

Form	990
------	-----

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** 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.



AF	or the	e 2020 calendar year, or tax year beginning and	ending		
B C a	heck if oplicabl	e: C Name of organization		D Employer identified	cation number
	Addre chang	Se CAROLINA THREAD TRAIL			
	Name chang			26-15285	27
	Initial return		Room/suite	E Telephone numbe	r
	Final return	220 NORTH TRYON STREET		704-973-	4500
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,865,071.
	Amen	CHARLOTTE, NC 28202		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: MICHAEL MARSICANO		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates ir	icluded? Yes No
		empt status: $X = 501(c)(3)$ $501(c)()$ $() \blacktriangleleft$ (insert no.) $4947(a)(1)$	or 527	If "No," attach a	list. See instructions
		te: WWW.CAROLINATHREADTRAIL.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other ►	L Year	of formation: 2007	State of legal domicile: NC
Pa	rt I	Summary			
ø		Briefly describe the organization's mission or most significant activities: TO F2			
anc		GREENWAYS, TRAILS, BLUEWAYS, PARKS, RECRE			
Governance		Check this box			
202					22
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b)			0
ties		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
Activities &		Total number of volunteers (estimate if necessary)			0.
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
			<u></u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,096,981.	1,865,071.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
evel		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,554.	-462.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,109,535.	1,864,609.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		685,500.	432,666.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ed X	b	Total fundraising expenses (Part IX, column (D), line 25)	27.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		621,238.	754,101.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,306,738.	1,186,767.
	19	Revenue less expenses. Subtract line 18 from line 12		-197,203.	677,842.
s or			Be	ginning of Current Year	End of Year
Assets d Balanc	20	Total assets (Part X, line 16)		6,554,153.	7,655,189.
Net As		Total liabilities (Part X, line 26)			
		Net assets or fund balances. Subtract line 21 from line 20		6,554,153.	7,655,189.
l Pa	rt II	Signature Block			

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

		-
Sign	Signature of officer	Date
Here	MICHAEL MARSICANO, VICE PRESIDENT	
	Type or print name and title	
	Print/Type preparer's name $2021.09.2\beta 09:48:5$	7 Check PTIN
Paid	AMANDA ADAMS Amonde Amonde 4000'	self-employed P00748038
Preparer	Firm's name 🕒 CHERRY BEKAERT LLP	Firm's EIN 🕨 56–0574444
Use Only	Firm's address ▶ 1111 METROPOLITAN AVE. STE. 900	
	CHARLOTTE, NC 28204	Phone no. 704 – 377 – 1678
May the II	S discuss this return with the preparer shown above? See instructions	X Yes No
032001 12-2	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2020)
c		ΝΠ Τ ΝΤΙ Ι Λ Π Τ ΛΝΙ

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		NA THREAD TRAIL	26-1528527 _{Pa}	ige 2
Pa	rt III Statement of Program Se	ervice Accomplishments		
	Check if Schedule O contains a	response or note to any line in this Part III		
1	Briefly describe the organization's miss	sion:		
	TO PROVIDE CAPITAL,	TECHNICAL EXPERTISE, AN	ND SUPPORT TO LOCAL	
	COMMUNITIES TO SUCCE	ESSFULLY BUILD THE REGIO	NAL VISION OF THE TRAIL AND	
	CONSERVE NATURAL LAN	NES ALONG THE TRAILS.		
2	Did the organization undertake any sig	nificant program services during the year whic		
	prior Form 990 or 990-EZ?		Yes X	No
	If "Yes," describe these new services o	n Schedule O.		
3		, or make significant changes in how it conduc	ts, any program services? Yes X	No
	If "Yes," describe these changes on So	chedule O.		
4	-		rgest program services, as measured by expenses.	
			ints and allocations to others, the total expenses, and	
	revenue, if any, for each program servio			
4a		,143,953. including grants of \$	432,666.) (Revenue \$)
			DEVELOPING A REGIONAL NETWORK	<u>τ</u> ΄
	OF GREENWAYS, TRAILS	S AND BLUEWAYS THAT SPAN	N 15 COUNTIES, 2 STATES AND	
			ES OF TRAILS AND 170 MILES OF	2
			E, PLACES, CITIES, TOWNS AND	
			R NATURAL AREAS AND IS A	
			SCIENCE AND HISTORY. THIS IS	
			O COMMUNITY BENEFITS FOR	
			THE ORGANIZATION DISBURSED	
	· · · · · · · · · · · · · · · · · · ·	-	D CATAWBA LANDS CONSERVANCY	
		NG AND DEVELOPMENT OF G		
	ENVIRONMENTAL PROTEC			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(, (/
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
4c		including grants of \$) (Revenue \$	
		including grants of \$) (Revenue \$)
		including grants of \$) (Revenue \$)
		including grants of \$) (Revenue \$)
-4c		including grants of \$) (Revenue \$)
4c		including grants of \$) (Revenue \$)
4c		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c		including grants of \$) (Revenue \$)
4c		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$))
) (Revenue \$)
4c	Other program services (Describe on S)
4d) (Revenue \$)) (Revenue \$))

Form	990	(2020)

Pa	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	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	-		
Ū	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			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10		10	х	
11	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, IX, or X	10		
••	as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		110		x
Ь	Part VI	11a		- 23
b		116	х	
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u></u>	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			- v
	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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2020)

Form	990	(2020)
FUIII	330	120201

Form 990 (2020) CAROLINA THREAD TRAIL
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
<u></u>	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
1 0				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	X -	
4 -			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 0	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
	and the organization comply with backap with ordining fulles for reportable payments to vehicles and reportable gamming			

(gambling) winnings to prize winners?

