Form **990**

Return of Organization Exempt From Income Tax

, 20

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

, 2023, and ending

| В | Check | if applicable: | С | | | | D En | ployer | identification | number | | | |
|-------------------------|----------|------------------------|--|----------------------------------|----------------------|-------------|--|------------------------------------|-------------------|-------------------|--|--|--|
| | A | ddress change | Charlotte Commur | nity ToolBank, In | nc. | | 2 | 7-16 | 02981 | | | | |
| | N | ame change | 2513 S. Tryon St | reet | | | | | number | | | | |
| | In | itial return | Charlotte, NC 28 | 3203 | | | (| 704) | 469-5 | 800 | | | |
| | Fi | nal return/terminated | | | | | | | | | | | |
| | А | mended return | | | | | G Gro | G Gross receipts \$ 400,636 | | | | | |
| | А | oplication pending | F Name and address of principal | al officer: Jordan Scar | rhoro | | H(a) Is this a group | eturn fo | or subordinate | | | | |
| | ш ' | | Same As C Above | ooldan Scar | LDOIO | | H(b) Are all subording If "No," attach a | ates in | cluded? | Yes No | | | |
| ī | Tax- | exempt status: | X 501(c)(3) 501(c) (|) (insert no.) | 4947(a)(1) or | 527 | if "No," attach a | i iist. Se | ee instructions | s. — — | | | |
| J | | | arlotte.toolbank | .ora | | | H(c) Group exemption | n numb | per | | | | |
| K | Forn | n of organization: | X Corporation Trust | Association Other | L Yea | | | | e of legal don | nicile: NC | | | |
| Pa | rt I | Summar | | | <u> </u> | | 2020 | | | | | | |
| | 1 | | be the organization's miss | sion or most significant ac | ctivities:TO S | TEWAR | D AN INVEN | TORY | OF TO | OLS FOR | | | |
| ø | | | TO CHARITABLE OR | | | | | | | | | | |
| Š | | | | | | | | | | | | | |
| Activities & Governance | | | | | | | | | | | | | |
| ŏ | 2 | Check this bo | | on discontinued its operat | | | | | - 1 | | | | |
| ত | 3 | | ting members of the gove | | | | | | 3 | 15 | | | |
| Se | 4 5 | | dependent voting member of individuals employed i | | | | | | 5 | 15 9 | | | |
| ξ | 6 | Total number | of volunteers (estimate if | necessarv) | iit v, iiile za). | | | ·· - | 6 | 410 | | | |
| Ç | 7a | | ed business revenue from | | | | | | 7a | 0. | | | |
| | b | | l business taxable income | | | | | | 7b | 0. | | | |
| | | | | | | | Prior Ye | | С | urrent Year | | | |
| d) | 8 | Contributions | and grants (Part VIII, line | e 1h) | | | . 167 | , 96 | 2. | 179,928. | | | |
| 'n | 9 | Program serv | rice revenue (Part VIII, line | e 2g) | | | . 155 | ,16 | 3. | 220,305. | | | |
| Revenue | 10 | | ncome (Part VIII, column (| | | | | | | | | | |
| Œ | 11 | | e (Part VIII, column (A), li | | • | | | ,71 | | 403. | | | |
| | 12 | | e – add lines 8 through 11 | | | | | ,84 | 3. | 400,636. | | | |
| | 13 | | milar amounts paid (Part | | | | | | | | | | |
| | 14 | | to or for members (Part I | | | | | | | | | | |
| S | 15 | | er compensation, employe | | | | | ,40 | 9. | 214,095. | | | |
| Expenses | 16a | Professional | fundraising fees (Part IX, | | | | | | | | | | |
| (be | b | Total fundrais | sing expenses (Part IX, co | lumn (D), line 25) | 11 | ,411. | | | | | | | |
| Ш | 17 | Other expens | es (Part IX, column (A), I | ines 11a-11d, 11f-24e) | | | . 177 | ,59 | 1. | 106,715. | | | |
| | 18 | Total expense | es. Add lines 13-17 (must | equal Part IX, column (A |), line 25) | | . 362 | 2,00 | 0. | 320,810. | | | |
| | 19 | Revenue less | expenses. Subtract line | 18 from line 12 | | | | ,15 | | 79,826. | | | |
| ets or | | | | | | | Beginning of Cu | rrent Y | ear E | nd of Year | | | |
| sets | 20 | | (Part X, line 16) | | | | . 460 | ,59 | 7. | 538,329. | | | |
| Net Asse Fund Bala | 21 | Total liabilitie | s (Part X, line 26) | | | | . (| , 55 | 6. | 4,462. | | | |
| | | Net assets or | fund balances. Subtract I | ine 21 from line 20 | | | . 454 | ,04 | 1. | 533,867. | | | |
| Pa | rt II | Signatur | e Block | | | | | | | | | | |
| Unde | er pena | Ities of perjury, I de | eclare that I have examined this returner (other than officer) is based on | urn, including accompanying sche | edules and statemen | nts, and to | the best of my knowle | edge an | d belief, it is t | rue, correct, and | | | |
| COIII | Jiete. D | eciaration or prepa | irer (other than officer) is based of | an information of which preparer | rias ariy kilowleuge | ;. | | | | | | | |
| | | Signature of | DAN SCAR | BORO | | | 11/14 | /202 | 24 | | | | |
| Siç He | jn | | | | | _ | | | | | | | |
| не | re | | Scarboro name and title | | | C | urrent Sec | ret | ary | | | | |
| | | 21 1 | | I Duran and a sinuation | T. | N-4- | | | I DTIN | | | | |
| | | | oreparer's name | Preparer's signature | ا | Date | Check | ш | if PTIN | 01.600 | | | |
| Pa | | - | t Summers | | | | self-em | ployed | P020 | 01620 | | | |
| Pre | epar | Also I | | | | | | -187 | F. C. C. C. C. | 000 | | | |
| US | e Or | Firm's addre | | | | | Firm's I | | 561688 | - | | | |
| | | | | C 28204 | | | Phone | 10. 7 | 04-372 | | | | |
| May | / the | IKS discuss th | is return with the prepare | r snown ahove? See instr | ructions | | | | X | Yes No | | | |

| | | | Yes | No |
|-----|--|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 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 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a | Х | |
| b | Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | 11b | | Х |
| С | Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> | 11f | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Χ |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. | 18 | | 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 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |

Form 990 (2023) Charlotte Community ToolBank, Inc.

