HURRICANE MILTON SEC 7508A - EXTENDED TO MAY 1, 2025 | Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Α	For the	2023 calendar year, or tax year beginning and ending	l				
В	Check if applicable	C Name of organization	D	Employe	er identifi	cation number	
	Addres	CHARLOTTE COMMUNITY FOUNDATION INC					
	Name change	Doing business as		65-	04553	19	
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 227 SULLIVAN STREET	uite E	Telephor (94		r 7 – 0 0 7 7	
	terminated Ameno	City or town, state or province, country, and ZIP or foreign postal code		Gross recei		9,007,766	<u>-</u>
	return Applic tion pendir	F Name and address of principal officer: SHELLEY STRICKLAND, PH		l(a) Is this for sub	a group re ordinates		o
		SAME AS C ABOVE		l(b) Are all su)
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or e: WWW • CHARLOTTECF • ORG	527			list. See instructions	
	Websit			(c) Group			_
	art I	organization: X Corporation Trust Association Other L \ Summary	rear of t	ormation:	1 3 3 3 W	M State of legal domicile: F	브
	T	Briefly describe the organization's mission or most significant activities: AS THE C	'MMO'	TINITALY	FOIIN	патт∩м	_
Activities & Governance	1	DEDICATED TO CHARLOTTE COUNTY, FL, THE CHARL		E COM	MIINT TO	V	_
nar	2	Check this box if the organization discontinued its operations or disposed of					_
š	3	North and Continuous there of the annual to be also (Dod M. Pan da)	noie u	Idi1 20/0 O	3		7
ၓ	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		······································	4		'
οğ	5	Total number of individuals employed in calendar year 2023 (Part V, line 1a)			5		9
įŧ	6	Total number of volunteers (estimate if necessary)			6		9
듕	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0	
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0	•
ø				Prior Yea	ar	Current Year	_
	8	Contributions and grants (Part VIII, line 1h)		2,840	,724.	8,088,415	•
Revenue	9	Program service revenue (Part VIII, line 2g)			0.	0	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			,379.	462,039	
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			,692.	21,413	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,115	,795.		•
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,351	,637.	2,467,912	<u>-</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0	•
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		454	,088.	446,786	_
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0	•
ă		Total fundraising expenses (Part IX, column (D), line 25) 66,436.					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			,300.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,243			
	19	Revenue less expenses. Subtract line 18 from line 12	Dan's		,230.		<u>•</u>
200			-	ning of Cur		End of Year	_
SS6 Rala	20	Total assets (Part X, line 16)		6,734 1,592		23,581,420 1,748,157	
Net Assets or	21	Total liabilities (Part X, line 26)		$\frac{1,392}{5,141}$		21,833,263	
	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		J,141	, 003.	21,033,203	÷
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	atement	s and to the	hest of my	v knowledge and helief it is	_
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep				y kilowiougo una bolloi, it io	
	,, 0000	gana complete 200 and and or property (care than onloss) to 2 access on an intermediate trimen prop	, , , , , , , , , , , , , , , , , , , 				_
Sig	ın	Signature of officer		Date	;		_
о. _e Не		KIM SAVASUK, CPA, TREASURER					
		Type or print name and title					_
		Print/Type preparer's name Preparer's signature	Date	е	Check	PTIN	_
Pai	d	REBECCA U. STONER			if self-employe	ed P00585910	
	parer	Firm's name KERKERING, BARBERIO & CO.		Firm		9-1753337	_
	Only	Firm's address P.O. BOX 49348					_
	•	SARASOTA, FL 34230-6348		Pho	ne no. 94	1-365-4617	
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions				X Yes No	_ o

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO FOSTER PHILANTHROPY ACROSS CHARLOTTE COUNTY TO ENHANCE OUR COMMUNITY FOR GENERATIONS.
	COMMONITI FOR GENERATIONS:
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,981,548. including grants of \$ 2,467,912.) (Revenue \$)
	AS A FACILITATOR OF PHILANTHROPY, CCF:
	(1) PROVIDES FUNDING FOR CHARITABLE ORGANIZATIONS: \$2,140,564 TO 58
	(1) PROVIDES FUNDING FOR CHARITABLE ORGANIZATIONS: \$2,140,564 TO 58 DIFFERENT NONPROFIT ORGANIZATIONS IN 2023.
	(2) CCF ALSO ADMINISTERS SCHOLARSHIPS FOR BOTH TRADITIONAL-AGE AND
	ADULT LEARNERS: \$166,800 AWARDED IN 2023.
	(3) CCF ALSO PROVIDES USAGE OF ITS FACILITIES FOR NONPROFIT EDUCATION
	AND TRAINING BY VARIOUS LOCAL 501(C)(3) OR GOVERNMENT AGENCIES WITH
	PUBLIC-PRIVATE PARTNERSHIPS.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
	Other program services (Describe on Schedule O.)
4d	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses 2,981,548.
	Form 990 (2023)

CHARLOTTE COMMUNITY FOUNDATION INC

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_	v	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part P	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			₩
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			₩
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		Х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х	
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
11	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	Х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
D	and the way and all in Doub V. It is a 100 lf II Von II complete Cabadiala D. Doub VIII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	<u> </u>		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," 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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			l
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			7,7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			₩
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			X
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۲۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domestic government on trait in, committee, more training to sometime in the training manner manner and the manner manner and the sound of the sound			

Part IV | Checklist of Required Schedules (continued)

	<u> </u>		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			. v
04-	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEL		Х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See 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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in 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			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
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
	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 macring of costion 513(b)(13)3 If "Yes" complete Schodulo B. Part V. line 3	251		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	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
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D -	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa	Statements Regarding Other IRS Fillings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			NI.
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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

			Yes	No						
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return)								
b	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?	За		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	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		Х						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1								
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year			37						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X						
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds.										
Didly and the second of the se										
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		X						
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	1								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	4								
С	Enter the amount of reserves on hand			37						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		х						
	excess parachute payment(s) during the year?	15								
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16								
17	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 result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.	- "								

332005 12-21-23

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	14		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	P:111	6		X
	Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or	_		
7a		7a		Х
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		-25
b		76		Х
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		21
8		0-	Х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,	
		40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		₹.	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process 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			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed FL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SUZANNE HERRON - (941) 637-0077			
	227 SULLIVAN STREET, PUNTA GORDA, FL 33950			

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."

🛘 Check this box if neither the organization nor any related organization compensated any current officer, director 🕡

- 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.

