt belief it	ies of perjun	y, I declare that I have ect, and complete Dec	examined this	return, including a parer (other than o	accompan officer) is b	iying schedule: based on all inf	s and statements	s, and to tr ch prepare	ne best of i	my know knowled	neage ae			
		10 (100), 00.110	ion, and complete Dec			_					5,	/19/	2020		
Sig			Signature of officer		ally Welch	Stoleton	7		-		ate				
Hei	re		Holly Welch Stu			C	,	Sec	retary	_					
		🏲	Type or print name a											<del>-</del>	
		Prin	t∕Type preparer's nam		Prep	arer's sign	nature . ^	2020.05.	15 (Pet	4:47	T _		PTI	٧	
Pai	d		aada Ad		ΙA	nand	- Alam	-04'00'		,	Che		ut DOO	749020	
Pre	pare	·	anda Adams								<del></del>	employe		748038	
	Only	y Firm		ry Bekaert I						Firm's El					
	· ·	Firm	n's address ▶ 1111	Metropolita	an Ave , Suite	900, Ch	narlotte, NC	28204		Phone no	o (7	704) 37	7-1678		

940

X Yes

No

Form **990** (2018)

rom s	990 (2018)	, Greater Chanotte Cultural Trust	62-05/6292	Page Z
Pa	rt 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:		
•	•	and a set of the set o		
		ment management and oversight and investment expertise to build and grow permanent		
	iuiius	or the area's arts, science, and history organizations		
2	Did the	organization undertake any significant program services during the year which were not listed on		<del></del>
2			. Yes	X No
		or Form 990 or 990-EZ?	162	<u> </u>
_		" describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in how it conducts, any program		
		es?	. Yes	X No
	If "Yes	," describe these changes on Schedule O		
4	expen	be the organization's program service accomplishments for each of its three largest program services ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloal expenses, and revenue, if any, for each program service reported.		
4-	(Codo	\(\( \( \text{Typespec} \) \( Typespec	- ¢	
4a	(Code			
		nent funds of the Arts & Science Council of Charlotte/Mecklenburg and its cultural partners		
		h investment management. By aggregating the endowments of all cultural organizations with		
	the as:	sets of Foundation For The Carolinas, the Trust provides competitive fees and access to		
	investr	nent managers and expertise.		
			1	
4b	(Code:	) (Expenses \$ including grants of \$ ) (Revenue	<u>- \$</u>	<u> </u>
~~	(0000			
				- <i>-</i>
			******	
			<del></del>	
4c	(Code	) (Expenses \$ including grants of \$ ) (Revenue	e\$	)
4d	Other	program services. (Describe in Schedule O.)		
70	(Exper	·	0)	
40		rogram service expenses   25 983 559		

Form	990 (2018) Greater Charlotte Cultural Trust 82-0	576292	_ F	age 3
Par	t IV Checklist of Required Schedules		7	
,	1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	. 1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<del>  x</del>	┼
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Î	×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	· -	$\vdash$	<del>  ^</del>
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	. 6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	·   •		<del>  ^</del>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ŀ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	. 8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	- <del></del>		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
10	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	. 10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	44-	-	
<b>.</b>	Schedule D, Part VI	11a		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. 11ь	x	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	. 11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	·   · · ·	1	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	. 11 <u>d</u>		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	L	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		<u>,</u>	
42-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	· 11f	X	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	. 12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
40	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	X	X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a	-	X
b		1.35		
	fundraising, business, investment, and program service activities outside the United States, or aggregate	ł		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	. 14b	<u> </u>	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? If "Yes," complete Schedule F, Parts II and IV	. 15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	. 18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a	-	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	. 200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	. 21	x	

Form		76292	Р	age 4
Par	Checklist of Required Schedules (continued)		,	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		<del> </del>	┢
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	х	ŀ
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			ŀ
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1	i	
	to defease any tax-exempt bonds?	24c	<u> </u>	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 504(a)(2) 504(a)(4) and 504(a)(20) assembled by Did the expension of the proof of the p	24d		├
<b>2</b> 58	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	23a	-	<del>  ^</del>
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			ĺ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			<u> </u>
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			١
	conservation contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32	1	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<del>  ^</del>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	1		
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1 20		
27	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
		5,		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	٠,	x	
Par	19? Note. All Form 990 filers are required to complete Schedule O	38		
Par	Check if Schedule O contains a response or note to any line in this Part V	,		
	Charles a contained reception of flore to diff file in the fore to the contained for		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	· · · · · · · · · · · · · · · · · · ·	5		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	]		
	gaming (gambling) winnings to prize winners?	1c		

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	_	Yes	No
2.0	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0	}	1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	·	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	20	$\vdash$	+
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	·	X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	<del> </del>	<del>  ^</del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			†
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country: ▶			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		$oxed{igspace}$
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			ŀ
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ļ
_	sponsoring organization have excess business holdings at any time during the year?	_8_		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a_		<b></b>
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
ь 11	Section 501(c)(12) organizations. Enter:			
' ' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.).		J	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans	]		
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 9	990 (2018) . Greater Charlotte Cultural Trust 82-057		P	age 6
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se Check if Schedule O contains a response or note to any line in this Part VI	a "No e ins	n	
Sect	tion A. Governing Body and Management			<del></del> -
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			x
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		×
4	supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	<u>↓</u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	↓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.		
	The second secon	4.	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	$\vdash$
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1
	describe in Schedule O how this was done	12c	X	<del>  _</del>
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ļ	
а	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		Х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			<u> </u>
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 5	01(c)		
	(3)s only) available for public inspection Indicate how you made these available Check all that apply.			
	Own website  Another's website  X Upon request  Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest poli	cy, an	d	
20	financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	/704) 079 4500			
	Alyssa Federico (704) 973-4500 220 North Tryon St, Charlotte, NC 28202			