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-------|---|-----|-----|-------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. | 27 | | Х |
| | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 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 | | Х |
| | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | 162 | NO |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | 7.7 | |
| D A A | (gambling) winnings to prize winners? | 1c | X | (0000 |

Form 990 (2023) Charlotte Community ToolBank, Inc.

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

| | | | res | NO | | | |
|---|---|------------|-----|-------|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 9 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Χ | | | |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule 0.</i> | 3b | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | _ | | V | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | | |
| С | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5b 5c | | Λ | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | Х | | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | 37 | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X | | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | X | | | |
| • | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | | | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 0 | | | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | |
| | Section 501(c)(12) organizations. Enter: | | | | | | |
| а | Gross income from members or shareholders. 11a | | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | | | | |
| | Enter the amount of reserves on hand | 14- | | X | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a 14b | | Λ | | | |
| | | 140 | | | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | |
| | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would | 47 | | | | | |
| | result in the imposition of an excise tax under section 4951, 4952, or 4953? | 17 | | | | | |
| AΑ | TEEA0105L 08/23/23 | Form | 990 | 2023) | | | |

Form 990 (2023) Charlotte Community ToolBank, Inc. Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Did the organization have members or stockholders?..... Χ 6 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... Χ 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Χ Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy?..... 13 X Χ 14 Did the organization have a written document retention and destruction policy?..... 14 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? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Χ taxable entity during the year?..... 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?..... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website X Other (explain on Schedule O) See Sch. O Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

Maureen Krueger 2513 S. Tryon Street Charlotte NC 28203 (704) 469-5800

| Form 990 (| 2023) | Charlotte | Community | ToolBank, | Inc |
|------------|-------|-----------|-----------|-----------|-----|
| | | | | | |

27-1602981

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| | | | (C) | | | | | | | |
|----------------------|-----------------------|-----------------------------|-----------------------|---------|--------------|------------------------------|------|--|---|---------------------------------------|
| (A) | (B) | Position | | | | (D) | (E) | (F) | | |
| Name and title | Average hours | offic | or an | ıd a d | livanta | v /4 v | ۱۵۵ | Reportable compensation from | Reportable compensation from | Estimated amount of other |
| | per week (list any | Individual t or director | Institutional trustee | Officer | Key employee | High | Forr | the organization (W-2/1099- MISC/1099-NEC) | related organizations (W-2/1099- MISC/1099-NEC) | compensation from the organization |
| | hours for related | vidu: irect | tutic | er | emp | lest loye | ner | MISC/1099-NEC) | MISC/1099-NEC) | and related organizations |
| | organiza- tions | 함함 | nal | | oloy | corr | | | | |
| | below dotted | Iste | snu | | e | pen | | | | |
| | line) | O | tee | | | Highest compensated employee | | | | |
| (1) Maureen Krueger | 45 | | | | | 1L | | | | |
| Executive Dir. | 0 | | | Χ | | | | 82,500. | 0. | 2,475. |
| (2) Carley Rossi | 2 | | | | | | | | | |
| Vice President | 0 | Χ | | Χ | | | | 0. | 0. | 0. |
| (3) Darby Bryant | 2 | | | | | | | | | |
| President | 0 | Х | | Χ | | | | 0. | 0. | 0. |
| _(4)_Allie_Alu | 2 | | | | | | | | | |
| Secretary | 0 | Χ | | Χ | | | | 0. | 0. | 0. |
| (5) Brad Porter | 2 | | | | | | | | | |
| Treasurer | 0 | Χ | | Χ | | | | 0. | 0. | 0. |
| (6) Tom Booms | 1 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (7) Sara Downing | _ 1 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (8) Chris Bartley | _ 1 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (9) Jimmy DeRosa | 1 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (10) Kevin Rodriguez | 1 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (11) Will Munkres | 1 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (12) Emily Poe | 1 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (13) Meganne Price | 11 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (14) John Reinke | 11 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |

| Part VII Section A. Officers, Directors, 110 | 131003, 1 | l | | • | _ | C3, (| arre | i ingriest con | iperisated Emp | Oyces | (continueu) |
|--|---|---------------|----------------|----------------|--------------------------|--|-------------|--|--|--------------------------------|---|
| (A) Name and title | Average hours per week (list any hours for related organizations below dotted line) | box, | unles er an | Posi neck i | more rson i irecto | than on the botth r/trusted Highest compensated employee | an ee) | (D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | of compen the org and | (F) ted amount other sation from ganization related nizations |
| (15) Jordan Scarboro Director | 10 | Х | 10 | | | red | | 0. | 0. | | 0. |
| (16) Mike Tropsha Director | 10 | Х | | | | | | 0. | 0. | | 0. |
| <u>(18)</u> | | | | | | | | | | | |
| <u>(19)</u> | | | | | | | | | | | |
| (20) | | | | | | | | | | | |
| (21) | | | | | | | | | | | |
| (22) | | | | | | | | | | | |
| (23) | | | | | | | | | | | |
| (24) | | | | | | | | | | | |
| (25) | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 82,500. | 0. | | 2,475. |
| c Total from continuation sheets to Part VII, Section | on A | | | | | | | 0. | 0. | | 0. |
| d Total (add lines 1b and 1c). | | | | | | | | 82,500. | 0. | | 2,475. |
| 2 Total number of individuals (including but not limited from the organization | to those I | sted | abo | ve) v | who | recei | ved | more than \$100,00 | 0 of reportable comp | ensation | |
| | | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer, direction line 1a? If "Yes,"complete Schedule J for suc | tor, truste h <i>individu</i> | e, ke al | ey e | mpl | oyee | e, or | high | nest compensated | employee | . 3 | X |
| 4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual | reportabler than \$1 | le co 50,0 | mpe 00? | ensa If " | ation Yes, | and " con | oth nple | er compensation ete Schedule J for | from | 4 | X |
| 5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Yes | | | | | | unre | late | ed organization or | individual | | X |
| Section B. Independent Contractors | , | | | | | | /- | | | | 111 |
| Complete this table for your five highest compen compensation from the organization. Report compen | sated indessation for | epen the c | den alen | t coi dar j | ntra year | ctors endii | tha | at received more the vith or within the or | nan \$100,000 of ganization's tax year | | |
| (A) Name and business address (B) Description of s | | | | | | | | | of services | (C Comper |) nsation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 Total number of independent contractors (including b | ut not limi | ted to | n thr | nse I | lister | laho | ve) | who received more | than | | |
| \$100,000 of compensation from the organization | 0 | | 2 410 | | | | . ~, | 1000.100 111010 | | | |