(A) Name and title	(B) Average hours per	(do	not c	(C Pos	C) itior	n than is bot	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related	trustee or director	cer an	ss pe	irecto	or/trus	tee)	from the organization (W-2/1099-MISC/	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization
	organizations below line)	Individual trus	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)		and related organizations
(1) SUZANNE HERRON CFO/INTERIM CO-EXEC. DIR.	40.00			х		*		90,180.	0.	6,722.
(2) JUSTIN BRAND CDO/INTERIM CO-EXEC. DIR.	40.00			x				56,417.	0.	7,729.
(3) ASHLEY MAHER EXECUTIVE DIRECTOR THRU JUNE 30	40.00			X		V		53,676.	0.	6,196.
(4) LAURA AMENDOLA DIRECTOR	2.00	X)				0.	0.	0.
(5) ROGER EATON DIRECTOR	2.00	X						0.	0.	0.
(6) REPPARD GORDON DIRECTOR	2.00	X						0.	0.	0.
(7) LUCIENNE PEARS DIRECTOR	2,00	Х						0.	0.	0.
(8) LEW BENNETT IMM. PAST CHAIR	2.00	Х						0.	0.	0.
(9) KIM SAVASUK CHAIR	5.00	Х		х				0.	0.	0.
(10) JILL MCRORY TREASURER	5.00	Х		х				0.	0.	0.
(11) ROBERT PETERSON SECRTRY JAN-MAR: VP/SECRTRY SEPT-DEC	5.00	Х		х				0.	0.	0.
(12) CRAIG EASTERLY SECRETARY APRIL-JUNE	5.00	Х		х				0.	0.	0.
(13) SARAH DESROSIERS SECRETARY JULY-AUG; DIRECTOR	5.00	Х		Х				0.	0.	0.

Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	 				
(A)	(B)	(C)					(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one		Reportable	Reportable			timated				
	hours per week					is bot or/trus		compensation compensa				ount of
	(list any		1			1	1	from from relat				other
	hours for	irect	lirect		the organization	organization (W-2/1099-MI	1		oensation om the			
	related	or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	1		anization
	organizations	ruste	l trus		99,	mpen		1099-NEC)	100011120)		_	related
	below	dual t	rtiona	_	nploy	st co iyee		10001120)				nizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				J	
											,	
-												
1b Subtotal								200,273.		0.	20	0,647.
c Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								200,273.		0.	2(0,647.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	oove	e) wr	no re	eceived more than \$100	0,000 of reportab	le		0
compensation from the organization	10											Yes No
3 Did the organization list any former officer,	director, trust	ee, k	кеу с	empl	loye	e, or	r hig	hest compensated emp	oloyee on	ſ		
line 1a? If "Yes," complete Schedule J for s								·			3	Х
4 For any individual listed on line 1a, is the su		le co								·····		
and related organizations greater than \$150											4	X
5 Did any person listed on line 1a receive or a	ccrue comper	nsat	ion f	rom	any	unr	elat	ed organization or indiv	idual for services	; [
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch j	oers	son .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co the organization. Report compensation for										npensa	ation fr	rom
(A)				· J				(B)	,		(C)
Name and business	address	NO	ONE	3				Description of s	services	C	ompen	sation
2 Total number of independent contractors (ii	-	ot lii	mite	d to		^	sted	d above) who received m	nore than			
\$100,000 of compensation from the organization	zation					<u> </u>					_ (200 (2022)

			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
			Check if Schedule O contains a response	or rioto to arry III	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded from tax under
						iunction revenue	business revenue	sections 512 - 514
nts nts	1	а	Federated campaigns 1a					
ar our			Membership dues 1b					
s, G Am			Fundraising events 1c					
ar E			Related organizations 1d					
ž,		е	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and					
혈粪				088,415.				
gg		g	Noncash contributions included in lines 1a-1f 1g \$	31,476.				
<u> </u>		h	Total. Add lines 1a-1f		8,088,415.			
				Business Code				
<u>:</u>	2	а						
e v		b						
n S		С				-		
gra Re		d						
Program Service Revenue		e	All II			()		
_			All other program service revenue					
	3	g	Total. Add lines 2a-2f	et and				
					472,704.			472,704.
	4		Income from investment of tax-exempt bond p		•			
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a 15,000.					
			Less: rental expenses 6b 13,750.					
		С	Rental income or (loss) 6c 1,250.					
		d	Net rental income or (loss)		1,250.			1,250.
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 411,484.					
4)		b	Less: cost or other basis					
ng.			and sales expenses 7b 422,149. Gain or (loss) 7c -10,665.					
her Revenue		С	Gain or (loss) $7c - 10$, 665.		10 665			10 665
<u>ν</u> Ω					-10,665.			-10,665.
Othe	8	а	Gross income from fundraising events (not					
O			including \$ of					
			contributions reported on line 1c). See Part IV, line 18 8a					
		h	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	9		Gross income from gaming activities. See					
		-	Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory					
S				Business Code	00.155			00.163
e e	11	а	OTHER INCOME	624200	20,163.			20,163.
llan		b						
Miscellaneous Revenue		С						
Ξ̈́			All other revenue		20,163.			
			Total Add lines 11a-11d		8,571,867.	0.	0	483,452.
	12		Total revenue. See instructions		U,J/1,00/•	<u> </u>	L •	<u> </u>

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

	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respo	nse or note to any line in	this Part IX		
Do r	ot include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,301,112.	2,301,112.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	166,800.	166,800.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				7.
5	Compensation of current officers, directors,	000 010	115 000	0.7. 700	15 045
	trustees, and key employees	220,919.	115,883.	87,789.	17,247
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	171 060	00 070	71 (14	10 476
7	Other salaries and wages	171,068.	88,978.	71,614.	10,476
8	Pension plan accruals and contributions (include	4 000	2 224	1 700	254
_	section 401(k) and 403(b) employer contributions)	4,268. 19,473.	2,224. 9,094.	1,790.	254
9	Other employee benefits				1,124 2,174
10	Payroll taxes	31,058.	16,150.	12,734.	2,1/4
11	Fees for services (nonemployees):				
	Management		1,69		
b	Legal	20 100	14 664	11 561	1 074
_	Accounting	28,199.	14,664.	11,561.	1,974
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	51,879.		51,879.	
f	Investment management fees	31,073.	V	31,079.	
g	Other. (If line 11g amount exceeds 10% of line 25,	47,344.	24,618.	19,412.	2 21/
40	column (A), amount, list line 11g expenses on Sch 0.)	182,384.	94,839.	74,777.	3,314 12,768
	Advertising and promotion	98,718.	46,940.	45,394.	6,384
13	Office expenses	44,255.	23,009.	18,142.	3,104
14	Information technology	44,233.	25,005.	10,142.	3,104
15 16	Royalties	39,275.	20,424.	16,103.	2,748
16 17	Occupancy	8,013.	4,167.	3,285.	561
17 18	Travel Payments of travel or entertainment expenses	0,013.	4,1074	3,203.	301
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	39,689.	20,639.	19,050.	
20	Interest	23,003.	20,000.	20,000	
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	61,551.	32,007.	25,236.	4,308
23	Insurance	01,001	22,007.		2,230
23 24	Other expenses. Itemize expenses not covered				
27	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	amoung not into 240 oxponded on delicule o.j				
b					
C					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,516,005.	2,981,548.	468,021.	66,436
~~		, -,	, _, _ , ,	,	-,-30
	Joint costs. Complete this line only if the ordanization i				
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,316.	1	4,152.
	2	Savings and temporary cash investments	2,337,349.	2	7,290,542.		
	3	Pledges and grants receivable, net		1,047,637.	3	961,767	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ets.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			57,855.	9	15,387
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	2,530,107.	1 050 005		4
	b	,				10c	1,924,202
	11	Investments - publicly traded securities		10,652,785.	11	12,699,680	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			660 027	14	605 600
	15	Other assets. See Part IV, line 11			669,237.	15	685,690
	16	Total assets. Add lines 1 through 15 (must equ			16,734,505.	16	23,581,420
	17	Accounts payable and accrued expenses			15,600.	17	31,764 207,518
	18	Grants payable			81,852.	18	207,310
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	4			21	
Liabilities	22	Loans and other payables to any current or form trustee, key employee, creator or founder, subs	~ 1				
Ξ		controlled entity or family member of any of the				22	
Ľ.	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa				27	
	23	parties, and other liabilities not included on lines					
		of Schedule D			1,495,448.	25	1,508,875
	26	Total liabilities. Add lines 17 through 25			1,592,900.	26	1,748,157
		Organizations that follow FASB ASC 958, che			_,,,		
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u> u	27	Net assets without donor restrictions			5,146,787.	27	4,524,131
Ba	28	Net assets with donor restrictions			9,994,818.		4,524,131
pur		Organizations that do not follow FASB ASC 9					
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			15,141,605.	32	21,833,263
_	33	Total liabilities and net assets/fund balances			16,734,505.	33	23,581,420.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,57	$\frac{1,8}{6}$	67.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,51		
3	Revenue less expenses. Subtract line 2 from line 1	3		5,05		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5,14	$\frac{1,6}{1,1}$	05.
5	Net unrealized gains (losses) on investments	5		1,55	т, т	94.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		0	1 6	02
9	Other changes in net assets or fund balances (explain on Schedule O)	9		•	4,0	02.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2	1,83	3,2	63.
Pa	rt 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 X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basi	is,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e aud	it,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule	O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired a	udit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2023)
	▼					