1c

Part V Statements Regarding Other IRS Flings and Tax Compliance (contours) 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2 0 0 2b If a test one is reported on line 2a, dthe organization file all required bedra employment tax returns? 2b 3a Dut the organization have unrelate business gross income of \$1,000 or more ourrig the year? 3a 3b Dut the organization have unrelate business gross income of \$1,000 or more ourrig the year? 3a 3b Dut the organization have unrelate business gross income of \$1,000 or more ourrig the year? 3a 3c H 'Yes, 'Net if the a composition and year outry busine a state what account, securities account, or other financial account? 4a 3c H 'Yes, 'Net if the argenization have a number an interest in, or a signature or other autority over, a financial account? 4a bit avy taxable party nully the organization have an a party to a prohibited tax shear transaction? 6a X ci if Yes, ' dut the organization include with experime 8861? 7b 7c X bit dive granization state contitutions and prime during the say our? 6a X ci if Yes, ' dut the organization include with every solicitation an express statement that such contributions or anglitation state account organization state account the sade account organization state account organiza		990 (2020) CAROLINA THREAD TRAIL	26-1528	527	P	age 5
2a Enter the number of employees reported on Form Y-3. Transmittal of Wage and Tax Statements. 2a 0 b If at least one is reported on Ime 2a, did the organization file all required federal employment tax returns? 2b Mote: If the sum of lines 1 and 2a is greater than 250, you may be required to e.Ap (cae instruction) 3a X b If "the signification have emoted bounds groos income 0.51 000 mme during the yea? 3b X b If "the's, 'has if field a form 50-11 for this year, did the organization have an interest, in or a signification or schedule or the same of the signification have an interest, in or a signification control schedule or the signification have an interest, in or a signification control schedule or the signification have an enter the name of the torganization have the name of the torganization have in the any time during the tax year? 3a X b If "Yes', 'insta if the data of parabitiot tax schedule transaction? 5a X b If "Yes' in the sa or 5b, did the organization field from 58661? 5a X b If "Yes', 'indication an express distamment has is a schedule tax schedule tax schedule to the parabition schedule as a party to a prohibited tax schedule tax schedule tax year? 5a X b If "Yes', 'indication in express distatement has is a contributions or gifts we not tax deductible? To To <	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
tit de for the calendary even ending with or within the year covered by this return La 0 bit at lasts one is reported on lines 1, and the organization fiel all required federal employment tax returns? 2b bit bits of the organization have unaliated business gross income of \$1,000 or more during the year? 3a X bit 1 "Nos." that it filed a Form 980T for this year? 3b 4a X bit 1 "Yos." that it filed a Form 980T for this year? 3b 4a X bit 2 "Yos." that it filed a Form 980T for this year? 5a X bit 2 "Yos." that it filed a Form 980T for this year? 5a X bit 3 Was the organization have annual pross receipts that are on rain party to a prohibited that shelter transaction? 5a X c Bit 7 Yos." to line 5a or 5b, did the organization have an interest in x 5100.000, and did the organization have annual pross receipts that are on rain party to a prohibited the shelter transaction? 5a X bit 1 "Yos." to line 5a or 5b, did the organization have an interpost in x 5100.000, and did the organization solution or of the value of the good or services provider? 5a X bit 1 "Yos." to line be organization have an index set by as contribution or grifs 5a X bit 1 "Yos." to line be organization needees of the good or services provider? 7a X c Di					Yes	No
b If at least one is reported on line 2a, did the organization file all required to <i>a</i> , <i>fb</i> (see instructions) 2b 3a Dot the organization have unrelated business grass income of \$1,000 or more during the year? 3a X 3b Thes, 'hast filed a form 99D-T for this year? <i>If 'No'' to line 3b, provide an explanation on Schedule 0</i> 3a X 3b If 'Yes,'' that if field a form 99D-T for this year? <i>If 'No'' to line 3b, provide an explanation on Schedule 0</i> 3a X 3b If 'Yes,'' that if field a form 99D-T for this year? <i>If 'No'' to line 3b, provide an explanation on Schedule 0</i> 3a X 3b If 'Yes,'' there the name of the organization in the shear than school at any time during the tax year? 5a X 5b Was the organization nave were solutions or sign at the organization file regromestant in the solutions? 5a X 6c The shear Sch, ddi the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chantable contributions? 5a X 6d The organization nave year undified relating upport for which the vasar required to relating the organization nave any undified relating upport that as normally greater than \$100,000, and did the organization field any taxable party normal barefit contract? 5a X 7 Organization nave any undif castable party that a contri	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1a and 2a largester than 250, you may be required to <i>e-rise</i> (see instructions) Image: state instruction 1 a series in a set instruction in the set		filed for the calendar year ending with or within the year covered by this return	2a 0			
3a Delthe organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," hast filled a Ferm 3000 for this year? (Work file as globalismo on Schedule O 3b X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a tonigin country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," inter the name of the organization in Early is account, and Financial account's (FBAP). 5a X cold any taxable party notify the organization in the room 380.77 5b X 5c X 6a D of any taxable party notify the organization in Early Bank and Financial account's (FBAP). 5a X 6b Cold any taxable party notify the organization in Early Bank and Financial account's (FBAP). 5a X 6c Cold any taxable party notify the organization include with every solicitation an express statement that such contributions or gifts were not tax docuctibles cantrable controlutions? 5a X 7 Organization schedu a globalistic material account property for which it was required to the party organization material account property for which it was required to the party organization field and the walke of the goanization field and the sequarization field and the schase of Si made party as a continution organization field and scha	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b		