Form 990 (2023) Charlotte Community ToolBank, Inc. 27-1602981 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt function revenue (D) Revenue excluded from tax under sections 512-514 (C) Unrelated business (A) Total revenue revenue 1a Federated campaigns ibutions, Gifts, Grants, other Similar Amounts **b** Membership dues..... 1b c Fundraising events..... 1c d Related organizations..... 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above . . . a Noncash contributions included in 1f 179,928.

| 를 함 | g | Noncash contributions included in | | 2737320 | | | | |
|--------------------------|-------|--|------------|------------------|------------------|----------|----|------------------------|
| Contribu | | lines 1a-1f | | | | | | |
| | h | Total. Add lines 1a-1f | | | 179,928. | | | |
| ne | | | | Business Code | | | | |
| .≪e | 2a | Program Income | | | 220,305. | 220,305. | | |
| æ | b | | | | | | | |
| ice. | С | | | | | | | |
| šen | d | | | | | | | |
| Ë | е | | | | | | | |
| gra | f | All other program service rev | enue | | | | | |
| Program Service Revenue | g | Total. Add lines 2a-2f | | | 220,305. | | | |
| | 3 | Investment income (including di | vidends. | interest, and | ., | | | |
| | | other similar amounts) | | | | | | |
| | 4 | Income from investment of ta | x-exem | ot bond proceeds | | | | |
| | 5 | Royalties | | | | | | |
| | | | i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | | | |
| | b | Less: rental expenses 6b | | | | | | |
| | С | Rental income or (loss) 6c | | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | | | Securities | (ii) Other | | | | |
| | /a | sales of assets | | | | | | |
| | la la | other than inventory 7a | | | _ | | | |
| | D | Less: cost or other basis and sales expenses 7b | | | | | | |
| | c | Gain or (loss) 7c | | | _ | | | |
| | | Net gain or (loss) | | | | | | |
| | | | Г | | | | | |
| Ĕ | ва | Gross income from fundraising events (not including \$ | | | | | | |
| /er | | of contributions reported on line 1c). | | | | | | |
| æ | | See Part IV, line 18 | . ا | Ba | | | | |
| <u>1</u> | h | Less: direct expenses | <u> </u> | 8b | + | | | |
| Other Revenue | 1 | Net income or (loss) from fun | <u> </u> | | | | | |
| O | | | Г | CVCIII | | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | ١, | 9a | | | | |
| | | Less: direct expenses | | 9b | | | | |
| | 1 | Net income or (loss) from gar | | | | | | |
| | | | | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances | | 0a | | | | |
| | | Less: cost of goods sold | | 0b | - | | | |
| | l | Net income or (loss) from sal | | | | | | |
| | C | THE THEOTHE OF (1033) HOTH Sai | 55 OI IIIV | Business Code | | | | |
| SIZ | 112 | Other Trees | | Busiliess code | 402 | 400 | | |
| <u>8</u> 9 | 11a | Other Income | | - | 403. | 403. | | |
| 를 | D | | | | | | | |
| scellaneo Revenue | C | All other revenue | | | | | | |
| Miscellaneous Revenue | _ | All other revenue | | | | | | |
| | | Total. Add lines 11a-11d | | | 403. | | | |
| D. 1 | | Total revenue. See instruction | 15 | | 400,636. | 220,708. | 0. | 0. |
| BAA | | | | TE | EA0109L 08/23/23 | | | Form 990 (2023) |
| | | | | | | | | |

Part IX Statement of Functional Expenses

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

| | Check if Schedule O contains a r | | | | |
|---------------|--|-----------------------|-------------------------------------|-------------------------------------|---|
| Do r 6b, 7 | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21. | | | | · |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members | 92 500 | 61 075 | 12 275 | 0 250 |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 82,500. 0. | 61,875. | 12,375. | 8,250. 0. |
| 7 | Other salaries and wages | 106,319. | 106,319. | 0. | · · |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 5,674. | 4,256. | 851. | 567. |
| 9 | Other employee benefits | 4,326. | 3,245. | 649. | 432. |
| 10 | Payroll taxes | 15,276. | 13,608. | 1,001. | 667. |
| 11 | Fees for services (nonemployees): | 10/2/01 | 20,000 | = 7 0 0 = 1 | • |
| а | Management | | | | |
| | Legal | | | | |
| | Accounting | 3,410. | | 3,410. | |
| | Lobbying | 5/110. | | 3, 110. | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| 10 | (A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion | 205 | | | 205 |
| | - ' | 285. | 2.0 | 1 100 | 285. |
| 13 | Office expenses | 1,208. | 20. | 1,188. | |
| 14 | Information technology | 1,025. | 500. | 525. | |
| 15 | Royalties | C1 F02 | F0 F12 | 2 000 | |
| 16 | Occupancy | 61,593. | 58,513. | 3,080. | |
| 17 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 8,267. | 7,275. | 579. | 413. |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.). | | | | |
| а | Repairs & Maintenance | 8,621. | 7,399. | 1,222. | |
| b | | 7,827. | 7,827. | | |
| С | Bank Fees | 6,700. | 6,700. | | |
| d | | 2,687. | 2,394. | 176. | 117. |
| | All other expenses | 5,092. | 2,552. | 1,860. | 680. |
| 25 | Total functional expenses. Add lines 1 through 24e | 320,810. | 282,483. | 26,916. | 11,411. |
| 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). | | | | |