										00.05700	
Part VII	Compensation of Officers, Direct Employees, and Independent Compensation of Check if Schedule O contains a result of the Compensation of the Compe	Contractors		_		-	-		_		
Section A.	Officers, Directors, Trustees, Key E	<del> </del>			_					<del></del>	
1a Complete forganization's	this table for all persons required to be									with or within the	
List all a     List the who received organization a	of the organization's <b>current</b> officers, don. Enter -0- in columns (D), (E), and (of the organization's <b>current</b> key emplor organization's five <b>current</b> highest con reportable compensation (Box 5 of For and any related organizations	F) if no compens byees, if any Se npensated empl m W-2 and/or Bo	sation e inst oyees ox 7 d	wa ruct s (ot of Fo	s pa ions her orm	aid. s for tha 109	defin n an d 99-Mil	itior offic SC)	n of "key employ er, director, trust of more than \$1	ee." ee, or key emplo 00,000 from the	yee)
	of the organization's <b>former</b> officers, ke eportable compensation from the organ							ed e	employees who r	eceived more th	an
· ·	of the organization's former directors							city	as a former direc	ctor or trustee of	the
organization,	more than \$10,000 of reportable compe	ensation from the	e orga	aniz	atio	n ar	nd any	y re	ated organizatio	ns.	
	n the following order: individual trustees employees; and former such persons	s or directors, ins	stitutio	onal	trus	stee	s; offi	cer	s; key employee:	s; highest	
Check thi	s box if neither the organization nor an	y related organiz	zation	con	npe	nsa	ted a	ny c	urrent officer, di	rector, or trustee	
	(A) Name and Title	(B) Average	box,	unle	Pos heck ss pe	rson	than o	an	(D) Reportable	(E) Reportable compensation	(F) Estimated amount of
		hours per week (list any hours for related organizations below dotted line)	Individual trustee or director		a Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Jack Pu	ırcell	0 50	-1								
Chair		0 00	<del>                                     </del>	<u> </u>	X	<u> </u>	<u> </u>	_			
	3alanda	0.50									
Member		0.50	+		-	⊢	├	├	<u> </u>		
(3) Steve B	Goland	0.00									
Member (4) Sam Ba	nuloo	0.50	_	┢╌		$\vdash$		┢			
(4) Sam Bo Member	owies .	0.00	1								
(5) Robert	Bush	0.50		<u> </u>	$\vdash$						
Member		50 00	1							216,065	14,221
(6) Caroline	e Dellinger	0 50	_			<u> </u>					
Treasurer		0.00	X		Х						
	atterhagen	0.50	1								
Member		0.00	X					<u> </u>			
(8) Bob Lilie	en	0.50									
Member		0.00	X					<u>_</u>	··		
(9) Holly W	elch Stubbing	0.50									
Secretary		50.00	X	L.	X		L			253,802	52,727
(10) Scott St	utton	0.50						1			
Member		0.00	X	<u> </u>	Ш	_	ļ	<u> </u>			
(11) Bridget-	Anne Hampden	0 50	1 37					l			
Member		0.00	X		<u> </u>	<b> </b>		<u> </u>			
(12)	•	1	ł		1	l	I	I		· · · · · · · · · · · · · · · · · · ·	

(13)

(14)

	(A) Name and title	(B) Average hours per week (list any	box,	unles er an	Pos eck s pe l a d	rson irecto	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimate mount other	of
		hours for related organizations below dotted line)	Individual :rustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org ar	npensa from the ganizat id relat anizati	ation e tion ted
(15)													
(16)													
(17)													****
(18)													
(19)													
(20)							-						
(21)												-	
(22)													
(23)										,			
(24)					_								
(25)													
1b c	Sub-total	ection A						<b>&gt;</b>	0	0			6,948 0
<u>d</u> 2	Total (add lines 1b and 1c)	mited to those lis		bov	e) v		recei	ved	0 more than \$100	100,000	<u> </u>	66	<u>6,948</u>
	reportable compensation from the organization				0					<del></del>		Yes	No
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>					e, c	r hig	hes	t compensated		3		
4	For any individual listed on line 1a, is the sum of					nd o	other	con	npensation from				<u> </u>
	the organization and related organizations great	iter than \$150,0	00? //	"Ye	s,"	соп	nplete	Sc	hedule J for suc	h			\ <del></del>
5	individual	ue compensatio	n fror	n ar	ıy u	nrel	ated	org	anization or indiv	vidual	4		
<u>Car</u>	for services rendered to the organization? If "Y	es," complete So	chedu	ile J	for	suc	h pei	sor	).		5	L	<u> </u>
1	complete this table for your five highest compectation from the organization. Report converse.	nsated independence in the	dent o	cont	ract dar	ors yea	that i	ece	eived more than with or within the	\$100,000 of e organization's	tax		
	(A) Name and business add	ress							(B) Description of ser	vices	(C Compe		1
Fou	ndation For The Carolinas, 220 North Tryon Stre	et, Charlotte, N	282	202				_	Admin Fees			\$43	7,118
													<u>0</u> 0
													0
	Total number of independent contractors (inclu												0

Par	t VII	Statement of Revenue Check if Schedule O contains	a response or	note to any line ir	n this Part VIII .			. П
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512–514
ts st	1a		<u>1a</u>					
Srat Our	þ		<del></del>		· · · · · · · · · · · · · · · · · · ·			
S, A	C		<u>1c</u>	<del></del>				
g ia	d		10	<del></del>				
Sins,	e	Government grants (contributions	· —	<u>  0</u>				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gran similar amounts not included abo	ve. 1f					
and Con		g Noncash contributions included	in lines 1a-1\$	13,226				
	<u> </u>	h Total. Add lines 1a-1f		Pusines Co	2,299,641			
ne	_			Business Co	· <del></del>			
эvе	2a				0			
ě.	b				0			
Š	C			<b></b>	0			
Program Service Revenue	d			<u></u>	0	·	ļ	
	е			ļ	0			
ō.	f	All other program service revenue	€.	L	0			
	9		<del>_ : : : </del>		0			
	3	Investment income (including divi		_				
	_			· ·	1,733,185			1,733,185
	4	Income from investment of tax-ex	empt bond pro	ceeds	0			
	5	Royalties			0	·		
Į	_		(i) Real	(ii) Personal				
	6a	Gross rents	<del></del>					
	b	Less: rental expenses	· · · · · · · · · · · · · · · · · · ·					
	C	Rental income or (loss)	0	0			·	
ł	_d	Net rental income or (loss)	(1) (2)		0			
	7a	Gross amount from sales of	(I) Securities	(ii) Other				
	_	assets other than inventory	3,523,859	0				
	þ	Less cost or other basis		ا				
		and sales expenses	0 500 050					
	C	Gain or (loss)	3,523,859		2 500 050			0.500.050
	d	Net gain or (loss)		<u> </u>	3,523,859			3,523,859
e l	8a	Gross income from fundraising						
e l		events (not including \$	0					
اچ		of contributions reported on line 1	c).					
<u> </u>		See Part IV, line 18	а	0				
Other Revenue	b	Less: direct expenses	<b>b</b>	0				
١	C	Net income or (loss) from fundrais	sing events	<u> ▶</u>	0			
	9a	Gross income from gaming activit	ies.				ŀ	
		See Part IV, line 19		0				
- 1	b	Less: direct expenses	<b>b</b>	0				<del></del>
1	C	Net income or (loss) from gaming	activities	. <u></u>	0			
l	10a	Gross sales of inventory, less		1				
ŀ		retums and allowances	a	0				
	b	Less. cost of goods sold	<b>b</b>	0				· · · · · · · · · · · · · · · · · · ·
L	С	Net income or (loss) from sales of	inventory .	<u>,</u>	0			
		Miscellaneous Revenue		Business Code				
ſ	11a				0			
	b	**		T	0			
1	C				0			
	d	All other revenue		L	0			
	е	Total. Add lines 11a-11d.			0			
	12_	Total revenue. See instructions .	·	. ▶	7,556,685	0	0	5,257,044