b If Yes," has It lifed a Form 900-T for this year," dif 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, soculties account, or other financial accounts of this requerements for FinCNP form 114, Report of Foreign Bank and Financial Accounts (FBAP), 4a X 5w He organization a party to a prohibed tax shearts transaction at any time during the tax year? 5a 5a X 5w Did any taxable party notify the organization that two or is a party to a prohibed tax shelter transaction? 6a X 5w Tyes," total the organization that two or is a party to a prohibed tax shelter transaction? 6a X 6 Does the organization have nonal gross neceptity to a prohibed tax shelter transaction? 6a X 6 Tyes," total the organization have an express statement that such contributions or gifts were not tax deductible contributions and express statement that such contributions or gifts were not tax deductible contributions and express provided? 7a X 7 Organization setue again, adding, or otherwise dispose of tangible personal property for which it was required to the form 2822? 7b 7c X 7 Use," did the organization notify the doors of the value of the order antibulor and park for gonalization file a Form 1889. 8b 7a X 7 Use," did the organization file approxemation count as outhout and a park for gond anteservices provided? 7b X <th></th> <th>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions</th> <th>)</th> <th></th> <th></th> <th></th>		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendary year, did the organization have an interest in, or a signature or other fanancial accountly. 4a X b if "Yes," enter the name of the foreign country. b 5a X b any time during the calendary year, did the organization target is a bank account, securities account, or other financial accountly. 5a X b any taxable party notify the organization target is a chief transaction at any time during the tax yea? 5a X c if "Yes" to ine Sa or 5b, di the organization fact was there transaction? 5b X c if or set ine Sa or 5b, di the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5a X b If "Yes," did the organization include with every solicitation an express provided? 7a X b If "Yes," idd the organization inclift the doorn of the value of the goods on services provided? 7a X b If "Yes," idd the organization inclift the doorn of the value of the goods on services provided? 7a X b If "Yes," idd the organization inclift the doorn of the value of the goods on services provided? 7a X b If "Yes," indicate the number of Forms 8282 filed durin				3a		_X_
fnancial account in a breign country (such as a bank account, securities account, or other financial account)? 4a X b if 'Yes, 'enter the name of the foreign country ···· ···· See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Did any taxable party notify the organization file from 8886-7? Sec C Sec 6a Does the organization are anual gross receives that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible contributions Sec X b If 'Yes,' old the organization include with every solicitation an express statement that such contributions or gifs were not tax deductible contributions under section 170(c). Sec Sec b If the organization needle apartent in excess of 55 made party as contribution and partly for goods and services provided 10 the part? 7a X c Did the organization needle aparty funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a X c Did the organization receive apart, funds, directly or indirectly, on a personal benefit contract? 7a X d If 'Yes,' indicate the number of Forms 8282 field during the year? 7a X 7a X	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
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 (FBAP). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). Sa Was the organization is parts to a prohibited sus shelter transaction? 56 If 'Yes' to ise Sa of Sb, di the organization file form 8885 T? 67 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soliett any contributions that were not tax deductible as charitable contributions b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions and error to grow and services provided to the pary b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and error to grow and services provided to the pary b If 'Yes,' indicate the number of Forms 8282 filed during the year b Did the organization nective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided 7 7 Did the organization neceive a any funds, directly or indirectly, on a personal benefit contract? 7 Ti 'X' 1 If 'Yes,' indicate the number of Forms 8282 filed during the year 9 Did the sognaization maintaining door advised funds. Did a doora advised fund maintained by the 9 Sponsoring organization maintaining door advised funds. Did a contract? 7 Ti 'X' 7 B If the organization maintaining door advised funds. Did a doora advised fund maintained by the 9 Sponsoring organization maintaining door advised funds. 1 Did b 1 1 Section 501(c)(12) organizations. Enter: 1 A Did the sognaing on maintaining door advised funds. 1 Did 1 1 Section 501(c)(12) organizations. Enter: 2 A Did the sognaing on granization maintain the during the year? 1 Section 501(c)(4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
See instructions for ling requirements for FinCEN Form 114, Roport of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a X 5a Did any taxelip entry notify the organization that it was or is a party to a prohibited tax sheller transaction? 5a X 5a Dest for organization have annual gross encepts that are normally greater than \$100,000, and did the organization solid any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5a X 7b Tryes," did the organization nextly enductible contributions of the goods or services provided? 7a X 7b Tryes," did the number of Forms 8282 filed during the year Td 7a X 7c X Td 7a X 7a X 7c Td Td 7a X 7a X 7c Tyse," did the number of Forms 8282 filed during the year Td 7a X 7a X 7c X Td Td Td Td 7a X X 7a Td Td Td Td Td		financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		<u> </u>
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization file from 888617 5b X 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that tway nor tax deductible as chartable contributions? 6a X 7b Privas, ' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions? 7a X 7 Organizations that may receive deductible contributions under section 170(c). 7a X 80 If "Yes,' did the organization notify the doors of the value of the goods or services provided? 7a X 7 Organization cecive a payment in access of \$25 made parity as a contribution and parity for goods and services provided? 7a X 9 If "Yes,' indicate the number of Forms 8282 filed during the year 7d X X 9 If the organization neceive any function, on a personal benefit contract? 7f X 9 If the organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4866? 9a 9 Soboascing organization maintaining door advised	b					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 X c If 'Yes' to line 5a or 5b, did the organization file Form 888617 56 56 d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 66 X 7 Organization receive a payment in excess of 375 made parity as a contribution and parity for goods and services provided to the payor? 7a X 9 Did the organization networks a payment in excess of 375 made parity as a contribution and parity for goods and services provided? 7b 7c X 10 the organization networks a payment in excess of 375 made parity as a contribution and parity for goods and services provided? 7c X 10 the organization networks a payment in excess of 375 made parity as a contribution of the services provided? 7c X 10 the organization networks a payment in excess of 375 made parity as a contribution of the services provided? 7c X 11 the organization networks any funds, directly or indirectly, to pay premums on a personal benefit contract? 7c X 11 the organization		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Ga Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable 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? 7a X 7 Organizations that may receive deductible contributions and partly for goods and services provided to the part?? 7a X 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a X 1 If "Yes," indicate the number of Forms 8282 filed during the year [7d] 7c X 1 Did the organization neceive any functi, directly or indirectly, no parsonal benefit contract? 7f X 2 Did the organization metric each ord as begin particular, indepart on a personal benefit contract? 7f X 3 Did the organization metric each ord as indeparts on the second or advised funds. Did a donor advised funds. Did a donor advised funds. Did the sponsoring organization metric each ord as distributions under section 4966? 9a 4 If the sponsoring organization make any taxable distributions under section 4966? 9a 9b Image: Sponsoring organization failed ase distribution to a donor, donor advised fund maintained	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				