| | | Check if Schedule O contains a response or note to | o any line | in this Part X | | | | | |
|----------------------------|----|--|--------------------------|----------------------------|---------------------------------|----------|---------------------------|--|--|
| | | | | | (A) Beginning of year | | (B) End of year | | |
| | 1 | Cash – non-interest-bearing | | | 299,784. | 1 | 319,961. | | |
| | 2 | Savings and temporary cash investments | | | | 2 | | | |
| | 3 | Pledges and grants receivable, net | | | | 3 | | | |
| | 4 | Accounts receivable, net | | | | 4 | | | |
| | 5 | Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe | er officer I contribu | , director, tor, or 35% | | - | | | |
| | | | | | | 5 | | | |
| | 6 | Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section | | | | 6 | | | |
| | _ | | | 7 | | | | | |
| (A) | 7 | Notes and loans receivable, net | | L | | <u> </u> | | | |
| et | 8 | | | F | | 8 | | | |
| Assets | 9 | Prepaid expenses and deferred charges | 1 1 | | | 9 | | | |
| | | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | - | 236,737. | | | | | |
| | b | Less: accumulated depreciation | | 76,561. | 155,797. | 10c | 160,176. | | |
| | 11 | Investments — publicly traded securities | | F | | 11 | | | |
| | 12 | Investments — other securities. See Part IV, line 11 | | F | | 12 | | | |
| | 13 | Investments — program-related. See Part IV, line 11. | | F | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | | | |
| | 15 | Other assets. See Part IV, line 11 | 5,016. | 15 | 58,192. | | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line | 33) | | 460,597. | 16 | 538,329. | | |
| | 17 | Accounts payable and accrued expenses | | | 5,662. | 17 18 | 2,662. | | |
| | 18 | • • | rants payable | | | | | | |
| | 19 | Deferred revenue | | 19 | | | | | |
| | 20 | Tax-exempt bond liabilities | | <u> </u> | | 20 | | | |
| lies | 21 | Escrow or custodial account liability. Complete Part I | | L | | 21 | | | |
| Liabilities | 22 | Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe | utor, or 3! | 5% L | | 22 | | | |
| _ | 23 | Secured mortgages and notes payable to unrelated the | | ⊢ | | 23 | | | |
| | 24 | Unsecured notes and loans payable to unrelated third | l parties. | | | 24 | | | |
| | 25 | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com | | | 894. | 25 | 1,800. | | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 6,556. | 26 | 4,462. | | |
| nces | | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. |) | X | | | | | |
| alaı | 27 | Net assets without donor restrictions | | | 410,841. | 27 | 490,667. | | |
| ä | 28 | Net assets with donor restrictions | | | 43,200. | 28 | 43,200. | | |
| Net Assets or Fund Balance | | Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33. | ck here | | | | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | | 29 | | | | |
| ste | 30 | Paid-in or capital surplus, or land, building, or equipm | nent fund | | | 30 | | | |
| SS | 31 | Retained earnings, endowment, accumulated income | | <u> </u> | | 31 | | | |
| t A | 32 | Total net assets or fund balances | | | 454,041. | 32 | 533,867. | | |
| Se | 33 | Total liabilities and net assets/fund balances | | | 460,597. | 33 | 538,329. | | |
| RΔ | ^ | | TEEA0111L | 08/23/23 | | | Form 990 (2023) | | |

| Day | t XI Reconciliation of Net Assets | | | | |
|-----|---|---------|------|------|--------|
| Par | | | | | |
| _ | Check if Schedule O contains a response or note to any line in this Part XI. | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 00,6 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25). | 2 | | 20,8 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 79,8 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 4 | 54,0 |)41. |
| 5 | Net unrealized gains (losses) on investments. | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O). | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 5 | 33,8 | 367. |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual X Other See Sch. O | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain | | _ | | |
| | on Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review | ed on a | | | |
| | separate basis, consolidated basis, or both. | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ | ate | | | |
| | basis, consolidated basis, or both. | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit | ., | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. See Schedule O | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | Uniform | | | |
| 34 | Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au | dit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| BAA | TEEA0112L 08/23/23 | | Form | 990 | (2023) |

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

| Name o | Name of the organization Employer identification number | | | | | | | | | | |
|------------|---|-------------------------------|--|-----------------------|---------------------|---|---|--|--|--|--|
| | rlotte Community Tool | | | | | 27-160298 | <u> </u> | | | | |
| | t I Reason for Public Cha | | | | | | ctions. | | | | |
| The c | organization is not a private found | · · | | | - | • | | | | | |
| 1 | A church, convention of church | | | , | b)(1)(A)(| i). | | | | | |
| 2 | A school described in sectio | | | | | | | | | | |
| 3 | A hospital or a cooperative h | nospital service organ | ization described in sec | tion 170 |)(b)(1)(<i>A</i> | A)(iii). | | | | | |
| 4 | A medical research organiza | tion operated in conju | unction with a hospital of | describe | d in sec | tion 170(b)(1)(A)(iii). E | nter the hospital's | | | | |
| | name, city, and state: | | | | | | | | | | |
| 5 | An organization operated for section 170(b)(1)(A)(iv). (Co | the benefit of a colle | | | | | escribed in | | | | |
| 6 | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | |
| 7 | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | |
| 8 | A community trust described | in section 170(b)(1)(| (A)(vi). (Complete Part I | l.) | | | | | | | |
| 9 | An agricultural research organi | zation described in sec | ction 170(b)(1)(A)(ix) oper | ated in c | onjunctio | on with a land-grant colle | ege | | | | |
| | or university or a non-land-grad | nt college of agriculture | e (see instructions). Enter | the nam | ne, city, | and state of the college of | or | | | | |
| | university: | | | | | | | | | | |
| 10 | An organization that normall | v receives (1) more to | han 33-1/3% of its supp | ort from | contrib | outions, membership fe | es, and gross receipts | | | | |
| | from activities related to its e investment income and unre | exempt functions, sub | pject to certain exceptio | ns; and | (2) no r | more than 33-1/3% of it | ts support from gross | | | | |
| | June 30, 1975. See section | 509(a)(2). (Complete l | Part III.) | orr (ax) | HOIH D | usinesses acquired by | ine organization after | | | | |
| 11 | An organization organized a | nd operated exclusive | ely to test for public safe | ety. See | section | 1 509(a)(4). | | | | | |
| 12 | An organization organized a | nd operated exclusive | ely for the benefit of, to | perform | the fun | ections of, or to carry or | ut the purposes of one | | | | |
| | or more publicly supported or lines 12a through 12d that de | rganizations describe | ed in section 509(a)(1) c | r sectio | n 509(a |)(2). See section 509(a | (3). Check the box on | | | | |
| а | | | | | | | the supported | | | | |
| u | Type I. A supporting organization organization (s) the power to re | gularly appoint or elect | t a majority of the directo | rs or trus | tees of t | the supporting organization | on. You must | | | | |
| | complete Part IV, Sections A | | | | | | | | | | |
| b | Type II. A supporting organize management of the supporting must complete Part IV, Sect | organization vested in | controlled in connection the same persons that c | with its ontrol or | support manage | ted organization(s), by the supported organizat | having control or ion(s). You | | | | |
| С | Type III functionally integrated | | tion apparated in connection | a with a | nd function | anally intograted with its | cupported | | | | |
| | organization(s) (see instructi | ons). You must com | plete Part IV, Sections | A, D, an | d E. | orially integrated with, its | supported | | | | |
| d | Type III non-functionally integ | rated. A supporting org | janization operated in cor | nection | with its | supported organization(s) |) that is not | | | | |
| | functionally integrated. The cinstructions). You must com | organization generally | / must satisfy a distribu | tion req | uiremen | t and an attentiveness | requirement (see | | | | |
| е | Check this box if the organiz | - | | | | | | | | | |
| | integrated, or Type III non-fu | inctionally integrated | supporting organization | ١. | | | | | | | |
| f | Enter the number of supported | | | | | | | | | | |
| g | Provide the following information (i) Name of supported organization | n about the supported | d organization(s). | | | T | + | | | | |
| (| (i) Name of supported organization | (ii) EIN | (described on lines 1-10 | (iv) I | s the ion listed | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | | | |
| | | | àbove (see instructions)) | in your g docur | overning | , | | | | | |
| | | | | V | NI- | | | | | | |
| | | | | Yes | No | | | | | | |
| (A) | | | | | | | | | | | |
| (A) | | | | | | | | | | | |
| (D) | | | | | | | | | | | |
| (B) | | | | | | | | | | | |
| (C) | | | | | | | | | | | |
| (C) | | | | | | | | | | | |
| (D) | | | | | | | | | | | |
| (D) | | | | | | | | | | | |
| (E) | | | | | | | | | | | |
| Total | | | | | | | | | | | |