8) Greater Charlotte Cultural Trust
Statement of Functional Expenses Part IX

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all c Check if Schedule O contains a response or note t				
	not Include amounts reported on lines 6b, 7b, 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		-		
	domestic governments. See Part IV, line 21	8,136,688	8,136,688		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	ol	i		
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include	1			
-	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			·
10	Payroll taxes	0			
11	Fees for services (non-employees)				
. а	Management	ol			
b	Legal	0			
c	Accounting	1,800	822	852	126
d	Lobbying	0			
	Professional fundraising services. See Part IV, line 17.	0	<del></del>		
f	Investment management fees	572,301	261,198	270,984	40,118
g	Other (If line 11g amount exceeds 10% of line 25, column	, -, -,			
9	(A) amount, list line 11g expenses on Schedule O)	434,790	198,438	205,873	30,479
12	Advertising and promotion	0	100,100		35,1,0
13	Office expenses	0	-	_	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	56	26	27	4
17	Travel.	0	20		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	اه			
19	Conferences, conventions, and meetings	0			· · · ·
20	4-4	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization		0	0	0
23	Insurance	5,261	2,401	2,491	369
24	Other expenses. Itemize expenses not covered	0,201	2,101		
24	above (List miscellaneous expenses in line 24e. If			İ	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_		0			
a b		0		<del></del>	
_		0	-,		·
٠ د		0			
d	All other expenses	539	245	256	38
9 25	All other expenses	9,151,435	8,599,818	480,483	71,134
<u>25</u>	Total functional expenses. Add lines 1 through 24e	3, 13 1, <del>4</del> 35	0,038,010	400,403	11,134
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here   if				
	following SOP 98-2 (ASC 958-720)				

33

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . (A) (B) Beginning of year End of year Cash—non-interest-bearing 37.680 1 1,987,875 2 2 Savings and temporary cash investments . 3 Pledges and grants receivable, net . . . . 7,186,768 3 5,181,768 0 4 Accounts receivable, net . . . . 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 0 6 7 0 7 0 8 Prepaid expenses and deferred charges . . . 0 9 9 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D | 10a | 0 Less: accumulated depreciation . . . . 10b 0 10c b Investments—publicly traded securities . . . . . . 11 0 11 0 12 Investments—other securities. See Part IV, line 11 . . . . . . . . . . . . 177,160,689 12 176,927,977 13 Investments—program-related. See Part IV, line 11 . . . . . . . . . 0 13 0 14 0 14 0 15 54.177 15 54,177 16 Total assets. Add lines 1 through 15 (must equal line 34) . 184,439,314 16 184,151,797 17 0 17 18 0 18 19 0 19 20 Tax-exempt bond liabilities . . . . . 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. οl 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . . 0 23 0 24 Unsecured notes and loans payable to unrelated third parties. 0 24 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 . 0 25 0 26 Total liabilities. Add lines 17 through 25. 26 0 Organizations that follow SFAS 117 (ASC 958), check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 37,680 27 64,192 Temporarily restricted net assets . . . . 28 150,570,305 28 148,920,474 29 33,831,329 35,167,131 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . ol 30 0 Paid-in or capital surplus, or land, building, or equipment fund . . . . 31 οl 0 31 32 ol 32 0 Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

184,151,797

184,439,314

184,439,314

33

34

Form **990** (2018)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection **Employer Identification number** 

Grea	Greater Charlotte Cultural Trust 82-0576292								
Pai		Reason for Public Char							
The	orga	nization is not a private foundat	•	_			_	_	
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). (Att	ach Schedule E (Form	990 or 99	90-EZ).)	,	- 1	
3		A hospital or a cooperative hos	pital service organia	zation described in sec	tion 170(	b)(1)(A)(ii	i).		
4		A medical research organization hospital's name, city, and state		nction with a hospital o	described	in <b>section</b>	170(b)(1)(A)(iii). Er	ter the	
5		An organization operated for th section 170(b)(1)(A)(iv). (Com	e benefit of a colleg	e or university owned	or operate	ed by a go	vernmental unit desc	cribed in	
6		A federal, state, or local govern	ment or governmer	ntal unit described in se	ection 170	)(b)(1)(A)(	(v).		
7		An organization that normally redescribed in section 170(b)(1)			m a gove	rnmental ı	unit or from the gene	ral public	
8		A community trust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II.)				
9		An agricultural research organior university or a non-land-granuniversity							
10		An organization that normally receipts from activities related to support from gross investment acquired by the organization af	to its exempt function income and unrelated	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section	no more than 33 1/3 511 tax) from busine	3% of its	
11		An organization organized and	operated exclusive	y to test for public safe	ety. See <b>s</b> e	ection 509	9(a)(4).		
12	X	An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).	
а	a X 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 organize control or management of the organization(s) You must c	e supporting organi complete Part IV, S	zation vested in the sa	ime perso	ns that co	ntrol or manage the	supported	
C		Type III functionally integrated its supported organization(s)	ated. A supporting of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contractions of the contraction of	organization operated i	n connect	ion with, a	and functionally integ D. and E.	rated with,	
d	[	Type III non-functionally in that is not functionally integr requirement (see instruction	itegrated. A suppor ated The organizat	ting organization opera ion generally must sati	ated in cor isfy a distr	nnection with the state of the	rith its supported org quirement and an att		
8	ſ	X Check this box if the organiz	•					e III	
•		functionally integrated, or Ty					• • • • • • • • • • • • • • • • • • • •		
f		Enter the number of supported of	_						2
g		Provide the following information	n about the support	ed organization(s). (III) Type of organization	1 (5-2) 15-45-5		(v) Amount of monetary	(vi) Amount of	
	(1)	Name of supported organization	(II) EIN	(described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	support (see instructions)	other support (see instructions)	ı
					Yes	No			
(A)									
Four	dati	on For The Carolinas	56-6047886	7	X		434,790		_
(B)					l				
	<u>&amp; Sc</u>	cience Council	56-0693436	7	X		3,166,937		
(C)									
(D)									
(E)		_							
Tota	!	7					20,985,468		0