Ga Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Ga X B If 'Ves,' id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible acontributions under section 170(c). Gr Zr Gr Zr Gr Zr Zr Gr Zr Zr Gr Zr Zr Zr Gr Zr Zr <th>b</th> <th>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact</th> <th>tion?</th> <th></th> <th></th> <th><u>X</u></th>	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?			<u>X</u>
any contributions that were not tax deductible as charitable contributions? 6a X b ft 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts 6b 6b 7 Organizations that may receive deductible contributions under section 170(c). 7a X a Did the organization notify the donor of the value of the goods or services provided? 7a X b ft 'Yes,' indicate the number of Forms 8282 filed during the year 7d 7c X d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d 7c X g If the organization, origin they year, pay premiums, directly or indirectly, or a personal benefit contract? 7f X g If the organization oreceive a contribution of cars, boats, arplanes, or other vehicles, did the organization file Form 1088C? 7a X S Sponsoring organization maintaining donor advised funds. Did the organization of file a Form 1088C? 7a X 9 Sponsoring organization male a sistribution of a any taxele distribution and divised funds. 9a 9b 9a 9b 9a 9b		-		<u>5c</u>		
b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b C Organizations that may receive deductible contributions under section 170(c). 7a X Did the organization receive a payment in excess of 35° made parity as contribution and parity for goods and services provided to the payor? 7a X Did the organization notify the donor of the value of the goods or services provided? 7c X Did the organization notify the donor of the value of the goods or services provide? 7c X To Bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X To Bid the organization received a contribution of qualified intellectual property (at the organization file a Form 1098-C? 7d 7d X Bid the opsonscring organization maximatining donor advised funds. 80 a 9a	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
were not tax deductible? 6b 7 Organizations ethat may receive deductible contributions under section 170(c). 7a 8 Did the organization sective apyment in excess of 5/5 made partly as a contribution and partly for goods and services provided to the parof 7a 7 To 'Yes,'' did the organization neality the donor of the value of the goods or services provided? 7b 7 To 'Yes,'' did the organization neality the donor of the value of the goods or services provided? 7c 7 To 'Yes,'' indicate the number of Forms 8282 filed during the year 7d 7 To 'Yes,'' indicate the number of Forms 8282 filed during the year 7d 7 To 'Yes,'' indicate the number of Forms 8282 filed during the year 7d 7 To 'Yes,'' indicate the number of Forms 8282 filed during the year 'Yes,'' indicate the number of Forms 8282 filed during the year 'Yes, '' and the organization formation received a contribution of qualified intellectual property, did the organization formation received a contribution of carb, basts, anjphanes, or other vehicles, did the organization formations maintaining doon advised funds. Did a doon advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9 Sponsoring organizations. Enter: 10a 10a 1 Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 10b 12 Section 501(c)(12) organizations. Enter: 10a				<u>6a</u>		<u>X</u>
7 Organizations that may receive deductible contributions under section 170(c). a) bit the organization receive a payment in excess of \$7\$ made partly as a contribution and partly for goods and services provided to the payor? 7a X b) If 'Yes,'' told the organization notify the donor of the value of the goods or services provided? 7c X c) 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 7d 7e X f) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f) If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7h 7f X g) If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7h 7h 7h g) Bonsoring organization make mays busines holdings at any time during the year? 9b 9b 9a 9b 9c 9b 9c </th <th>b</th> <th>If "Yes," did the organization include with every solicitation an express statement that such contribution</th> <th>ons or gifts</th> <th></th> <th></th> <th></th>	b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 7a X b If 'Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7b c Did the organization self, 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 Td 7e X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h X g If the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 1098-C? 7h X 8 Sponsoring organization maintaining door advised funds. Did does proparized a contribution on a donor, donor advisor, or related person? 9a 10a 10a </th <th></th> <th></th> <th></th> <th>6b</th> <th></th> <th></th>				6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7c X d If "Yes," indicate the number of Forms 8282 filed during the year [7d] 7e X d If "Yes," indicate the number of Forms 8282 filed during the year [7d] 7e X f Did the organization, during the year, pay premiums, on a personal benefit contract? 7fe X f Did the organization, during the year, pay premiums, during the year, pay premiums, during the year, pay premiums, during during and year, bas sequence? 7fa X f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7h 7h 8 Sponsoring organization maintaining door advised funds. 9a 9b 9a 9a 9 Sponsoring organization make and trabulation to a donor, donor advised fund anitation and ear any taxable distributions under section 4966? 9a 9a 10 the sponsoring organization make and trabulation to a donor, adviser, or related person? 9b 9b 10 section 501(c/(12) organizations. Enter: 10a 10a						
c 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 Td X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 7h X g Sponsoring organizations maintaining door advised funds. 1d a donor advised funds 7g X g Sponsoring organization make any taxable distributions under section 4966? 9a 9a </th <th>а</th> <th>Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser</th> <th>vices provided to the payor?</th> <th>7a</th> <th></th> <th><u>X</u></th>	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		<u>X</u>
to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7e X bit the organization receive any funds, directly or indirectly, on a personal benefit contract? 7e X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7d X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7n 7n X g Sponsoring organization nave excess business holdings at any time during the year? 8 8 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a 9b 9b 10 bit the sponsoring organization make any taxable distributions under section 4966? 9a 9b 9b <th></th> <th></th> <th></th> <th>7b</th> <th></th> <th></th>				7b		