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

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

| Sec | tion A. Public Support | | | | | | |
|------|---|---|---|---|--|-----------------------------------|-------------------|
| begi | ndar year (or fiscal year nning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 167,546. | 217,156. | 219,360. | 167,962. | 179,92 | 8. 951,952. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 | Total. Add lines 1 through 3 | 167,546. | 217,156. | 219,360. | 167,962. | 179,92 | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | , | | · | 0. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 951,952. |
| Sec | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year nning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 | Amounts from line 4 | 167,546. | 217,156. | 219,360. | 167,962. | 179,92 | 8. 951,952. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | 0. |
| 9 | 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.) See Part VI. | | | | | 40: | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 952,355. |
| 12 | Gross receipts from related activ | rities, etc. (see ins | tructions) | | | | 2 375,468. |
| 13 | First 5 years. If the Form 990 is organization, check this box and | for the organization | on's first, second, | third, fourth, or fi | ifth tax year as a | section 501(c) | (3) |
| Sec | tion C. Computation of Pu | | | | | | |
| | Public support percentage for 20 | | | | | | 33.33 |
| 15 | Public support percentage from | 2022 Schedule A, | Part II, line 14 | | | 1 | 5 100.00% |
| 16a | 33-1/3% support test—2023. If t and stop here. The organization | he organization di qualifies as a put | d not check the b dicly supported or | ox on line 13, and ganization | d line 14 is 33-1/3 | % or more, ch | neck this box |
| b | 33-1/3% support test—2022. If the and stop here. The organization | ne organization did qualifies as a pul | I not check a box olicly supported o | on line 13 or 16a rganization | , and line 15 is 33 | 3-1/3% or mor | e, check this box |
| 17a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the facts | meets the facts-a | nd-circumstances | test, check this b | oox and stop here | . Explain in Pa | art VI how |
| | 10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and | meets the facts-a d-circumstances te | nd-circumstances est. The organizat | test, check this to ion qualifies as a | oox and stop here publicly supporte | . Explain in Pa d organization | art VI how the |
| 18 | Private foundation. If the organi | zation did not che | ck a box on line 1 | 3, 16a, 16b, 17a, | , or 17b, check thi | s box and see | instructions |

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

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

| Sec | tion A. Public Support | | | | | | | |
|-------|--|-------------------------|-------------------|--------------------|---------------------|-----------------|--------|-----------|
| | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | 3 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | | |
| С | Add lines 7a and 7b | | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | | |
| Sec | tion B. Total Support | | | | | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | 3 | (f) Total |
| 9 | Amounts from line 6 | | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | |
| | Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). | | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | |
| | First 5 years. If the Form 990 is organization, check this box and | stop here | | third, fourth, or | titth tax year as a | section 501(| c)(3) | |
| | tion C. Computation of Pul | | | no 10 - al " | \\ | Т | 15 | 0. |
| | Public support percentage for 20 | | | | | - | 15 | % |
| | Public support percentage from 2 | | | | | | 16 | 00 |
| | tion D. Computation of Inv | | | | (6) | Т | 47 | 0 |
| | Investment income percentage f | | | | | - | 17 | % |
| | Investment income percentage f | | | | | L | 18 | % |
| | 33-1/3% support tests – 2023. If it is not more than 33-1/3%, check 23.1/3% support tests 20.23 . If it | this box and sto | p here. The organ | nization qualifies | as a publicly supp | orted organi | zation | |
| a | 33-1/3% support tests—2022. If the line 18 is not more than 33-1/3% | | | | | | | |
| 20 | Private foundation. If the organization | | - | | | | | _ |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | | | 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 | | |
| 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 | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| 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 benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | | |
| b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| С | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9с | | |
| l0a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below. | 10a | | |
| 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 | | |

BAA TEEA0404L 08/14/23 Schedule A (Form 990) 2023

| Pa | rt IV Supporting Organizations (continued) | | | |
|-----|--|--------|---------|-----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | _ | Yes | No |
| | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, | | | |
| | | 1a | | |
| ŀ | A family member of a person described on line 11a above? | 1b | | |
| (| A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. | 1c | | |
| | tion B. Type I Supporting Organizations | | | |
| | | П | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's | | | |
| | officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported | | | |
| | organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees | | | |
| | were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) | | | |
| _ | that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such | | | |
| | benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | \Box | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees | | | |
| | of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | 1 | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided: | | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i> | | | |
| | | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant | | | |
| | voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played | | | |
| | in this regard. | 3 | | |
| | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| I | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| • | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | stru | ictions | 5). |
| 2 | Activities Test. Answer lines 2a and 2b below. | Γ | Yes | No |
| ; | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the | | | |
| | supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was | | | |
| | responsive to those supported organizations, and how the organization determined that these activities constituted | 2- | | |
| | substantially all of its activities. | 2a | | |
| ١ | b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these activities | 2b | | |
| | Suction the organization of invertential | -0 | | |
| | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| • | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI . | 3а | | |
| ١ | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

Charlotte Community ToolBank, Inc. Schedule A (Form 990) 2023 27-1602981 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year Section A — Adjusted Net Income (optional) 1 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year **Section B — Minimum Asset Amount** (A) Prior Year (optional) 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 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 6 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 Section C — Distributable Amount Current Year

| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
|---|---|-------|----------------------------|-----------|
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally inter(see instructions). | grate | d Type III supporting orga | anization |

1 Adjusted net income for prior year (from Section A, line 8, column A)

Enter 0.85 of line 1.