SCHEDULE A

(Form 990)

Total

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.

Quen to Public

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

CHARLOTTE COMMUNITY FOUNDATION INC 65-0455319 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit describe section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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						
Cale	ndar year (or fiscal year beginning 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.")	923,185.	2,408,508.	1,157,906.	2,840,724.	8,088,415.	15,418,738.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						4
	the organization without charge						
4	Total. Add lines 1 through 3	923,185.	2,408,508.	1,157,906.	2,840,724.	8,088,415.	15,418,738.
	The portion of total contributions						
	by each person (other than a				•		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			•			
	column (f)						6,541,244.
6	Public support. Subtract line 5 from line 4.						8,877,494.
	tion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	(a) 2019 923, 185.	2,408,508.	1,157,906.	2,840,724.	8,088,415.	15,418,738.
	Gross income from interest,	-					
	dividends, payments received on			•			
	securities loans, rents, royalties,						
	and income from similar sources	328,558.	336,059.	402,449.	275,730.	487,704.	1,830,500.
9	Net income from unrelated business		A ()	,			<u> </u>
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	10					
	or loss from the sale of capital						
	assets (Explain in Part VI.)	6,705.	14,004.	22,735.	21,905.	20,163.	85,512.
11	Total support. Add lines 7 through 10						17,334,750.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the			fourth, or fifth tax	ear as a section 5	01(c)(3)	
	organization, check this box and stor	_					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	51.21 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	64.72 %
	33 1/3% support test - 2023. If the c					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part \	/I how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circle	umstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	
18	Private foundation. If the organization						
							(Form 000) 2022

Schedule A (Form 990) 2023

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.)

50/	qualify under the tests listed better A. Public Support	elow, please com	plete Part II.)				
	• • • • • • • • • • • • • • • • • • • •	() 0040	(1) 0000	() 0004	1 (1) 0000	() 0000	(O.T.)
	ndar year (or fiscal year beginning 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.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				1		
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received			+ 6			
	from other than disqualified persons that				'		
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(0) 2020	(6) 2021	(4) 2022	(6) 2020	(i) rotal
	Gross income from interest,						
100	dividends, payments received on	A .					
	securities loans, rents, royalties,						
	and income from similar sources)	<u> </u>			
K	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizati	ion,
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2023 (line 8, column (f), d	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
<u>Sec</u>	ction D. Computation of Inve	stment Incom	e Percentage)			
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the		-				and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
		103	110
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	33		
	10a		
diele	10b	- 000	

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 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		
	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,			
		2		
	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
OCC	non of Type in oupporting organizations		V	N.
	Were a resignify of the approximation's directors of the state of the state of the state of the state of		Yes	No
	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). tion D. All Type III Supporting Organizations	1		<u> </u>
Seci	ion b. All Type III Supporting Organizations		I.,	·
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (1) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	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			
<u> </u>	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 yea(see instruction	s).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		$ldsymbol{ld}}}}}}$
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

332025 12-21-23 Schedule A (Form 990) 2023

Saba	edule A (Form 990) 2023 CHARLOTTE COMMUNITY FOUR	ייי ע כוד	TON THE 6	55-0455319 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting		anizations	DO UEDODED Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see

Current Year

Section C - Distributable Amount

a Excess from 2019
b Excess from 2020
c Excess from 2021
d Excess from 2022
e Excess from 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 Inspection

Name of the organization

CHARLOTTE COMMUNITY FOUNDATION INC

Employer identification number 65-0455319

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.							
	organization anowored 100 cm offices, ratery, in	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year	30	61					
2	Aggregate value of contributions to (during year)	647,200.	7,429,801.					
3	Aggregate value of grants from (during year)	66,500.	2,227,029.					
4	Aggregate value at end of year	4 600 000	20,225,381.					
5	Did the organization inform all donors and donor advisors in							
Ū	are the organization's property, subject to the organization's							
6	Did the organization inform all grantees, donors, and donor a							
Ŭ	for charitable purposes and not for the benefit of the donor							
			X Yes No					
Pai								
1	Purpose(s) of conservation easements held by the organizat		9					
	Preservation of land for public use (for example, recreation)		a historically important land area					
	Protection of natural habitat		f a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements	+ 60	2a					
b			2b					
С	Number of conservation easements on a certified historic st		0.					
d	Number of conservation easements included on line 2c acqu							
	on a historic structure listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re		e organization during the tax					
	year							
4	Number of states where property subject to conservation ea	asement is located						
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements	it holds?	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing con	servation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	ation easements during the year					
•	Decrees however the second transfer and the old show		L)(4)(D)(:)					
8	Does each conservation easement reported on line 2d abov	re satisfy the requirements of section 1700	Yes No					
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat	tion accoments in its revenue and expense						
9	balance sheet, and include, if applicable, the text of the foot							
	organization's accounting for conservation easements.	inote to the organization's imancial statem	ients that describes the					
Pai	t III Organizations Maintaining Collections of	of Art. Historical Treasures. or C	ther Similar Assets.					
	Complete if the organization answered "Yes" on Forn	-						
	If the organization elected, as permitted under FASB ASC 9		and balance sheet works					
	of art, historical treasures, or other similar assets held for pu							
	service, provide in Part XIII the text of the footnote to its fina							
b	If the organization elected, as permitted under FASB ASC 9							
	art, historical treasures, or other similar assets held for publi	•						
	provide the following amounts relating to these items.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	(i) Revenue included on Form 990, Part VIII, line 1		\$					
2	If the organization received or held works of art, historical tre							
	the following amounts required to be reported under FASB							
а	Revenue included on Form 990, Part VIII, line 1		\$					
	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·					
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2023					