d If "Yes," indicate the number of Forms 8282 filed during the year Td Td e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 8 Section 501(c)(7) organizations. Enter: 8 a Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person? 9b Section 501(c)(12) organizations. Enter: 10a 9 a Britiation fees and capital contribution included on Part VIII, line 12, for public use of club facilities 10b 11a 12a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a 12a 13 Section 501(c)(2) qualified nonporth thealth insurance issuers. 13a 13a 13a 14 Did the organization make organization make any taxable distribution to schedule O. 14a X 15 s	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X f Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7g X f Sponsoring organizations maintaining door advised funds. Did a door advised funds. 8 8 9 g Sponsoring organization make any taxable distributions under section 4966? 9a 9a 9b 9a 9b 9a 9b				7c		<u> </u>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7r X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7n 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 7d 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised funds. 8 8 9 Sponsoring organization maintaining donor advised funds. 96 9a 9a b Did the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9b 9b<				-		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 7h 8 Sponsoring organizations maintaining donor advised funds. 0id a donor advised funds. 8 9 Sponsoring organization have excess business holdings at any time during the year? 9a 9a 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b 9 Did the sponsoring organizations. Enter: 10a 10a 9b 9b 11 Section 501(c)(7) organizations. Enter: 10b 11a 10b 11a 11a 12a 10b 11a 12a 10b 11a 12a 11a 12a 11a 12a 12a 12a 11a 12a 12a <t< th=""><th>е</th><th></th><th></th><th></th><th></th><th></th></t<>	е					
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 make excess business holdings at any time during the year? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organizations maintaining donor advised funds. 9a 10 Section 501(c)(17) organizations. Enter: 10a 11 Initiation fees and capital contributions included on Part VIII, line 12. 10a 11 Section 501(c)(12) organizations. Enter: 10a 11 Section 501(c)(12) organizations. Enter: 11a 12 Gross income from members or shareholders 11a 13 Gross income from members or shareholders 11b 12 Section 501(c)(12) organization interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13 Is the organization licensed to issue qualified health plans in more than one state? 13a 14 Did the organization receive any payments for indoor tanning services during the tax year?	f					<u> </u>
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 10 the sponsoring organization make a distributions under section 4966? 9a 10 Section 501(c)(7) organizations. Enter: 10a 10a 11 Section 501(c)(17) organizations. Enter: 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 11 Section 501(c)(12) organizations. Enter: 10b 10b 12 Gross income from members or shareholders 11a 10b 13 Section 501(c)(12) organizations. Enter: 11b 12a 14 Types," enter the amount of ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a If "Yes," enter the amount of tax-exempt tharitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(12) qualified nonprofit health insurance issuers. 13a 13a 14 Is the organization licensed to issue qualified health plans in more than one state? 13a <th>g</th> <th></th> <th></th> <th></th> <th></th> <th></th>	g					
sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 10b a Initiation fees and capital contributions included on Part VIII, line 12. 10a 10b 11 Section 501(c)(12) organizations. Enter: 10b 10b 10b 12 Section 501(c)(12) organizations. Enter: 11a 10b 10b 10b 13 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 14 The organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 14a X 14 Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 14a X 15 X If "Yes,	-			7h		
9 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b I* "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 14 Type," enter the amount of tax-exempt interest received or accrued during the year 13a 13a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a 14 Did the organization is usequalified health plans 13b 13c 13a 14 Did the organization receive any payments for indoor tanning services during the tax year?	8		by the			
a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a 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 11 Section 501(c)(12) organizations. Enter: a Gross income from thembers 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.) 11b 11b 11b 12a b ff "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12c 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 cleaned to issue qualified health plans				8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 11a a Gross income from members or shareholders 11a 11b 12a b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a 12a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b						
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 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 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 14a X b ff "Yes," sait filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 excise tax on net investment income? 15 Is the organization and file Form 4720, Schedule N.						
a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(2)29) qualified nonprofit health insurance issuers. 12b a 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. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 14a X b If "Yes," see instructions and file Form 4720, Schedule N. 15 X 14b 14b				9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 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 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a 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. 13b 13c c Enter the amount of reserves on hand 13c 13d 14a Did the organization receive any payments for indoor tanning services during the ayear? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment tay,						
11 Section 501(c)(12) organizations. Enter: Image: section for members or shareholders Image: section for members				-		
a Gross income from members or shareholders 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 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 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a c Enter the amount of reserves on hand 13c 14a X 14 Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 X			100	-		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 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 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a 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. 13b 13c b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 X 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X			44-1			
amounts due or received from them.) 11b 12a 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 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a 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. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 X 16 X			11a	-		
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 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise ta	D		446			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	10-			10-		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X				Iza		
a 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. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b 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 excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 15 15 16 X			120	-		
Note: See the instructions for additional information the organization must report on Schedule O. Image: 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 Image: I				120		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 15 X 16 X	а	· · · ·		138		
organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	b					
c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	b		126			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	~					
b 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 excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				140		x
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X						
excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X 16 X						
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15			15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?						
	16		income?	16		х