Instructions

Schedule A (Form 990 or 990-EZ) 2018 **Greater Charlotte Cultural Trust** Page 2 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 (d) 2017 (e) 2018 Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (f) Tota 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 Total. Add lines 1 through 3 . . . . 0 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (c)<sub>2</sub>2016 (a) 2014 **(b)** 2015 (d) 2017 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) 0 0 0 0 7 0 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0 Net income from unrelated business activities, whether or not the business is regularly carried on . . 0 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 five 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 14 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). 15 Public support percentage from 2017 Schedule A, Part II, line 14 . . 16a 33 1/3% support test—2018. 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 b 33 1/3% support test—2017 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-circums(ances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and/circumstances test-2017. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Pa	rt III Support Schedule for Org	anizations Des	scribed in Sec	tion 509(a)(2)			
	(Complete only if you checl	ked the box on l	ine 10 of Part I	or if the organi	zation failed to	qualify under P	art II.
	If the organization fails to q	ualify under the	tests listed bel	ow, please con	nplete Part II.)		
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the				[		
	organization's tax-exempt purpose						C
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				,		
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						C
5	The value of services or facilities						
	furnished by a governmental unit to the					ľ	
	organization without charge		•	,			O
6	Total. Add lines 1 through 5	0	0	/0	0	0	C
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	Ì			1	1	0
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	Ì		7		ì	0
С	Add lines 7a and 7b	0	/ 0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6)						0
		<del></del>	<del></del>		<del></del>	<u> </u>	
Sec	ction B. Total Support						
	ction B. Total Support	(a) 2014	/(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
		(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
Cale 9	ndar year (or fiscal year beginning in)  Amounts from line 6		7				
Cale 9	ndar year (or fiscal year beginning in)  Amounts from line 6  Gross Income from Interest, dividends,		7				
Cale 9	ndar year (or fiscal year beginning in)  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents,		7				
Cale 9 10a	ndar year (or fiscal year beginning in)  Amounts from line 6  Gross Income from Interest, dividends,		7				0
Cale 9 10a	ndar year (or fiscal year beginning in)  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		7				0
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less		7				0
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on secuntles loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		7				0
Cale 9 10a b	ndar year (or fiscal year beginning in)  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses		0	0		0	0
Cale 9 10a b	Amounts from line 6 Gross Income from Interest, dividends, payments received on secuntles loans, rents, royaltles, and Income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b		0	0		0	0
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on secunties loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business		0	0		0	0
Cale 9 10a b c 11	Amounts from line 6 Gross Income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether		0	0		0	0 0 0
Cale 9 10a b c 11	Amounts from line 6 Gross Income from Interest, dividends, payments received on secuntles loans, rents, royaltles, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .		0	0		0	0 0 0
Cale 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on secuntles loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or		0	0		0	0 0 0
Cale 9 10a b c 11	Amounts from line 6 Gross Income from interest, dividends, payments received on secuntles loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)		0	0		0	0 0 0
Cale 9 10a b c 11	Amounts from line 6 Gross Income from Interest, dividends, payments received on secuntles loans, rents, royalties, and Income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)		0	0		0	0 0 0
Cale 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on secunties loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0 0 0 0
Cale 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on secuntles loans, rents, royaltles, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12).	0 0 0 proganization's first, s	0	0	0	0	0 0 0 0
Cale 9 10a b c 11 12	Amounts from line 6 Gross Income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for the corganization, check this box and stop here	0 organization's first, s	0 cecond, third, fourth	0	0	0	0 0 0 0
Cale 9 10a b c 11 12 13 14 Sec	Amounts from line 6 Gross Income from Interest, dividends, payments received on secunties loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for the corganization, check this box and stop here	0 organization's first, s	0 second, third, fourth	0 0 o, or fifth tax year a	0	0 0 3)	0 0 0 0
Cale 9 10a b c 11 12 13 14 Sec 15	Amounts from line 6 Gross Income from Interest, dividends, payments received on secuntles loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su	organization's first, s	0 0 second, third, fourth	0 0 o, or fifth tax year a	0	0	0 0 0 0 0 • [
Cale 9 10a b c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on secuntles loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12).  First five years. If the Form 990 is for the corganization, check this box and stop here tion C. Computation of Public Support percentage for 2018 (line 8, 4).	organization's first, some port Percenta column (f), divided bule A, Part III, line	0 0 second, third, fourth 3 second third, fourth 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 0 o, or fifth tax year a	0	0 0 3)	0 0 0 0
Cale 9 10a b c 11 12 13 14 Sec	Amounts from line 6 Gross Income from Interest, dividends, payments received on secunties loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12).  First five years. If the Form 990 is for the corganization, check this box and stop here tion C. Computation of Public Support percentage for 2018 (line 8, 2).  Public support percentage from 2017 Schection D. Computation of Investments.	organization's first, some port Percenta column (f), divided to dule A, Part III, line ont Income Percenta	0 0 second, third, fourth age by line 13, column (15	O  O  o, or fifth tax year a	0	0 0 3)	0 0 0 0 0 0 0 0 0.00%
Cale 9 10a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross Income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for the corganization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2018 (line 8, 2) Public support percentage from 2017 Schection D. Computation of Investment	organization's first, some process of the column (f), divided to the column	0 second, third, fourth age by line 13, column ( 15. centage ivided by line 13, co	O  O  o, or fifth tax year a	0	0 0 3)	0 0 0 0 0 0 0 0 0.00%
Cale 9 10a b c 11 12 13 14 Sec 17 18	Amounts from line 6 Gross Income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12).  First five years. If the Form 990 is for the corganization, check this box and stop here tion C. Computation of Public Su Public support percentage from 2017 Schect tion D. Computation of Investment Investment income percentage from 2017 S	organization's first, some process of the column (f), divided to the column (f), dichedule A, Part III, line and the column (f), dichedule A, Part III, contend to the column (f), dichedule A, part III, contend to the column (f), dichedule A, part III, contend to the column (f), dichedule A, part	0 second, third, fourth age by line 13, column ( 15. centage ivided by line 13, column 17	0 o, or fifth tax year a	0 s a section 501(c)	0 0 3) 15 16 17 18	0 0 0 0 0 0 0 0 0.00%
Cale 9 10a b c 11 12 13 14 Sec 17 18	Amounts from line 6 Gross Income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the corganization, check this box and stop here stion C. Computation of Public Su Public support percentage for 2018 (line 8, 2) Public support percentage from 2017 Schection D. Computation of Investment Investment income percentage from 2017 S 33 1/3% support tests—2018. If the organ	organization's first, some percentagular (f), divided to the column (f), dichedule A, Part III, line of the column (f), dichedule A, Part III, iization did not checi	0 second, third, fourth age by line 13, column ( 15. centage ivided by line 13, column 17 k the box on line 14	0  o, or fifth tax year a  f))  clumn (f))	0 s a section 501(c)	0 0 3) 15 16 17 18	0 0 0 0 0 0 0 0.00%
Cale 9 10a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6 Gross Income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12).  First five years. If the Form 990 is for the corganization, check this box and stop here tion C. Computation of Public Su Public support percentage from 2017 Schect tion D. Computation of Investment Investment income percentage from 2017 S	organization's first, some percentage of the column (f), divided the column (f), dichedule A, Part III, lization did not check stop here. The organization of the column (f), dichedule A, Part III, lization did not check stop here.	o o second, third, fourth age by line 13, column ( 15. sentage ivided by line 13, column 17 k the box on line 14 anization qualifies a	0  o, or fifth tax year a  f))  plumn (f)) .  4, and line 15 is made a publicly support	0 s a section 501(c)	0 0 3) 15 16 17 18 and line 17 is	0 0 0 0 0 0 0 0.00%

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

82-0576292

Schedule A (Form 990 of 990-EZ) 201

### art IV Supporting Organizations

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

Sect	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ju	(b) and (c) below	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			<del>  ^</del> -
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination	3b		
_		30		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
4.	(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	<del></del>		- <del></del>
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	<del>                                     </del>	X
þ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			1
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	ļ <u>.</u>		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		<u> </u>
C	Did the organization support any foreign supported organization that does not have an IRS determination	1		Ì
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used	-		İ
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	1		
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;		1	
	(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).	5a		X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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		ŀ	
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	X	
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		ŀ	
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
·	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			<u> </u>
Ja	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		X
_	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	34		^
b		Ob-		- <del></del>
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b_		Х
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			<del>  ~</del>
4.5	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		X
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			<del></del>
	supporting organizations)? If "Yes," answer 10b below	10a		X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b	L	