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Pai	t III Organizations Maintaining C	collections of A	rt, Histo	orical Tr	easures, o	r Othe	r Similar Asse	ts(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	make si	gnificant use of its	i	
	collection items (check all that apply).								
а	Public exhibition	d		oan or exc	hange prograr	m			
b	Scholarly research	е	Ш о	ther					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how the	y further tl	ne organizatio	n's exen	npt purpose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, hist	torical trea	sures, or othe	r similar	assets	_	
	to be sold to raise funds rather than to be ma							Yes	No_
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		te if the o	rganizatior	answered "Y	es" on F	orm 990, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod		-				included		
	on Form 990, Part X?							Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ble:			- X		
								Amount	
	Beginning balance						. 1c		
	Additions during the year						1d		
_	Distributions during the year						1e		
f	Ending balance						lf	1.,	
	Did the organization include an amount on F						ty'? L	∐ Yes	No
Pai	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if						· · · · · · · · · · · · · · · · · · ·		
ı aı	Endowment I and Complete if	(a) Current year		or year	(c) Two years		d) Three years back	(e) Four	years back
10	Beginning of year balance	7,515,346.		146,518.	_	-	7,211,722.	 ` ' 	237,647.
		4,401,088.	,	73,653.		,454.	1,018,806.		284,098.
	Contributions	1,332,434.	_1_	317,428.		,087.	920,517.		191,531.
	Grants or scholarships	502,688.		378,838.		,464.	547,604.	1	501,554.
	Other expenditures for facilities	302,000.		374,034	100	, 10 1 1	017,001.		301,331.
C		2,084.		8,559.					
f	and programs Administrative expenses	_,::=\		,					
g g	End of year balance	12,744,096.	7	515,346.	9,146	518.	8,603,441.	7.	211,722.
2	Provide the estimated percentage of the curr		_		· · · · · · · · · · · · · · · · · · ·	<u>, </u>	, ,	<u>'</u>	
	Board designated or quasi-endowment	1.0510	%	, 00 (0	,,,				
b	Permanent endowment 66.2162	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse		ation that	are held a	nd administer	ed for th	е		
	organization by:								Yes No
	(i) Unrelated organizations?							3a(i)	X
	(ii) Related organizations?							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on Sc	hedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment fu	ınds.					
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	See Form 990,	Part X, I	ine 10.		
	Description of property	(a) Cost or or basis (investn		(b) Cost basis			cumulated reciation	(d) Book	value
	Land		110111)		3,514.	uep	1 JOIGHOIT	293	3,514.
	Land	•••	+		8,324.	5	48,288.		0,036.
	Buildings Leasehold improvements		+	2,13	0,004.		10,200	<u> </u>	,,050•
			\longrightarrow	Я	8,545.		57,617.	3 (928.
	Equipment Other		+		9,724.		,,		7,724.
	. Add lines 1a through 1e. (Column (d) must e	I gual Form 990 Part	X line 10				+		1,202.
- ota	aa iiiloo ta tiirougii to. (ooluliii (u) illust e	quair ciiii 000, i dit	.,	o, oolullill	(<i>-</i> //				000) 2023

Part VII Investments - Other Securities Complete if the organization answered "Yes" of			. 9 Page
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year mark	et value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	F 000 Dt IV II	44 - Oca Farra 000 Part V Brade	
Complete if the organization answered "Yes" of		(c) Method of valuation: Cost or end-of-year mark	at value
(a) Description of investment	(b) Book value	(c) Method of Valuation: Cost of end-of-year mark	et value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7) (8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets		,	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description	(b) Book	k value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" or	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	REFUNDABLE SECURITY DEPOSIT	1,300.
(3)	AGENCY FUNDS	1,507,575.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	1,508,875.

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

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023	CHARLOTTE	COMMUNITY	FOUNDATION	INC	65-0	455319	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return							
Complete if the organ	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1 Total revenue, gains, and of	her support per audit	ed financial stateme	nts		1	9,996	693

1	lotal revenue, gains, and other support per audited financial statements			7	9,990,093
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,551,194.		
b	Donated services and use of facilities	2b	250.		
С	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d	98,029.		
е	Add lines 2a through 2d			2e	1,649,473
3	Subtract line 2e from line 1			3	8,347,220
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
			27 05/1		

a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)

c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990. Part IV. line 12a

	Complete if the organization answered Tes Off Offi 990, Fart IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,305,035.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments2b		
С	Other losses 2c		
	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	14,000.
3	Subtract line 2e from line 1	3	3,291,035.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b 197,916.		
С	Add lines 4a and 4b	4c	224,970.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,516,005.

Part XIII Supplemental Information

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

PART V, LINE 4:

ENDOWMENT FUNDS ARE ADMINISTERED IN ACCORDANCE WITH THE TERMS OUTLINED IN AN ENDOWMENT FUND AGREEMENT OR OTHER BINDING DOCUMENTATION SUCH AS A LETTER OF INTENT FOR TESTAMENTARY GIFTS. DISTRIBUTIONS FROM ENDOWMENT FUNDS ARE MADE IN COMPLIANCE WITH FOUNDATION POLICIES, AND IN CONSULTATION WITH THE DONOR ENTITY AS APPROPRIATE. ENDOWMENT FUNDS FOR NONPROFIT ORGANIZATIONS, AGENCY OR DESIGNATED FUNDS, ARE TO SUPPORT THE ENTITY'S MISSION AS OUTLINED IN ITS BYLAWS.