Form **990** (2020)

Form 990 (2020)

CAROLINA THREAD TRAIL

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 22			
	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			
-		2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ŭ		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the experimentation have members or steal halders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
74	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15		
a		8a	Х	
b		8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5		
	This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		x
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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 $\blacktriangleright NC$			
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	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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			
	ALYSSA FEDERICO - 704-973-4500			
	220 NORTH TRYON STREET, CHARLOTTE, NC 28202			

OLINA	THREAD	TRAIL	
-------	--------	-------	--

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.

CAR

Form 990 (2020)

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do		Pos			ne	Reportable	Reportable	Estimated
	hours per	box, unless		(do not check more than one box, unless person is both an officer and a director/trustee)			n an	compensation	compensation	amount of
	week		cer ar	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)		and related
	below	dual t	utiona	L_	mploy	st col	L.			organizations
	line)	Indivi	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			g
(1) MICHAEL MARSICANO	3.00									
VICE PRESIDENT	50.00	1		x				0.	705,349.	161,432.
(2) LAT PURSER	0.30									
CHAIR	0.00	Х						0.	0.	0.
(3) SHUFORD ABERNETHY	0.30									
DIRECTOR	0.00	X						0.	0.	0.
(4) BILL ALLEN	0.30									
DIRECTOR	0.00	Х						0.	0.	0.
(5) TIM BELK	0.30									
DIRECTOR	0.00	Х						0.	0.	0.
(6) BLAIR BOGGS	0.30									
DIRECTOR	0.00	Х						0.	0.	0.
(7) DELANE CLARK	0.30									
DIRECTOR	0.00	Х						0.	0.	0.
(8) JARRED COCHRAN	0.30									
DIRECTOR	0.00	Х						0.	0.	0.
(9) SALLY DALEY	0.30									
DIRECTOR	0.00	Х						0.	0.	0.
(10) JENNIFER DEWITT	0.30									
DIRECTOR	0.00	Х						0.	0.	0.
(11) MICHAEL GOODMAN	0.30									
DIRECTOR	0.00	Х						0.	0.	0.
(12) DEHLER HART	0.30									
DIRECTOR	0.00	Х						0.	0.	0.
(13) LESLIE JOHNSON	0.30									
DIRECTOR	0.00	Х						0.	0.	0.
(14) KELLY KATTERHAGEN	0.30									
DIRECTOR	0.00	Х						0.	0.	0.
(15) JIM LAWTON	0.30									_
DIRECTOR	0.00	Х						0.	0.	0.
(16) CHRISTINE LI	0.30									
DIRECTOR	0.00	Х						0.	0.	0.
(17) DANA MANESS	0.30							_		_
DIRECTOR	0.00	Х						0.	0.	0.