BAA Schedule A (Form 990) 2023

1

2

10

10 Line 8 amount divided by line 9 amount

| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continue | ed) | |
|-----|---|-----|--------------|
| Sec | tion D - Distributions | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required – provide details in Part VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details | | |
| | in Part VI). See instructions. | 8 | |
| 9 | Distributable amount for 2023 from Section C, line 6 | 9 | |

| Section E — Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
|---|--------------------------------|--|---|
| 1 Distributable amount for 2023 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2023 | | | |
| a From 2018 | | | |
| b From 2019 | | | |
| c From 2020 | | | |
| d From 2021 | | | |
| e From 2022 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2023 distributable amount | | | |
| i Carryover from 2018 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2023 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2023 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2024. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2019 | | | |
| b Excess from 2020 | | | |
| c Excess from 2021 | | | |
| d Excess from 2022 | | | |
| e Excess from 2023 | | | |
| | | | |

BAA Schedule A (Form 990) 2023

27-1602981

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section 4, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income

| Nature and Source | | 2023 | 2022 | 2021 | 2020 | 2019 |
|-------------------|----------|--------------|----------|----------|----------|----------|
| Other Total | \$ \$ | 403. 403. | \$ 0. | \$ 0. | \$ 0. | \$ 0. |

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

| Cha | rlotte Community ToolBank, I | | | 27-1602981 |
|-----|--|---|---|---|
| Pai | t I Organizations Maintaining Do | onor Advised Funds or Othe | er Similar Funds o | r Accounts |
| | Complete if the organization a | inswered "Yes" on Form 990 | , Part IV, line 6. | |
| | | (a) Donor advised fund | ds (I | 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 do are the organization's property, subject to the | onor advisors in writing that the ass e organization's exclusive legal con | sets held in donor advi | sed funds Yes No |
| 6 | Did the organization inform all grantees, don for charitable purposes and not for the benef | fit of the donor or donor advisor, or | for any other purpose | conferring |
| _ | impermissible private benefit? | | | Yes No |
| Pai | Complete if the organization a | | | |
| 1 | Purpose(s) of conservation easements held I | , , | <u></u> ,, | |
| | Preservation of land for public use (for exam | nple, recreation or education) | | iistorically important land area |
| | Protection of natural habitat | | Preservation of a c | ertified historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization last day of the tax year. | held a qualified conservation contribu | ution in the form of a cor | nservation easement on the |
| | last day of the tax year. | | | Held at the End of the Tax Year |
| | Total number of conservation easements | | 2a | Tield at the End of the Tax Teal |
| | Total acreage restricted by conservation ease | | | |
| | Number of conservation easements on a cer | | | |
| | Number of conservation easements included | | | |
| , | a historic structure listed in the National Reg | ister | 2d | |
| 3 | Number of conservation easements modified, tratax year | ansferred, released, extinguished, or te | erminated by the organiz | zation during the |
| 4 | Number of states where property subject to o | conservation easement is located | | |
| 5 | Does the organization have a written policy r | egarding the periodic monitoring, in | nspection, handling of | violations, |
| | and enforcement of the conservation easeme | ents it holds? | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, | inspecting, handling of violations, an | d enforcing conservation | n easements during the year |
| 7 | Amount of expenses incurred in monitoring, insp | pecting, handling of violations, and en | forcing conservation eas | sements during the year |
| | | | | |
| 8 | Does each conservation easement reported and section 170(h)(4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, describe how the organization reinclude, if applicable, the text of the footnote conservation easements. | | | |
| Pai | | ollections of Art, Historical 7 | Treasures, or Othe D. Part IV. line 8. | er Similar Assets |
| 1. | If the organization elected, as permitted undo | | • | and balance about works of ort |
| 10 | historical treasures, or other similar assets h Part XIII the text of the footnote to its financial | eld for public exhibition, education. | or research in further | ance of public service, provide in |
| k | If the organization elected, as permitted undhistorical treasures, or other similar assets held following amounts relating to these items. | er FASB ASC 958, to report in its refor public exhibition, education, or res | evenue statement and search in furtherance of | balance sheet works of art, public service, provide the |
| | | , line 1 | | \$ |
| | (i) Revenue included on Form 990, Part VIII(ii) Assets included in Form 990, Part X | | | \$ |
| 2 | If the organization received or held works of art, amounts required to be reported under FASE | historical treasures, or other similar a | assets for financial gain, | provide the following |
| а | Revenue included on Form 990. Part VIII. lin | e 1 | | \$ |
| b | Revenue included on Form 990, Part VIII, lin Assets included in Form 990, Part X | | | \$ |

| Part III Organizations Maintain | ing Collectio | ns of Art, His | toricai Treasures, d | or Other Similar As | ssets (continuea) |
|---|--------------------|----------------------|---|----------------------------|-----------------------|
| 3 Using the organization's acquisition, accitems (check all that apply). | ession, and other | records, check ar | ny of the following that ma | ake significant use of its | collection |
| a Public exhibition | | d Loan o | r exchange program | | |
| b Scholarly research | | e Other | | | |
| c Preservation for future generation | ns . | <u> </u> | | | |
| 4 Provide a description of the organization Part XIII. | 's collections and | d explain how they | further the organization's | exempt purpose in | |
| 5 During the year, did the organization to be sold to raise funds rather than t | o be maintained | d as part of the or | , historical treasures, or ganization's collection? | other similar assets | Yes No |
| Part IV Escrow and Custodial A Complete if the organization | Arrangement | S ad "Vas" on F | orm 990 Part IV li | ne 9 or reported a | n amount on |
| Form 990, Part X, line 2 | 21. | | | • | TI alliount on |
| 1a Is the organization an agent, trustee, on Form 990, Part X? | custodian, or of | ther intermediary | for contributions or othe | er assets not included | Yes No |
| b If "Yes," explain the arrangement in Par | t XIII and comple | te the following tab | ole. | | <u> </u> |
| | | | | | Amount |
| c Beginning balance | | | | | |
| d Additions during the year | | | | | |
| e Distributions during the year | | | | | |
| f Ending balance | | | | | |
| 2a Did the organization include an amou | | | | , i | |
| b If "Yes," explain the arrangement in F | Part XIII. Check | here if the explar | nation has been provide | d in Part XIII | |
| Part V Endowment Funds | | | | | |
| Complete if the organization | ation answere | ed "Yes" on Fo | orm 990, Part IV, li | ne 10. | |
| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | + |
| e Other expenditures for facilities | | | | | |
| and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
| 2 Provide the estimated percentage of | the current year | end balance (line | e 1g, column (a)) held a | ns: | |
| a Board designated or quasi-endowmer | nt | % | | | |
| b Permanent endowment | % | | | | |
| c Term endowment | % | | | | |
| The percentages on lines 2a, 2b, and 2c | should equal 10 | 0%. | | | |
| 3a Are there endowment funds not in the po | esession of the | organization that a | ro hold and administered | for the | |
| organization by: | ossession of the t | organization that a | re neiu anu auministereu | ioi tile | Yes No |
| (i) Unrelated organizations? | | | | | 3a(i) |
| (ii) Related organizations? | | | | | 3a(ii) |
| b If "Yes" on line 3a(ii), are the related | organizations li | sted as required | on Schedule R? | | 3b |
| 4 Describe in Part XIII the intended use | | | | | |
| Part VI Land, Buildings, and Ed | | | | | |
| Complete if the organization at | | n Form 990, Part I | V, line 11a. See Form 99 | 00, Part X, line 10. | |
| Description of property | | at or other basis | (b) Cost or other | (c) Accumulated | (d) Book value |
| | (ir | nvestment) | basis (other) | depreciation | |
| 1a Land | | | | | |
| b Buildings | | | | | |
| c Leasehold improvements | | | | | |
| d Equipment | | | 28,375. | 12,792. | 15,583. |
| e Other | | | 208,362. | 63,769. | 144,593. |
| Total. Add lines 1a through 1e. (Column (d) |) must equal Fo | rm 990, Part X, li | ne 10c, column (B)) | | 160,176. |
| BAA | | | | Sched | ule D (Form 990) 2023 |