Part	Supporting Organizations (continued)			
44	Lies the greenwating accounted a sift or contribution from any of the following persons?		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			·
a	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	+	X
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	-		1
	regularly appoint or elect at least a majority of the organization's 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			\ . h
	controlled the organization's activities. If the organization had more than one supported organization,			,
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>	<del>  ^</del>	<del>                                     </del>
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		<u> </u>
	supervised, or controlled the supporting organization.	2		X
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	. 0		
	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			\ <u> </u>
Sacti	the supported organization(s). On D. All Type III Supporting Organizations	1	<u> </u>	L
<u> </u>	on D. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		,,,,,	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	' •		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			١.
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			*****
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			ڼ
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations		L	L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truction	s).	
а	The organization satisfied the Activities Test Complete line 2 below.		•	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee instruc	tions	·).
		1		No
2 a	Activities Test. Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	. 1
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			,
	those supported organizations and explain how these activities directly furthered their exempt purposes,		•	
	how the organization was responsive to those supported organizations, and how the organization determined	1 1	3	•
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1	,	L
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in <b>Part VI</b>.</i>	3a	—	
	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 <b>Part VI</b> the role played by the organization in this regard.	3b		
	urna auguuneg oluanizagona rii -rea. Deachde ili F <b>art vi</b> me luie diaved dv me vidolikagon ili ma 1808m.	ו שני ו		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	rgan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizatio	ons must complete Sections	A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		·
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	. 0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	_		
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			•
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5_	0	0
6 Multiply line 5 by .035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount	_		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	ly inte	grated Type III supporting of	organization (see
instructions).	-	· · ·	- ,

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	izations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported	<b>.</b>	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6.		·	<u></u>
8	Distributions to attentive supported organizations to which t	he organization is respoi	nsive	
	(provide details in Part VI). See instructions	·		
9	Distributable amount for 2018 from Section C, line 6			C
10	Line 8 amount divided by line 9 amount	····		0.000
<b>;</b>	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1_	Distributable amount for 2018 from Section C, line 6		<del>,</del>	_0
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required—explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
<u>b</u>	From 2014		· · · · · · · · · · · · · · · · · · ·	
<u>C</u>	From 2015			
d	From 2016			<u> </u>
е	From 2017			
f	Total of lines 3a through e	0		
<u>g</u>	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2018 distributable amount			0
<u>_</u> _	Carryover from 2013 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2018 from			
	Section D, line 7 \$ 0			
	Applied to underdistributions of prior years		0	
<u>b</u>	Applied to 2018 distributable amount			0
_ <u>_c</u>	Remainder. Subtract lines 4a and 4b from 4	0		
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions		0	
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			•
	Part VI. See instructions.			0
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2014		<del></del>	
<u>ь</u>	Excess from 2015 . 0			
<u>_</u>	Excess from 2016			
<u>_d</u>	Excess from 2017			
e	Excess from 2018			

# SCHEDULE D (Form 990)

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

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

2018
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name	of the organization		Employer identification number
Great	er Charlotte Cultural Trust		82-0576292
Par		Advised Funds or Other Similar Fu	inds or Accounts.
		ed "Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don	or advisors in writing that the assets held i	in donor advised
	funds are the organization's property, subject to		
6	Did the organization inform all grantees, donor		
	only for charitable purposes and not for the be		
	conferring impermissible private benefit?		Yes No
Pari	Il Conservation Easements.		
		ed "Yes" on Form 990, Part IV, line 7	·
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., re	ecreation or education)	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	on in the form of a conservation
_	easement on the last day of the tax year	or rich a quantou correct valien contribute	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ease		
C	Number of conservation easements on a certif		
ď	Number of conservation easements included in		
_	historic structure listed in the National Register		2d
3	Number of conservation easements modified,		
	the tax year ▶		
4	Number of states where property subject to co	nservation easement is located	
5	Does the organization have a written policy re-		, handling of
	violations, and enforcement of the conservatio		1 / 1 /
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing cons	servation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported or	n line 2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization repo		
	balance sheet, and include, if applicable, the te	ext of the footnote to the organization's fina	ancial statements that describes the
	organization's accounting for conservation eas		
Part	Organizations Maintaining Collect	ions of Art, Historical Treasures, o	r Other Similar Assets.
		ed "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil		
	public service, provide, in Part XIII, the text of		
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its reve	nue statement and balance sheet
	works of art, historical treasures, or other simil		ion, or research in furtherance of
	public service, provide the following amounts r	elating to these items:	
	(i) Revenue included on Form 990, Part VIII, ii (ii) Assets included in Form 990, Part X	ne 1	\$
	(ii) Assets included in Form 990, Part X .		• \$
2	If the organization received or held works of ar		
	following amounts required to be reported und		
а	Revenue included on Form 990, Part VIII, line		
b	Assets included in Form 990, Part X	<u> </u>	. ▶ \$

Par	t III Organizations Maintaining	Collections of A	rt, Historical Tre	asures, or Ot	her Similar Ass	ets (cont	inued	)
3	Using the organization's acquisition, a	ccession, and other	records, check any	of the following	that are a significa	nt use of	its	
	collection items (check all that apply):							
а	Public exhibition		d Loan or	exchange prog	rams			
b	Scholarly research		e Dother					
C	Preservation for future generation	ıs						
4	Provide a description of the organizati XIII	on's collections and	explain how they for	urther the organi	zation's exempt pui	pose in P	'art	
5	During the year, did the organization sassets to be sold to raise funds rather					<b>□</b> γ	es 🗆	No
Pan	IV Escrow and Custodial Arra		,					
	Complete if the organization a 990, Part X, line 21.		n Form 990, Part	IV, line 9, or r	reported an amou	int on Fo	rm	
1a	Is the organization an agent, trustee, or		-	ributions or othe	r assets not		,	7
h	included on Form 990, Part X? If "Yes," explain the arrangement in Pa					\ ▼	es	No
b	it "Yes," explain the arrangement in Pa	art XIII and complete	e the following table	·		Amount		
С	Beginning balance				1c	Anount		-
d	Additions during the year				1d			
е	Distributions during the year .				1e	<del></del>		
f	Ending balance				1f			0
2a	Did the organization include an amour	nt on Form 990, Part	X, line 21, for escr	ow or custodial a	account liability?	Y	es X	No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here i	if the explanation ha	as been provided	d on Part XIII		. 🗀	Ī
Part	V Endowment Funds.							
	Complete if the organization a	answered "Yes" o	n Form 990, Part	IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years ba	ick (e) F	our years	s back
1a	Beginning of year balance	166,352,347	158,071,843	149,215,8	146,012,6	305	147,77	78,122
b	Contributions	2,491,515	329,797		7,822,4	164	1,77	79 <u>,</u> 495
С	Net investment earnings, gains,							
_	and losses	5,835,923	14,061,170	14,878,9				73,564
d e	Grants or scholarships Other expenditures for facilities	5,937,780	5,801,567	5,689,0	6,124,3	)/2	4,90	33,438
•	and programs		o		o	اه		0
f	Administrative expenses	422,750	308,896	333,9	<del></del>		43	35,128
g	End of year balance	168,319,255	166,352,347	158,071,8			146,01	
2	Provide the estimated percentage of the	ne current year end	balance (line 1g, co	lumn (a)) held a				·
а	Board designated or quasi-endowmen	t •	<u> </u>					
þ	Permanent endowment	21%						
С	Temporarily restricted endowment	79%						
•	The percentages on lines 2a, 2b, and 2	•		h-14 4 4	:-4			
3a	Are there endowment funds not in the organization by:	possession of the of	rganization that are	neid and admin	istered for the		Yes	No
	(i) unrelated organizations					3a(i)	100	X
	(ii) related organizations					3a(ii)		X
b	If "Yes" on line 3a(ii), are the related or					3b		
4	Describe in Part XIII the intended uses	=	-					
Part	VI Land, Buildings, and Equip	nent.						
	Complete if the organization a	inswered "Yes" oi	n Form 990, Part	IV, line 11a. S	ee Form 990, Pa	rt X, line	10.	
	Description of property	(a) Cost or oth (investme	1	or other basis other)	(c) Accumulated depreciation	( <b>d</b> ) B	ook valu	е
1a	Land		0	0				0
b	Buildings		0	0	0			0
C	Leasehold improvements		0	0	0			0
d	Equipment		0	0	0			0
<u>e</u>	Other		0	0	0	<del></del>		0
<u>ı otal</u>	. Add lines 1a through 1e. (Column (d) r	nust equal Form 990	), Paπ X, column (E	), IINO TUC.) .	<u> </u>			0