PART X, LINE 2:

UNDER THE INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS

CODIFICATION, THE FOUNDATION HAS REVIEWED AND EVALUATED THE RELEVANT

332054 09-28-23

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 CHARLOTTE COMMUNITY FOUNDATION INC 65-0455319 Page 5 Part XIII Supplemental Information (continued)
TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA
FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DETERMINED THAT THERE
ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE
FINANCIAL STATEMENTS OF THE FOUNDATION.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST 98,029.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
RENTAL EXPENSE -13,750.
AGENCY REVENUE 211,343.
TOTAL TO SCHEDULE D, PART XI, LINE 4B 197,593.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
RENTAL EXPENSE 13,750.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
AGENCY EXPENSE 197,916.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization

Department of the Treasury Internal Revenue Service

CHARLOTTE COMMUNITY FOUNDATION INC

2023
Open to Public Inspection

Employer identification number 65-0455319

Part I General Information on Grants a	and Assistance						
Does the organization maintain records	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	ty for the grants or ass	sistance, and the selec	tion
criteria used to award the grants or assi-	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for moni	toring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to					anization answered "	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addit	ional space is need	ded.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GULF COAST PARTNERSHIP 408 TAMIAMI TRAIL, UNIT 121 PUNTA GORDA, FL 33950	38-3913077	501(C)(3)	462,500.	9.	2		SOCIAL SERVICES & WELFARE
BOYS & GIRLS CLUBS OF CHARLOTTE COUNTY - 21500 GIBRALTER DRIVE - PORT CHARLOTTE, FL 33952	65-0725247	501(C)(3)	281,000.	0.			SOCIAL SERVICES & WELFARE, EDUCATION
CHARLOTTE PREPARATORY SCHOOL 365 ORLANDO BLVD PORT CHARLOTTE, FL 33954	65-0661754	501(C)(3)	183,646.	0.			EDUCATION
CHARLOTTE COUNTY HOMELESS COALITION INC - 1476 KENESAW ST - PORT CHARLOTTE, FL 33948	65-0139525	501(C)(3)	161,000.	0.			SOCIAL SERVICES & WELFARE, HEALTH & MEDICAL
VIRGINIA B ANDES VOLUNTEER COMMUNITY CLINIC - 21297 OLEAN BLVD. UNIT B - CHARLOTTE HARBOR, FL 33952	65-0958642	501(C)(3)	111,861.	0.			SOCIAL SERVICES & WELFARE, HEALTH & MEDICAL
THE SALVATION ARMY P.O.BOX 495126 PORT CHARLOTTE, FL 33949	58-0660607	501(C)(3)	100,000.	0.			SOCIAL SERVICES & WELFARE
2 Enter total number of section 501(c)(3) a	ind government o	rganizations listed in th	e line 1 table			•	47.
3 Enter total number of other organization	s listed in the line	1 table					2.

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

Schedule I (Form 990) 2023

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LHA 332101 11-01-23

Schedule I (Form 990) CHARLOTTE	55-0455319 Page 1						
Part II Continuation of Grants and Other							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GULF COAST COMMUNITY FOUNDATION 601 S. TAMIAMI TRAIL VENICE, FL 34285	59-1052433	501(C)(3)	80,150.	0.		5	FOUNDATIONS & PARTNERSHIPS - UNITED WAY
SOCIETY OF ST. VINCENT DEPAUL 25200 AIRPORT ROAD PUNTA GORDA, FL 33950	80-0029958	501(C)(3)	74,430.	0.	7/0		SOCIAL SERVICES & WELFARE
PEACE RIVER BOTANICAL & SCULPTURE GARDENS, INC 5800 RIVERSIDE DR - PUNTA GORDA, FL 33982		501(C)(3)	65,000.	+ , C	0		SOCIAL SERVICES & WELFARE, ARTS, CULTURE
CHARLOTTE HIV/AIDS PEOPLE SUPPORT, INC. (C.H.A.P.S.) - 18200 PAULSEN DR - PORT CHARLOTTE, FL 33954	65-0498294	501(C)(3)	54,336.	0.			SOCIAL SERVICES & WELFARE
CENTER FOR ABUSE & RAPE EMERGENCIES (C.A.R.E.) - PO BOX 510234 - PUNTA GORDA, FL 33951	59-2435059	501(C)(3)	51,000.	0.			SOCIAL SERVICES & WELFARE
ANN STORCK CENTER 1790 SW 43RD WAY FORT LAUDERDALE, FL 33317	59-2171081	501(C)(3)	50,000.	0.			HEALTH & MEDICAL
PEACE RIVER COMMUNITY HOUSING PARTNERS - 408 TAMIAMI TRAIL, UNIT 121 - PUNTA GORDA, FL 33950	46-2200351	501(C)(3)	50,000.	0.			SOCIAL SERVICES & WELFARE
PEACE RIVER WILDLIFE CENTER 3400 PONCE DE LEON PARKWAY PUNTA GORDA, FL 33950	59-2535665	501(C)(3)	42,597.	0.			SOCIAL SERVICES & WELFARE, ANIMAL WELFARE, ENVIRONMENTAL & HISTORIC
JESUS LOVES YOU MINISTRY, INC. PO BOX 380275 MURDOCK, FL 33983	26-1128961	501(C)(3)	38,155.	0.			SOCIAL SERVICES & WELFARE

Schedule I (Form 990) CHARLOTTE	COMMUNIT	A LOUNDALIO	N INC				65-0455319	Page 1
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance		
PREGNANCY SOLUTIONS 504 E. VENICE AVENUE VENICE, FL 34285	65-1085310	501(C)(3)	34,987.	0.		5	FOUNDATIONS & PARTNERSHIPS - COMMUI	NITY
WINTERGARDEN PRESBYTERIAN CHURCH 18305 WINTERGARDEN AVENUE PORT CHARLOTTE, FL 33948	23-6393377	501(C)(3)	30,000.	0.	70		SOCIAL SERVICES & WEI	LFARE
ANIMAL WELFARE LEAGUE OF CHARLOTTE COUNTY - 3519 DRANCE STREET - PORT CHARLOTTE, FL 33980	59-1146309	501(C)(3)	27,495.	+ C			CIVIC, ANIMAL WELFARI	E
CHARLOTTE COUNTY HABITAT FOR HUMANITY, INC 1750 MANZANA AVE. - PUNTA GORDA, FL 33950	59-2870908	501(C)(3)	25,000.	0.			SOCIAL SERVICES & WEI	LFARE
GULFSHORE OPERA INC. 9911 CORKSCREW ROAD STE. 105 ESTERO, FL 33928	47-0989874	501(C)(3)	25 000.	0.			HEALTH & MEDICAL	
YMCA OF SOUTHWEST FLORIDA 701 CENTER ROAD VENICE, FL 34285	59-1629660	501(C)(3)	24,430.	0.			SOCIAL SERVICES & WEI	LFARE
BACK PACK KIDZ 1133 BAL HARBOR BLVD PUNTA GORDA, FL 33950	37-1475987	501(C)(3)	24,430.	0.			SOCIAL SERVICES & WEI	LFARE
WATER 4 LIFE MOZAMBIQUE 42881 LAKE BABCOCK, SUITE 200 BABCOCK RANCH, FL 33982	46-5373602	501(C)(3)	23,095.	0.			SOCIAL SERVICES & WEI	LFARE
PUNTA GORDA HISTORICAL SOCIETY 118 SULLIVAN STREET PUNTA GORDA, FL 33950	59-2361235	501(C)(3)	20,000.	0.			SOCIAL SERVICES & WEI	LFARE