BAA

| Part VII | Investments — Other Securities Complete if the organization answered "Yes" o | n Form 990 Part IV line | N/A a 11h Saa Form 990 Part Y lina 12 | |
|---------------------------------|--|--------------------------------|--|-------------------------|
| (a) Descri | ption of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | -of-vear market value |
| | al derivatives | (2) 20011 10110 | (c) meaned of variation. Cook of one | or your market value |
| | held equity interests. | | | |
| (3) Other | | | | |
| | | | | |
| (A) (B) (C) (D) (E) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| (l) | | | | |
| | nn (b) must equal Form 990, Part X, line 12, column (B)) | | 27. (2 | |
| Part VIII | Investments — Program Related Complete if the organization answered "Yes" o | n Form 990 Part IV line | N/A e 11c See Form 990 Part X line 13 | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or en | id-of-year market value |
| (1) | | , , | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | (I) I I I (D) D I V I I I I (D) | | | |
| Part IX | on (b) must equal Form 990, Part X, line 13, column (B)) Other Assets | | | |
| raitin | Complete if the organization answered "Yes" o | n Form 990. Part IV. lin | e 11d. See Form 990. Part X. line 15. | |
| | (a) De | escription | | (b) Book value |
| | er Assets | | | 56,042. |
| | rrity Deposit | | | 2,150. |
| (3) | | | | |
| (4) (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| | umn (b) must equal Form 990, Part X, line 15, | column (B)) | | 58,192. |
| Part X | Other Liabilities Complete if the organization answered "Yes" o | n Form 990 Part IV line | e 11e or 11f See Form 990 Part X line | 25 |
| 1. | | ription of liability | c Tre or Tri. occ Form 330, Fart X, Inic | (b) Book value |
| | al income taxes | 1 | | (,, |
| | er Liabilities | | | 1,800. |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| (11) | | | | |
| | ımn (b) must equal Form 990, Part X, line 25, c | | | |
| | uncertain tax positions. In Part XIII, provide the text of the f | | | |
| tax positions u | nder FASB ASC 740. Check here if the text of the footnote ha | as been provided in Part XIII. | | |

| Pai | t XI | Reconciliation of Revenue per Audited Financial Statement | s With Revenue per Ro | eturn N/A |
|-------------------------------------|--|---|---------------------------------|-------------------|
| | • | Complete if the organization answered "Yes" on Form 990, F | Part IV, line 12a. | |
| 1 | Total | revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amou | ints included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net u | nrealized gains (losses) on investments | 2a | |
| b | Dona | ted services and use of facilities | 2b | |
| C | Recov | veries of prior year grants | 2c | |
| d | Other | (Describe in Part XIII.) | 2d | |
| е | Add I | ines 2a through 2d | | 2e |
| 3 | Subtr | act line 2e from line 1 | | 3 |
| 4 | Amou | nts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Inves | tment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other | (Describe in Part XIII.) | 4b | |
| C | Add I | ines 4a and 4b | | 4c |
| 5 | Total | revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 |
| Da: | 1 1/11 | | | |
| Pai | t XII | Reconciliation of Expenses per Audited Financial Statemer | its With Expenses per | Return N/A |
| Pai | t XII | Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, F | | Return N/A |
| 1 1 | | | Part IV, line 12a. | Return N/A |
| | Total | Complete if the organization answered "Yes" on Form 990, F | Part IV, line 12a. | Return N/A |
| 1 2 | Total Amou | Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements | Part IV, line 12a. | Return N/A |
| 1 2 a | Total Amou Dona | Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements | Part IV, line 12a. | Return N/A |
| 1 2 a | Total Amou Dona | Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements | Part IV, line 12a. 2a 2b | Return N/A |
| 1 2 a b | Total Amou Dona Prior Other | Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements | 2a 2b 2c | Return N/A |
| 1 2 a b | Total Amou Dona Prior Other | Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements | Part IV, line 12a. 2a 2b 2c 2d | Return N/A 1 2e |
| 1 2 a b | Total Amou Dona Prior Other Other Add I | Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. | Part IV, line 12a. 2a 2b 2c 2d | 1 |
| 1 2 a b | Total Amou Dona Prior Other Other Add I Subtr | Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. (Describe in Part XIII.) ines 2a through 2d. | Part IV, line 12a. 2a 2b 2c 2d | 1 2e |
| 1 2 a b c c d d e 3 4 a a | Total Amou Dona Prior Other Other Add I Subtr Amou Inves | Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. (Describe in Part XIII.) ines 2a through 2d. act line 2e from line 1. unts included on Form 990, Part IX, line 25, but not on line 1: tment expenses not included on Form 990, Part VIII, line 7b. | Part IV, line 12a. 2a 2b 2c 2d | 1 2e |
| 1 2 a b c c d d e e 3 4 a b b | Total Amou Dona Prior Other Other Add I Subtr Amou Inves Other | Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements ints included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. (Describe in Part XIII.) ines 2a through 2d. act line 2e from line 1. ints included on Form 990, Part IX, line 25, but not on line 1: tment expenses not included on Form 990, Part VIII, line 7b. (Describe in Part XIII.) | 2a | 2e 3 |
| 1 2 a b c c d e e 3 4 a b c c | Total Amou Dona Prior Other Other Add I Subtr Amou Inves Other Add I | Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements and included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments. losses. (Describe in Part XIII.) interess 2a through 2d. act line 2e from line 1. and included on Form 990, Part IX, line 25, but not on line 1: tement expenses not included on Form 990, Part VIII, line 7b. (Describe in Part XIII.) interess 4a and 4b. | 2a | 2e 3 |
| 1 2 a b c c d d e e 3 4 a a b c c 5 | Total Amou Dona Prior Other Other Add I Subtr Amou Inves Other Add I Total | Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements ints included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. (Describe in Part XIII.) ines 2a through 2d. act line 2e from line 1. ints included on Form 990, Part IX, line 25, but not on line 1: tment expenses not included on Form 990, Part VIII, line 7b. (Describe in Part XIII.) | 2a | 2e 3 |