Part VII		d "Yes" on Form 990.	Part IV, line 11b. See Form 990, Part X, line 1	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) Financia	l derivatives	0		
• •	held equity interests	0		
	Diversified Long-Term Growth Pool	69,935,995		
	e Long-Term Growth Pool	39,550,978		
(B) Pass	ve Diversified Growth Pool	5,690,803		
	d Reserves Pool	131,571	· · · · · · · · · · · · · · · · · · ·	
	Duration Fixed Income	3,375,541	· · · · · · · · · · · · · · · · · · ·	
	Long-Term Growth (BAC/WFC) Pool	54,583,096	<del></del>	
	ne & Growth Pool	3,659,185		
	Endowed Diversified Long-Term Growth Po ter Charlotte Cultural Trust Pool	808	<u> </u>	
	in (b) must equal Form 990, Part X, col (B) line 12)	176,927,977	<u> </u>	
	Investments—Program Related.	170,027,077	<u> </u>	
· uit viii		d "Yes" on Form 990.	Part IV, line 11c. See Form 990, Part X, line 1	13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	(a) Description of investment	(b) book value	Cost or end-of-year market value	
(1)				
(2)				
_(3)				
(4)				
(5)				
(6)				<del></del>
<u>(7)</u>				
<u>(8)</u> (9)		<del></del>		
	n (b) must equal Form 990, Part X, col (B) line 13.)	0		
Part IX	Other Assets.		<u> </u>	
		d "Yes" on Form 990,	Part IV, line 11d. See Form 990, Part X, line 1	15.
		scription	(b) Book value	
(1)				
(2)				
(3)				·
_(4)				
(5)				
(6)				
(8)			· · · · · · · · · · · · · · · · · · ·	
Total (Colur	nn (b) must equal Form 990, Part X, col (B) line	15)	<u> </u>	0
Part X	Other Liabilities.			
TartA		d "Yes" on Form 990.	Part IV, line 11e or 11f. See Form 990, Part X	<u>,</u>
	line 25.			•,
1.	(a) Description of liability	(b) Book value		
	income taxes	0		
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)			1	
(8)			1	
(9)				
	n (b) must equal Form 990, Part X, col (B) line 25 ) ▶	0	<u> </u>	
2. Liability for	r uncertain tax positions In Part XIII, provide the	text of the footnote to the o	organization's financial statements that reports the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIJI

Х

Par	Reconciliation of Revenue per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part	-	Return.	
1	Total revenue, gains, and other support per audited financial statements	TV, IIIO 12a.	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	• • • •	<del> </del>	
a	Net unrealized gains (losses) on investments	2a	1 1	
b	Donated services and use of facilities	2b	<del>-</del>	
c	Recoveries of prior year grants	2c	<b>=</b>	
d	Other (Describe in Part XIII.)	2d		
- e	Add lines 2a through 2d		2e	r
3	Subtract line 2e from line 1		3	······································
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c			4c	(
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).		5	
	XII Reconciliation of Expenses per Audited Financial Statement			
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
8	Add lines 2a through 2d		2е	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	0
Part	XIII Supplemental Information.			
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P.			rt X, line
2, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pro	vide any additional infor	mation	
Part V	Line 4 Spendable income from endowed funds is used annually to provide supp	ort to		
	nl non			
cuitura	al organizations. Income can be designated for specific programs or projects, or o	can	·	·
be use	ed as general operating support.			
Part X	Line 2 The Foundation (Foundation For The Carolinas) and its supporting found	lations		
		· I_		
are ex	empt from federal income tax under the provisions of Section 501(c)3 of the IRC	. IN	·	
accord	dance with IRC reguiations, the Foundation is taxed on unrelated business incom	ne.		
		''''		
which	consists of earnings from activities not related to the exempt purpose of the			
Found	ation. The Foundation accounts for tax uncertainties based on a more likely than	not	. <b></b>	
recogr	nition threshold whereby tax benefits are only recognized when the Foundation			<del>-</del>
boliow	on that they have a greater than 500/ likelihead of heing austamed upon avamina	ution		
neliev	es that they have a greater than 50% likelihood of being sustained upon examina	ition		
by taxi	ng authorities. The Foundation has evaluated all its tax positions and determined	1		
-14-222	The state of the s			
that it	had no uncertain income tax positions as of December 31, 2018 or 2017.			

Schedule D (Fo	rm 990) 2018	Greater Charlo	otte Cultural Tru	st			82-0576292	Page 5
Part XIII	Suppleme	ntal Informat	tion (continue	d)	 			
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SCHEDULEI (Form 990)

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest Information.

1545-0047	0
OMB No	96

Open to Public 

**Employer identification number** 82-0576292 **2** 

Yes

Greater Charlotte Cultural Trust Department of the Treasury Internal Revenue Service Name of the organization

Pai	Part   General Information on Grants and Assistance	
_	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
	the selection criteria used to award the grants or assistance?	×
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	

Part II	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	<b>Assistance to</b> , for any recip	Domestic Organient that received	nizations and Dom more than \$5,000.	estic Government Part II can be duplic	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answ 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	anization answered	d "Yes" on Form
1 (a) Name	(a) Name and address of organization	(h) FIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	to nothernood (n)	(h) Director of count

	idioo (iii)		11010 alan 40,000.	all the call and make	a more when the control of the contr	ce is riceded.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Ailey School	42 0504072	504/5/3	000				Arts & Culture
405 W 55th Street New York, NY 1001	13-5304273	5(2)100	000,01				
227 W Trade Street, Suite 250 Charlot	56-0693436	501(c)3	3,166,937				Arts & Culture
(3) Bechtler Museum of Modern Art 420 South Tryon Street Charlotte, NC	56-2225722	501(c)3	721,402				Arts & Culture
(4) Charlotte Ballet 701 N Tryon Street Charlotte, NC 282	58-1314711	501(c)3	230,734				Arts & Culture
(5) Charlotte Symphony Orchestra Sod 128 S Tryon Street, Ste 350 Charlotte	56-6011568	501(c)3	473,205			and the second	Arts & Culture
(6) Children's Theatre of Charlotte 300 East 7th Street Charlotte, NC 282(	56-1028031	501(c)3	659,714				Arts & Culture
(7) Choir School at St. Peter's, Inc. 115 West Seventh Street Charlotte, N	56-2271723	501(c)3	8,000				Arts & Culture
(8) Community School of the Arts 345 North College Street Ste 413 Cha	59-1356847	501(c)3	13,016				Arts & Culture
(9) Discovery Place, Inc 301 N Tryon Street Charlotte, NC 282	56-0529944	501(c)3	1,000,000				Arts & Culture
(10) Harvey B Gantt Center for African 551 South Tryon Street Charlotte, NC	56-1152286	501(c)3	242,996				Arts & Culture
(11) Juillard School 60 Lincoln Center Plaza New York, NY	13-1624067	501(c)3	10,000				Arts & Culture
(12) Levine Museum of the New South 200 E Seventh Street Charlotte, NC 2	56-1748648	501(c)3	386,913				Arts & Culture
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	501(c)(3) and go	overnment organiza	tions listed in the line 1	table			20
3 Enter total number of other organizations listed in the line 1 table.	ganizations liste	d in the line 1 table				•	0