Schedule I (Form 990) CHARLOTTE	COMMONTA	I FOUNDATIO	IN INC				03-0455319 Page 1			
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant e or assistance			
TEAM PUNTA GORDA										
227 SULLIVAN STREET					1					
PUNTA GORDA, FL 33950	20-2375899	501(C)(3)	19,612.	0.			CIVIC			
						1				
MILITARY HERITAGE MUSEUM										
900 W. MARION AVENUE							CIVIC, SOCIAL SERVICES &			
PUNTA GORDA, FL 33950	65-1036360	501(C)(3)	18,016.	0.			WELFARE			
7000 700										
ECHO INC. 17391 DURRANCE ROAD										
NORTH FORT MYERS, FL 33917	23-7275283	501(C)(3)	15,000.				ENVIRONMENTAL & HISTORIC			
HOME TONE MEMO, TE 3031,	23 7273203	501(0)(5)	13,000.				ENVIRONMENTAL WILDIGHTS			
SOUTHEASTERN GUIDE DOGS										
4210 77TH STREET EAST				, , , , , , , , , , , , , , , , , , ,						
PALMETTO, FL 34221	59-2252352	501(C)(3)	15,000.	0.			ANIMAL WELFARE			
THE ACADEMY, CHARLOTTE COUNTY				•						
PUBLIC SCHOOLS - 18300 COCHRAN	APPLIED FOR	E01/C)/2)	15,000.	0.			EDUCATION			
BLVD PORT CHARLOTTE, FL 33948	APPLIED FOR	501(C)(3)	13,000.	0.			EDUCATION			
CANINE CASTAWAYS, INC.										
PO BOX 3295			_							
ARCADIA, FL 34265	20-0416812	501(C)(3)	13,230.	0.			ENVIRONMENTAL & HISTORIC			
SUNCOAST HUMANE SOCIETY										
6781 SAN CASA DRIVE				_						
ENGLEWOOD, FL 34224	23-7174193	501(C)(3)	13,230.	0.			ENVIRONMENTAL & HISTORIC			
HOME BASE FLORIDA VETERAN AND										
FAMILY CARE - 10501 FGCU BLVD S										
FT MYERS, FL 33965	04-1564655	501(C)(3)	12,500.	0.			civic			
PUNTA GORDA SYMPHONY, INC.										
PO BOX 511047	—									
PUNTA GORDA, FL 33951	59-2029342	501(C)(3)	11,000.	0.			ARTS & CULTURE			

		T FOUNDATIO			lul- I (F 000) D		7.3 0433319 Page 1
Part II Continuation of Grants and Other (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN COAST K9, INC. 690 META LANE NEW SMYRNA BEACH, FL 32168	27-3253302		10,500.	0.		S	CIVIC; PURCHASE OF POLICE DOG FOR CHARLOTTE COUNTY SHERRIFF'S K9 UNIT
FIRST PRESBYTERIAN CHURCH OF PORT CHARLOTTE - 2230 HARIET STREET - PORT CHARLOTTE, FL 33952	59-1835089	501(C)(3)	10,000.	0.	7/0		FOUNDATIONS & PARTNERSHIPS - COMMUNITY GRANTS
LOVELAND CENTER INC. 4075 TAMIAMI TRAIL FORT CHARLOTTE, FL 33952	59-1011392	501(C)(3)	10,000.	+ . C.			SOCIAL SERVICES & WELFARE
ST. CHARLES BORROMEO CATHOLIC SCHOOL - 21505 AUGUSTA AVENUE - PORT CHARLOTTE, FL 33952	59-0954766	501(C)(3)	10,000.	0.			EDUCATION
THE LEGACY FOUNDATION AT SHELL POINT INC - 15010 SHELL POINT BLVD - FORT MYERS, FL 33908	80-0002415	501(C)(3)	9 808.	0.			SOCIAL SERVICES & WELFARE
DOCTORS WITHOUT BORDERS USA 333 SEVENTH AVENUE 2ND FLOOR NEW YORK, NY 10001	13-3433452	501(C)(3)	9,314.	0.			HEALTH & MEDICAL
GILSTAD LITERACY FOUNDATION 312 SULLIVAN STREET PUNTA GORDA, FL 33950	87-2787392	501(C)(3)	8,575.	0.			EDUCATION
EMPORIA STATE UNIVERSITY FOUNDATION - 1500 HIGHLAND STREET - EMPORIA, KS 66801	48-6088461	501(C)(3)	8,000.	0.			EDUCATION
NOEL NEIGHBORHOOD MINISTRIES, INC. 520 HERNDON STREET SHREVEPORT, LA 71101	58-1698611		8,000.	0.			SOCIAL SERVICES & WELFARE, HEALTH & MEDICAL

		Y FOUNDATIO		. (0.1	1.1.1/5 000\ P		55-0455319 Page 1
Part II Continuation of Grants and Other (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(b) Purpose of grant or assistance
RESTORING OAKS INC 3280 36 TAMIAMI TRAIL #255 PORT CHARLOTTE, FL 33952	84-3907258	501(C)(3)	7,500.	0.		S	BOARD DEVELOPMENT GRANT
LEMON BAY CONSERVANCY, INC. 1765 MANOR RD, UNIT A PLACIDA, FL 34223	59-6510980	501(C)(3)	6,800.	0.	2/6		SOCIAL SERVICES & WELFARE
SWEET SPARKMAN ARCHITECTS 1819 MAIN STREET STE 400 SARASOTA, FL 34236	54-2081005		6,063.	+ C			DESIGN OF BEIRUT PEACEKEEPERS MEMORIAL TOWER MONUMENT
CHARLOTTE COUNTY ART GUILD, INC DBA THE VISUAL ARTS CENTER - 210 MAUD STREET - PUNTA GORDA, FL 33950	59-6192800	501(C)(3)	6,000.	0.			ARTS, CULTURE
		*	C				
		7					
/0							

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Schedule I (Form 990) 2023

332102 11-01-23

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection **Employer identification number**

	CHARLOTTE CO	MMUNIT	Y FOUNDAT	ION INC		65-045	319	
Pai	rt I Types of Property							
	·	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	l nonc	(d) Method of determ cash contribution	_	:s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods					10		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	31,476	.NYSE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests				1			
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures			5				
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	•						
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (
26	Other ()							
27	Other ()							
28	Other ()	<u> </u>						
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part V, L	Jonee Acknowledg	ement 29			1,,	
00-				and the Boat Proceed these			Yes	No
30a	During the year, did the organization receive b	-			_	at it		
	must hold for at least 3 years from the date of							Х
	exempt purposes for the entire holding period	ſ				30a		^
	If "Yes," describe the arrangement in Part II.			-f			x	
31	Does the organization have a gift acceptance					31	$+^{\Delta}$	
3∠a	Does the organization hire or use third parties		-	•		20-		X
L	contributions?					32a		Α.
	If "Yes," describe in Part II.	olumo (a) fa	er a tupo of proport	v for which column (a) is at	ookod			
33	If the organization didn't report an amount in o	oiumn (c) fo	r a type of propert	y for which column (a) is cr	ескеа,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Supplemental Information to Form 990 or 990-EZ