Form	990	(2020)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			0
(A)	(B)			(0				(D)	(E)		(F)
Name and title	Average Position (do not check more than one							Reportable	Reportable			nated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation		amo	unt of
	week		cer an	d a di	irecto	or/trus T	tee)	from	from related		ot	her
	(list any	rector						the	organizations		•	ensation
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC)			n the
	organizations	ustee	trust		e	bens		(W-2/1099-MISC)			•	ization elated
	below	lual tr	tional		ploy6	st con	_					zations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	2010110
(18) JAMIE MCLAWHORN	0.30	_		0	×		-			+		
DIRECTOR	0.00	х						0.	0	•		0.
(19) BAILEY PATRICK	0.30											
DIRECTOR	0.00	Х						0.	0	•		0.
(20) ALEX RANKIN	0.30											
DIRECTOR	0.00	Х						0.	0	•		0.
(21) MARSHALL ROGERS	0.30											
DIRECTOR	0.00	Х						0.	0	•		0.
(22) KEITH A. SMITH	0.30											
DIRECTOR	0.00	Х						0.	0	· -		0.
(23) TOM WEBB	0.30											
DIRECTOR	0.00	Х						0.	0	•		0.
										+		
							-			+		
1b Subtotal								0.	705,349	$\frac{1}{1}$	161	,432.
c Total from continuation sheets to Part VI								0.				0.
d Total (add lines 1b and 1c)								0.	705,349		161	,432.
2 Total number of individuals (including but n							o re	•	•			
compensation from the organization						,						0
i <u> </u>											Y	es No
3 Did the organization list any former officer,	director, truste	ee, k	key e	mpl	oye	e, or	hig	hest compensated empl	loyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual				-				-	:	3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150),000? <i>If</i> "Yes,	" со	mple	ete S	Sche	dule	e J f	for such individual	-		4	X
5 Did any person listed on line 1a receive or a	accrue compen	sati	, on fr	om	any	unre	elate	ed organization or individ	lual for services			
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich p	oers	on					5	X
Section B. Independent Contractors	-											
1 Complete this table for your five highest co	•	•							· ·	satior	n from	1
the organization. Report compensation for	the calendar ye	ear e	endin	ig w	ith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)		•	(C)	
Name and business								Description of s	ervices	Com	npens	ation
CATAWBA LANDS CONSERVANCY		~ ^	^							,	- <i>n c</i>	C 0 4
4530 PARK ROAD, CHARLOTTE	1, INC 28	20	9					PROJECT MANA	SEMEN.L		0/0	,694.
2 Total number of independent contractors (in	•	ot lin	nitec	to t			ted	above) who received mo	ore than			
\$100,000 of compensation from the organized	zation 🕨]	L						

	990					HRE	AD TRAIL			26-1528	527 Pag	ge 9
Pa	rt VI		Statement of Re								Г	_
			Check if Schedule O	conta	ains a resp	onse	or note to any lin	e in this Part VIII (A)	(B)	(C)	<u>(</u> D)	
								Total revenue	Related or exempt	Unrelated	Revenue exclu	
									function revenue	business revenue	from tax und sections 512 -	
ις N	1 a	a	Federated campaigns		1a							
Contributions, Gifts, Grants and Other Similar Amounts	. t		Membership dues									
ي ق	c		Fundraising events									
ifts ar A	c		Related organizations				219,850.					
s, G Bilia	e		Government grants (contr				-					
ü Si	f		All other contributions, gifts,									
but			similar amounts not included	l abov	/e 1f		645,221.					
d Otri	g	g	Noncash contributions included in	lines 1	a-1f 1g	\$	130,187.					
a S	h	h	Total. Add lines 1a-1f				🕨	<u>1,865,071.</u>				
							Business Code					
e	2 a	a										
ervi	b	b										
enu Senu	c	C										
Program Service Revenue	c	d										
2 E	e	e										
₽	•		All other program service									_
	<u> </u>		Total. Add lines 2a-2f									
	3		Investment income (includ									
	4		other similar amounts)									
	4 5		Income from investment of Reveltion		-							
	5		Royalties	· · · · · · · · · · · · · · · · · · ·	(i) Rea	al	(ii) Personal					
	6 9	a	Gross rents	6a	() 100		(ii) i oroonar					
	b		Less: rental expenses	6b								
	~ c		Rental income or (loss)	6c								
			Net rental income or (loss	-								
			Gross amount from sales of	<u> </u>	(i) Securi		(ii) Other					
			assets other than inventory	7a								
	b		Less: cost or other basis									
e			and sales expenses	7b	4	62.						
venue	c		Gain or (loss)		-4	62.						
Re			Net gain or (loss)			<u></u>	►	-462.			-46	2.
Other			Gross income from fundraisi									
₹			including \$		of							
			contributions reported on		,							
			Part IV, line 18									
			Less: direct expenses									
			Net income or (loss) from		-		<u> </u>					
	9 a		Gross income from gamin									
			Part IV, line 19									
			Less: direct expenses									
			Net income or (loss) from			,s 	>					
	10 a		Gross sales of inventory,			10-						
	h		and allowances									
			Less: cost of goods sold Net income or (loss) from									
	- C			Jaits		<i>//y</i>	Business Code					
sne	11 a	a										_
Miscellaneous Revenue	a	b										
ella. Ver	с С											
lisc	c		All other revenue									
Σ	e		Total. Add lines 11a-11d									
	12		Total revenue. See instruction					1,864,609.	0.	0.	-46	2.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column	(A)
	<u>1/-1/.</u>