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

BAA Schedule D (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Charlotte Community ToolBank, Inc.

Employer identification number

27-1602981

| Par | t l | Гуреs of Property | | | | | | | |
|----------|--|--|-------------------------------|---|---|------------------|--------------------|----------|----------------|
| | | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Metho noncash | od of c contrib | letermir | ning mounts |
| 1 | Art – | Works of art | | | | | | | |
| 2 | Art - | Historical treasures | | | | | | | |
| 3 | Art - | Fractional interests | | | | | | | |
| 4 | Book | s and publications | | | | | | | |
| 5 | Cloth | ing and household goods | | | | | | | |
| 6 | Cars | and other vehicles | | | | | | | |
| 7 | | s and planes | | | | | | | |
| 8 | | ectual property | | | | | | | |
| 9 | | rities — Publicly traded | | | | | | | |
| 10 | | rities — Closely held stock | | | | | | | |
| 11 | | rities – Partnership, LLC, or trust interests. | | | | | | | |
| 12 | | rities - Miscellaneous | | | | | | | |
| 13 | | fied conservation contribution – ric structures | | | | | | | |
| 14 | Quali | fied conservation contribution — Other | | | | | | | |
| 15 | Real | estate - Residential | | | | | | | |
| 16 | | estate - Commercial | | | | | | | |
| 17 | | estate — Other | - | | | | | | |
| 18 | Colle | ctibles | | | | | | | |
| 19 | | inventory | | | | | | | |
| 20 | | s and medical supplies | - | | | | | | |
| 21 | | lermy | — | | | | | | |
| 22 | | rical artifacts | | | | | | | |
| 23 | | ntific specimens | | | | | | | |
| 24 | | eological artifacts | | | 50.000 | T3 (T7 | | | |
| 25 | Other | <u> </u> | | | 52,000. | FMV | | | |
| 26 | Other | ` | | | | | | | |
| 27 28 | Other Other | ` | | | | | | | |
| | | per of Forms 8283 received by the organization of | luwina da a day | waar far aankribukiana fa | ur udajah dha | | | | |
| 29 | | nization completed Form 8283, Part V, Done | | | | 29 | | | |
| | o.ga. | | 0 / 101111011100 | go | | | | Yes | No |
| 20 | D | | | | l line - 1 Honoroule 00 Hoot | | | | |
| зua | | g the year, did the organization receive by contr st hold for at least 3 years from the date of t | | | | | | | |
| | | kempt purposes for the entire holding period | | | | | 30 a | | Х |
| b | | s," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | | | | | | | Χ |
| 32a | 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | | | | | 32 a | | Х |
| h | a If "Yes," describe in Part II. | | | | | | JE U | | 71 |
| | If the | organization didn't report an amount in coluribe in Part II. | ımn (c) for a | type of property for w | hich column (a) is chec | ked, | | | |
| | uesci | IDC III FAIL II. | | | | | | | |

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

Schedule M (Form 990) 2023

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

BAA TEEA4602L 07/25/23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Charlotte Community ToolBank, Inc.

Employer identification number 27-1602981

Form 990, Part VI, Line 11b - Form 990 Review Process

A DRAFT OF FORM 990 IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING, WITH SUFFICIENT TIME FOR THEIR REVIEW AND OPPORTUNITY TO ADDRESS ANY QUESTIONS OR CONCERNS THEY MAY HAVE.

Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection
WE WILL POST OUR 990 ON OUR WEBSITE.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

THE ORGANIZATION MAKES ITS GOVERING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST TO THE EXECUTIVE DIRECTOR.

Form 990, Part XII, Line 1 - Other Accounting Method

Modified Cash

Form 990, Part XII, Line 2 - Change of Oversight or Selection Process

THE ORGANIZATION DID NOT CHANGE ITS PROCESSES IN REGARDS TO RESPONSIBILITY FOR OVERSIGHT OF THE REVIEW PROCESS AND SELECTION OF INDEPENDENT ACCOUNTANTS.

| 1 | ^ | 2 |
|---|---|----|
| Z | u | Z: |

Federal Worksheets

Page 1

Charlotte Community ToolBank, Inc.

27-1602981

Form 990, Part III, Line 4e Program Services Totals

| | Program Services Total | Form 990 | Source |
|----------------|------------------------------|----------|----------------------------|
| Total Expenses | 282,483. | 0. | Part IX, Line 25, Col. B |
| Grants | 0. | | Part IX, Lines 1-3, Col. B |
| Revenue | 0. | | Part VIII, Line 2, Col. A |

Form 990, Part IX, Line 24e Other Expenses

| | | (A) | (B) | (C) | (D) |
|--|---------|-------------|---------------------|-------------------------|-------------|
| | | Total | Program Services | Management & General | Fundraising |
| Development | | 202. | | | 202. |
| Dues and Subscriptions | | 1,997. | 247. | 1,500. | 250. |
| Postage and Shipping | | 177. | | 177. | |
| Staff Recognition | | 844. | 844. | | 000 |
| Taxes and Licenses | | 228. | C 0 | | 228. |
| tools | | 60. 183. | 60. | 183. | |
| Training & Education Volunteer Recognition | | 1,401. | 1,401. | 103. | |
| volunteer necognition | Total 🕏 | 5,092. | 2,552. | \$ 1,860. | \$ 680. |