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CHARLOTTE COMMUNITY FOUNDATION INC

Employer identification number 65-0455319

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FOUNDATION (CCF) ACTS AS A CENTER OF PHILANTHROPY BY PROVIDING PHILANTHROPIC EDUCATION, IMPACTFUL GRANTS, NONPROFIT TRAINING, AND COMMUNITY LEADERSHIP. CCF PROVIDES PERMANENT COMMUNITY CAPITAL TO SUPPORT (1) LOCAL NONPROFITS THROUGH COMPETITIVE AND DIRECTED GRANTMAKING; (2) TRADITIONAL-AGE AND ADULT LEARNERS WITH SCHOLARSHIPS FOR POST-SECONDARY TRAINING AT ALL LEVELS; AND (3) RESPONSIVE FUNDING TO ADDRESS PRESSING COMMUNITY NEEDS AND TO ENHANCE THE VIBRANCY OF THE COMMUNITY.

FORM 990, PART I, LINE 6 VOLUNTEERS

VOLUNTEERS ARE CRITICAL TO THE FOUNDATION AS THEY PROVIDE COMMUNITY PERSPECTIVES AND ACCOUNTABILITY AND MAKE POSSIBLE THE WORK OF THE THE CORE COMMITTEES OF THE BOARD OF ORGANIZATION IN ALL ASPECTS. DIRECTORS, FINANCE & AUDIT AND REVIEWERS FOR GRANTS AND SCHOLARSHIPS ARE ALL VOLUNTEERS FROM THE COMMUNITY.

IV FORM 990, PART SECTION B, LINE 11B:

THE FOUNDATION'S BOARD OF DIRECTORS RECEIVED AND REVIEWED THE FORM 990 BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THIS POLICY RECOGNIZES THAT BOTH REAL AND APPARENT CONFLICTS OF INTEREST AND DUALITIES OF INTEREST (HEREINAFTER REFERRED TO AS CONFLICTS) SOMETIMES

OCCUR IN THE COURSE OF CONDUCTING THE CORPORTION'S DAILY AFFAIRS. A

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

Schedule O (Form 990) 2023

332211 11-14-23

Schedule O (Form 990) 2023 Page 2

Name of the organization CHARLOTTE COMMUNITY FOUNDATION INC

| Employer identification number 65-0455319

CONFLICT, AS USED IN THIS POLICY, REFERS ONLY TO THE PERSONAL, PROPRIETARY INTERESTS OF THE PERSONS COVERED BY THIS POLICY AND THEIR CLOSE PERSONAL RELATIONSHIPS AND NOT TO PHILOSOPHICAL OR PROFESSIONAL DIFFERENCES IN OPINION. CONFLICTS OCCUR BECAUSE THE MANY PERSONS ASSOCIATED WITH THE CORPORATION SHOULD BE EXPECTED TO HAVE AND DO IN FACT GENERALLY HAVE MULTIPLE INTERESTS AND AFFILIATIONS AND VARIOUS POSITIONS OF RESPONSIBILITY WITHIN THE COMMUNITY. SOMETIMES A PERSON WILL OWE IDENTICAL DUTIES TO TWO OR MORE ORGANIZATIONS CONDUCTING SIMILAR ACTIVITIES. CONFLICTS ARE UNDESIREABLE BECAUSE THEY POTENTIALLY OR APPARENTLY PLACE THE INTERESTS OF OTHERS AHEAD OF THE CORPORATION'S OBLIGATIONS TO ITS CORPORATE PURPOSES AND TO PUBLIC INTEREST. CONFLICTS ARE ALSO UNDESIRABLE BECAUSE THEY OFTEN REFLECT ADVERSELY UPON THE PERSONS INVOLVED AND UPON THE INSTITUTIONS WITH WHICH THEY ARE AFFILIATED, REGARDLESS OF THE ACTUAL FACTS OR MOTIVATIONS OF THE PARTIES. HOWEVER, THE LONG-RANGE BEST INTERESTS OF THE CORPORATION DO NOT REQUIRE THE TERMINATION OF ALL ASSOCIATION WITH PERSONS WHO MAY HAVE REAL OR APPARENT CONFLICTS IF A PRESCRIBED AND EFFECTIVE METHOD CAN RENDER SUCH CONFLICTS HARMLESS TO ALL CONCERNED. THEREFORE, THE CORPORATION'S AFFIRMATIVE POLICY SHALL BE TO REQUIRE THAT ALL ACTUAL OR APPARENT CONFLICTS BE DISCLOSED PROMPTLY AND FULLY TO ALL NECESSARY PARTIES AND TO PROHIBIT SPECIFIED INVOLVEMENT IN THE AFFAIRS OF THE CORPORATION BY PERSONS HAVING SUCH CONFLICTS.

THIS POLICY SHALL APPLY TO THE DIRECTORS, OFFICERS, AGENTS AND EMPLOYEES OF
THE CORPORATION, INCLUDING ADVISORY COUNCIL MEMBERS, OFFICE VOLUNTEERS AND
INDEPENDENT CONTRACTOR PROVIDERS OF SERVICES AND MATERIALS. THE
CORPORATION'S MANAGEMENT SHALL HAVE THE AFFIRMATIVE OBLIGATION TO PUBLICIZE
PERIODICALLY THIS POLICY TO ALL SUCH PARTIES. DISCLOSURE OF ALL CONFLICTS
TO EACH PERSON TO WHOM THIS POLICY APPLIES SHALL DISCLOSE ALL REAL AND

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APPARENT CONFLICTS, WHICH HE/SHE DISCOVERS OR HAS BROUGHT TO HIS/HER ATTENTION IN CONNECTION WITH THE CORPORATIONS ACTIVITIES. DISCLOSURE AS USED IN THIS POLICY SHALL MEAN PROVIDING PROMPTLY TO THE APPROPRIATE PERSONS A WRITTEN DESCRIPTION OF THE FACTS COMPRISING THE REAL OR APPARENT CONFLICT. ALL DISCLOSURE NOTICES RECEIVED HEREUNDER SHALL BE NOTED FOR THE RECORD IN THE MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS. PRESCRIBED ACTIVITY BY PERSONS HAVING CONFLICTS WHEN A DIRECTOR, OFFICER, AGENT OR EMPLOYEE BELIEVES THAT HE/SHE OR A MEMBER OF HIS/HER IMMEDIATE FAMILY MIGHT HAVE OR DOES HAVE A REAL OR APPARENT CONFLICT, HE/SHE SHALL, IN ADDITION TO MAKING THE REQUIRED DISCLOSURE, ABSTAIN FROM MAKING MOTIONS, VOTING, EXECUTING AGREEMENTS, OR TAKING ANY OTHER SIMILAR DIRECT ACTION ON BEHALF OF THE CORPORATION WHERE THE CONFLICT MIGHT PERTAIN, BUT SHALL NOT BE PRECLUDED FROM DEBATE OR OTHER SIMILAR INVOLVEMENT ON BEHALF OF THE CORPORATION. WHEN ANY PERSON REQUESTS IN WRITING, OR UPON ITS OWN INITIATIVE, THE BOARD AT ANY TIME MAY ESTABLISH FURTHER GUIDELINES CONSISTENT WITH THE INTERESTS OF THE CORPORATION FOR THE RESOLUTION OF ANY REAL OR APPARENT CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