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

Schedule I (Form 990) (2018)

82-0576292

Schedule I (Form 990) (2018)

Page 2 (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) Part I Line 2 The Trust only makes grants to its supporting organization, Arts & Science Council (ASC) and cultural partners of the (d) Amount of noncash assistance (c) Amount of ASC. The close relationship between the organizations serves to monitor the use of funds. cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III Part IV

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<b>Continuation Sheet</b>
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J

Name of the organization						Employer identification number	cation number
S						82-0576292	
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	and Other Ass	istance to Gov	ernments and Or	ganizations in t	he United States		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) McColl Center for Art and Innovation 721 North Tryon Street Charlotte, NC 28202	51-0195015	501(c)3	510,201				Arts & Culture
(14) Mint Museum 2730 Randolph Road Charlotte, NC 28207	56-0670666	501(c)3	1,117,791				Arts & Culture
(15) Mint Museum Auxiliary 2128 Sherwood Avenue Charlotte, NC 28207	56-6076553	501(c)3	5,500				Arts & Culture
(16) North Carolina Central University P O Box 19713 Durham, NC 27707	56-6000730	501(c)3	10,000				Arts & Culture
(17) Opera Carolina 1600 Elizabeth Avenue Charlotte, NC 28204	56-6019660	501(c)3	22,241				Arts & Culture
(18) Point Park University. 201 Wood Street Pittsburgh, PA 15222	25-1094922	501(c)3	10,000				Arts & Culture
(19) Rutgers University 620 George Street New Brunswick, NJ 08901	22-6001086	501(c)3	10,000				Arts & Culture
(20) Western Carolina University 118 Killian Annex Cullowhee, NC 28723	56-6001440	501(c)3	15,000				Arts & Culture
(21)							
(22)							
(23)							
(24)							
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Greater Charlotte Cultural Trust					Employer Identification number 82-0576292
Part III Continuation of Grants and Other Assistance to I	Assistance to In	ndividuals in the United States	nited States		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
10			-		
14					
				t i de la companya de	
14					
5					
16					
17					
18					
19					
20					
21					
22					
23					
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### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

| Employer identification number

OMB No 1545-0047

2018

Open to Public Inspection

Grea	ater Charlotte Cultural Trust	82-0576292		
Pai	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed or 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these item.			
	First-class or charter travel Housing allowance or residence for personal	use		
	☐ Travel for companions ☐ Payments for business use of personal resid	ence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		ŀ	
	Discretionary spending account Personal services (such as maid, chauffeur,	chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment		l	
U	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	<del></del>		
	explain	1b_		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	<b>2</b>		
		· · · ·		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by	ya		
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation comments and the second compensation comments are second compensation.	nittee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			-
а	Receive a severance payment or change-of-control payment?	<u>4a</u>		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4C		
	The second control was the persons and provide the applicable difficulties can follow the first in			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of			<del></del>
a b	The organization?	<u>5a</u>		X
	If "Yes" on line 5a or 5b, describe in Part III	.   35		_^_
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			•
	compensation contingent on the net earnings of:			
a b	The organization?	6a 6b		X
D	Any related organization?	60		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
_	payments not described on lines 5 and 6? If "Yes," describe in Part III	. 7	∤	_X_
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract expension described in Regulations section 53 4958.4(a)(3)2 If "Yes " described in Regulations section 53 4958.4(a)(3)2 If "Yes " described in Regulations section 53 4958.4(a)(3)2 If "Yes " described in Regulations section 53 4958.4(a)(3)2 If "Yes " described in Regulations section 53 4958.4(a)(3)2 If "Yes " described in Regulations section 53 4958.4(a)(3)2 If "Yes " described in Regulations section 53 4958.4(a)(3)2 If "Yes " described in Regulations section 53 4958.4(a)(3)2 If "Yes " described in Regulations section 53 4958.4(a)(3)2 If "Yes " described in Regulations section 53 4958.4(a)(3)2 If "Yes " described in Regulations section 54 4958.4(a)(3)2 If "Yes " described in Regulations section 54 4958.4(a)(3)2 If "Yes " described in Regulations section 54 4958.4(a)(3)2 If "Yes " described in Regulations section 54 4958.4(a)(3)2 If "Yes " described in Regulations section 54 4958.4(a)(3)2 If "Yes " described in Regulations section 54 4958.4(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(	я		
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
	in Part III	• •		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			American de la compansión de la compansi
-	Pegulations section 53 4058.6/2	اها		

Schedule J (Form 990) 2018 Greater Charlotte Cultural Trust

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

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

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

Traces the definition of the capt meeting and the c		יייייייייייייייייייייייייייייייייייייי		Mill 330, 1 dit VII, 360	ייטוו ע, וווופ ומ, מטטוועמ	מום (ב) מווח	בין מוווסמוווט וטו מוומר וווי	disional
		(b) Breakdown of	(b) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retrement and	(D) Nontaxable		(F) Compensation
(A) Name and Trite		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	in column (B) reported as deferred on prior Form 990
Robert Bush	Ξ						0	
1 Member	€	216,065	0	0	4,492	9,729	230,28	* * * * * * * * * * * * * * * * * * *
Holly Welch Stubbing	€							
2 Secretary	(ii)	211,362	40,000	2,440	31,800	20,927	306,529	)
	(E)							
3	(ii)							
	(3)							
4	(E)							
	(1)							
5	( <u>ii</u> )							3
	(1)							
9	€						 	1 2 3 4 4 5 5 6 6 6 6 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8
	(1)							
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	(ı)							
8	(ii)							
	(e)							
6	(11)							
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Schedule J (Form 990) 2018

### **SCHEDULE O** (Farm 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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection **Employer identification number** 