LINE 15A: CCF'S CEO IS EVALUATED ON AN ANNUAL BASIS, AS FOLLOWS: THE

QUALITATIVE PERFORMANCE EVALUATION SHALL BE PRESENTED TO THE BOARD OF

DIRECTORS DURING THE JULY BOARD OF DIRECTORS MEETING AND PRESENTED TO THE

CEO NO LATER THAN 30 DAYS FOLLOWING THE BOARD'S APPROVAL. THE BOARD CHAIR

SHALL DESIGNATE AND CONVENE A REVIEW COMMITTEE IN JUNE, WHICH MAY INCLUDE

THE EXECUTIVE COMMITTEE AND/OR OTHER MEMBERS OF THE BOARD. IF THE CHAIR

CHOOSES NOT TO UTILIZE A COMMITTEE, THE BOD SHALL BE CONSIDERED THE

COMMITTEE FOR PURPOSES OF PERFORMANCE EVALUATION OF THE CEO. THE COMMITTEE

SHALL FIRST MEET WITH THE CEO, INDIVIDUALLY OR AS A GROUP, TO IDENTIFY ANY

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SPECIFIC ISSUES, CONCERNS, OR OTHER CONDITIONS THAT MAY NOT BE GENERAL

KNOWLEDGE TO ALL MEMBERS OF THE COMMITTEE. THE CEO WILL COMPLETE A

PERFORMANCE EVALUATION FORM, PROVIDING A PERSONAL SELF-EVALUATION, WHICH

SHALL BE PROVIDED TO COMMITTEE MEMBERS.

COMMITTEE MEMBERS WILL THEN COMPLETE A PERFORMANCE EVALUATION FORM. PROVIDING RANKINGS AND COMMENTS ON BOTH PROFESSIONAL AND PERSONAL PERFORMANCE FACTORS. AREAS TO BE ADDRESSED IN THE PERFORMANCE EVALUATION FORM SHALL INCLUDE: PROFESSIONAL FACTORS: STRATEGIC PLANNING AND EXECUTION; GOVERNANCE AND COMPLIANCE; ASSET DEVELOPMENT; FINANCIAL MANAGEMENT; COMMUNITY OUTREACH, EDUCATION, MARKETING AND PHILANTHROPY; STAFF MANAGEMENT/OPERATIONS; AND LINKAGE WITH OTHER FUND-RAISING AND PHILANTHROPIC GROUPS. PERSONAL FACTORS: COMMUNICATION; LEADERSHIP; COOPERATION/COLLABORATION; CREATIVITY; INITIATIVE; ANALYSIS; RELIABILITY AND EFFECTIVENESS; ORGANIZATIONAL UNDERSTANDING; PROFESSIONALISM; AND JUDGEMENT. COMMITTEE INPUT WILL BE COMPILED INTO A REPORT WHICH WILL BE PRESENTED AT THE JULY BOARD MEETING TO GAIN AGREEMENT AND RECEIVE ANY ADDITIONAL INPUT FROM THE FULL BOARD. FOLLOWING THIS BOARD MEETING, THE BOARD CHAIR AND VICE CHAIR WILL SHARE THE RESULTS OF THE QUALITATIVE PERFORMANCE REVIEW WITH THE CEO, WHO SHALL SIGN THE EVALUATION AS CONFIRMATION THAT IT WAS RECEIVED.

A QUANTITATIVE EVALUATION OCCURS IN THE FIRST QUARTER OF THE SUBSEQUENT
YEAR, FOLLOWING THE CLOSURE OF THE FOUNDATION'S FY FINANCIALS IN JANUARY.
ANY POTENTIAL BONUS COMPENSATION MAY BE AWARDED UPON COMPLETION OF THE
QUANTITATIVE EVALUATION. AT THE START OF EACH FISCAL YEAR, THE CEO SHOULD
WORK WITH THE EXECUTIVE COMMITTEE TO ESTABLISH KEY PERFORMANCE INDICATORS
FOR THE COMING YEAR. USING THE STRATEGIC PLAN AS A STARTING POINT, THIS

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** CHARLOTTE COMMUNITY FOUNDATION INC 65-0455319 DIALOGUE SHOULD PRODUCE AN INITIAL SET OF AGREED-UPON WEIGHTED KEY PERFORMANCE INDICATORS AND ASSOCIATED MEASUREMENTS. UPON REVIEWING AND AMENDING THE GOALS, IF NEEDED, THE FINAL SET SHALL BE DISCUSSED AND APPROVED BY THE FULL BOARD. KEY PERFORMANCE INDICATOR AREAS OF EMPHASIS SHALL INCLUDE: FINANCE AND ADMINISTRATION, FUNDRAISING, MARKETING AND COMMUNICATIONS, HUMAN RESOURCES/OPERATIONS. UPON CLOSURE OF CCF'S FINANCIALS IN JANUARY AND BEFORE THE CEO'S QUANTITATIVE REVIEW, THE EXECUTIVE COMMITTEE SHALL REVIEW THE KEY PERFORMANCE INDICATORS AND CEO'S PROGRESS AGAINST THEM. THE COMMITTEE SHALL ASSESS IF AND HOW THE CEO MET OR EXCEEDED THESE MEASURES AND IDENTIFY AREAS THAT REQUIRE CLOSER ATTENTION. REVISIONS TO THE GOALS ESTABLISHED MAY BE MADE AT THIS TIME IN LIGHT OF CHANGED CIRCUMSTANCES, SUCH AS RAPIDLY CHANGING BUSINESS CONDITIONS.

LINE 15B: THE CEO AND DIRECT SUPERVISORS CONDUCT ANNUAL PERFORMANCE

REVIEWS WITH KEY EMPLOYEES ON THEIR ANNIVERSARY DATE OF HIRE OR PROMOTION

TO A NEW ROLE. BASED ON OVERALL PERFORMANCE (GOALS ARE ESTABLISHED IN

ADVANCE) DIRECT SUPERVIORS MAKE A RECOMMENDATION TO THE CEO.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

AGENCY REVENUES -211,343.

AGENCY EXPENSES 197,916.

CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST 98,029.

TOTAL TO FORM 990, PART XI, LINE 9 84,602.

FORM 990, PART XII, LINE 2C AUDIT REVIEW PROCESS

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Name	of the organ	ization CH <i>I</i>	ARLOTTE (COMMUNIT	Y FOUNDA	TION IN	С	Employer identification number 65-0455319
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