82-0576292 **Greater Charlotte Cultural Trust** Form 990, Part VI, Section B, Line 11b An electronic copy of the final return is sent to each voting member prior to an upcoming Board meeting and prior to filing. The return is available for discussion during the Board meeting if any questions from the Board members arise. Form 990, Part VI, Section B, Line 12c. The Trust annually distributes (at the first meeting of each year) its conflict of interest policy. The policy requires each Board member, whether new or returning, to specify potential conflicts of interest, such as vendor relationships or grant recipient relationships. In addition, at each Board meeting, Board members are asked to disclose potential conflicts of interest. Upon disclosure of a conflict, a Board member must conform to the terms of the policy Form 990, Part VI, Section B, Line 15: The Trust does not have any employees and therefore does not have a formal policy for determining compensation Form 990, Part VI, Section C, Line 19: The Trust's governing documents, conflict of interest policy, and financial statements are available to the public upon request. Form 990, Part VI, Section A, Line 7a. The Board of Directors is made up of eleven members One member is an FFTC appointee and one member is an ASC appointee. There are nine at-large positions, four of whom are named by ASC and FFTC, and may be selected from GCCT fundholder nominations. The remaining five members are named by the GCCT board, and must be selected from GCCT fundholder nominations

Schedule O (Form 990 or 990-EZ) (2018)	P	Page_	<u>2</u>
Name of the organization	Employer Identification number		
Greater Charlotte Cultural Trust	82-0576292		
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Greater Charlotte Cultural Trust

Part I

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

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

Open to Public 2018

**Employer identification number** 

82-0576292

(g) Section 512(b)(13) controlled entry? Yes No × × Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had entity (f)
Direct controlling
entity (e) End-of-year assets ۷Ž ۲ Public chanty status (if section 501(c)(3)) (d) Total income 509(a)1 509(a)1 (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501(c)3 501(c)3 Legal domicile (state or foreign country) 9 Primary activity 2 ပ္က Cultural Community Support one or more related tax-exempt organizations during the tax year. Primary activity Grantmaking (2) Arts & Science Council of Charlotte-Mecklenburg 56-0693436 227 West Trade St Charlotte, NC 28202 (a) Name, address, and EIN (f applicable) of disregarded entity (a)
Name, address, and EIN of related organization (1) Foundation For The Carolinas 56-6047886 220 N Tryon St Charlotte, NC 28202 Part II 9 <u></u> **3** 3 9 (E) 3 3 8  $\Xi$ 3

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

Schedule R (Form 990) 2018

Greater Charlotte Cultural Trust

Schedule R (Form 990) 2018

Part III

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. 82-0576292

Page 2

(k) Percentage ownership								t	(i) Section 512(b)(13) controlled entity?	SS No		ļ 	-					Schedule R (Form 990) 2018
al or ging	2							, Pa		Yes			ļ	-	<u> </u>	<del> </del>	↓	Form
(j) General or managing partner?	Yes							)66 E	(h) Percentage ownership									ule R
Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)								Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(g) Share of Peend-of-year assets ow									Scheo
) cons?	2							verec	_	H		ļ	-	-	<u> </u>	<del> </del>	-	
(h) Deproportonata ellocatons?	Yes							ans year.	(f) Share of total income									
								ation tax	Shan						<u> </u>			
(g) Share of end-of- year assets								le as a Corporation or Trust. Complete if the organization ansiganizations treated as a corporation or trust during the tax year.	(e) Type of entry (C cop, S cop, or frust)									
f total								if the	Type Com, S									
Share of total income								n or t	) Bu				<del>                                     </del>	<del> </del>	-	<u> </u>	<del> </del>	
	+-		<del> </del>		<u> </u>		+	. Con	(d) Direct controlling entity									
) ninant related, ated, id from nder 512-514								<b>Frust</b> corpo	Direct c									
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)								as a	ntby)	$\Box$	· · ·						<del> </del>	
	<u> </u>	-	<u> </u>		ļ	$\downarrow$	<u> </u>	<b>atio</b> r	(c) Legal domicile (state or foreign country)									
trolling y								orpor is tre	) Legal ate or for									
(d) Direct controlling entity								a Co	(s	-			-	<u> </u>	<u> </u>	<b> </b>		
<del></del>	<del> </del>	_	<b>_</b>	-	ļ	-	_	le as ganiz	лtу									
(c) Legal domicale (state or foreign								Identification of Related Organizations Taxab  IV, line 34 because it had one or more related or	(b) Pnmary activity									
7 8 9 2 8	-	↓_	<u> </u>	-	<u> </u>	-	-	ns T relat	Рпш			ĺ						
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activity								gani e or r										
(b) Prmary activity								<b>O</b> 0 0	atton									
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	1		<del>                                     </del>		$\vdash$		+ -	of R ause	related									
Jo N. c								ation 4 bec	(a) EIN of									
and El								ntific ine 3	ss, and									
(a) iddress, ed orga								lder  ≤	(a) Name, address, and EIN of related organization									
(a) Name, address, and EIN of related organization								>	Мате									
~	<b>E</b>	(2)	(3)	(4)	(5)	(9)	<u>E</u>	Part IV			(1)	(2)	(3)	(4)	(2)	(6)	(2)	
	1 i	ıi	I i	I i	1 1	ı i	1 i		ı	- 1	, ,	i	I 1	1 1		/ i	. i I	

Page 3

Part V

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	<u>e</u>					Yes	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	transactions with one or me	ore related organi	zations listed in Parts I	HV?	,		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	introlled entity.		•		1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)					1b	×	
c Gift, grant, or capital contribution from related organization(s).					10		×
d Loans or loan quarantees to or for related organization(s).					7		×
					1e		×
f Dividends from related organization(s)				•	=		×
_					5		×
Durchase of accete from related organization(s)			•	•	2 4	1	: ×
					;	t	; >
i Exchange of assets with related organization(s)					= ;	+	< >
<ul> <li>Lease of facilities, equipment, or other assets to related organization(s)</li> </ul>					F	+	\ ا>
					1		ગ
k Lease of facilities, equipment, or other assets from related organization(s)	(s)n				1k	-	×
	related organization(s).				1		×
m Performance of services or membership or fundraising solicitations by related organization(s)	related organization(s).				Ē	×	
	ed organization(s).				<b>-</b>		×
					,		>
o sharing or paid employees with related organization(s)					2	$\dagger$	<
n Reimbursement naid to related organization(s) for expenses			•	,	٤		×
		•	•	•	101		×
_					2		:
						Ì	,
					<b>=</b> ,	$\dagger$	< >
<ul> <li>S Other transfer of cash or property from related organization(s)</li> </ul>					18	1	<
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	rmation on who must comple	ste this line, incluc	ling covered relationsh	ips and transaction	thresho	splo	
(a)		(q)	(၁)	P)	(q)		
Name of related organization		Transaction type (a—s)	Amount involved	Method of determining amount involved	ing amoun	it involve	D.
(1) Foundation For The Carolinas		Ε	434,790				
(2) Arts & Science Council		q	3,166,937			• •	
(3)							
(4)							
. (6) -							
(9)							
				Schedule R (Form 990) 2018	R (For	1 990)	2018

82-0576292

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

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

(1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Share of Share of Disproportionate	(j) General or
	total income end-of-year allocations?	amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065)
		Yes
		<b>↓</b>
(13)		
(14)		
(14)		
(15)	-	
(16)		

Schedule R (Form 990) 2018		Greater Charlotte Cultural Trust	82-0576292	Page 5		
Part VII	Supplem	ental Information.				
T GIT VII	Provide a	dditional information for responses	to questions or	Schedule R. See instr	ructions.	
•						
			•			
					_	
		*				