			U	• • • • •	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	432,666.	432,666.		
2	Grants and other assistance to domestic	·			
3	individuals. See Part IV, line 22				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	3,500.	1,564.	1,799.	137.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	17,315.	7,738.	8,900.	677.
g	Other. (If line 11g amount exceeds 10% of line 25,		F 01 00F		0 01 0
	column (A) amount, list line 11g expenses on Sch 0.)	733,286.	701,985.	29,088.	2,213.
12	Advertising and promotion				
13	Office expenses				
14 15	Information technology Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
с					
d					
	All other expenses	1 106 767	1 1/2 052	70700	2 0 0 7
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,186,767.	1,143,953.	39,787.	3,027.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ► if following SOP 98-2 (ASC 958-720)				
-					000

CAROLINA	THREAD	TRAIL	
----------	--------	-------	--

		Check if Schedule O contains a response or note to any line in t	his Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	8,166.	1	367,886.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	1,579,002.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, o			
		trustee, key employee, creator or founder, substantial contributo	or, or 35%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as	defined		
		under section 4958(f)(1)), and persons described in section 4958	B(c)(3)(B)	6	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	5,708,301.
	13			13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	7,655,189.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Sched		21	
s	22	Loans and other payables to any current or former officer, direct	tor,		
Liabilities		trustee, key employee, creator or founder, substantial contributo	or, or 35%		
abil		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	;	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related			
		parties, and other liabilities not included on lines 17-24). Comple	ete Part X		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	0.
		Organizations that follow FASB ASC 958, check here 🕨 🛽			
Ses		and complete lines 27, 28, 32, and 33.			
ano	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions	6,554,153.	28	7,655,189.
pu		Organizations that do not follow FASB ASC 958, check here			
Ľ.		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other f	unds	31	
Net Assets or Fund Balances	32	Total net assets or fund balances	6,554,153.	32	7,655,189.
	33	Total liabilities and net assets/fund balances		33	7,655,189.

Form **990** (2020)

Part X Balance Sheet

Form	000	10000
FOUL	990	(2020

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1.0004	X 609. 767. 842.
	<u>609.</u> 767.
1.064	767.
	767.
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,186,	842.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 6, 554,	
5 Net unrealized gains (losses) on investments5 411 ,	<u>794.</u>
6 Donated services and use of facilities 6	
7 Investment expenses 7	
8 Prior period adjustments 8	
9 Other changes in net assets or fund balances (explain on Schedule O) 9 11,	400.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	
column (B))	<u>189.</u>
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	
Ye	s No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	<u> </u>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
Separate basis X Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	<u> </u>
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
Act and OMB Circular A-133? 3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2020)

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
١.		000	U 1	000 LL,

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.

ĺ	OMB No. 1545-0047
	2020
	Open to Public Inspection

Name of the	organization
-------------	--------------

Name of t	the organization						Employer	identification number
	CARO	LINA THREAD	D TRAIL				2	6-1528527
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.	
The organ	ization is not a private found							
1	A church, convention of ch					1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3	A hospital or a cooperative					ii).		
4	A medical research organiz)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (0		č	•	, ,			
6	A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	An organization that norma	-					ne general r	oublic described in
•	section 170(b)(1)(A)(vi). (C	-		onn a gort	Similar		io gonorar j	
8	A community trust describe		(1)(Δ)(vi) (Complete Par	+ II)				
9	An agricultural research org			-	ed in coniu	unction with a	land-grant	college
J	or university or a non-land-	-			-		-	•
	university:	grant conege of agrici			name, ory	, and state of	the college	
10	An organization that norma	Illy receives (1) more	than 33 1/304 of its supr	ort from o	ontribution	as mombarsh	in food and	d gross receipts from
	activities related to its exen							
		• • •	•	. ,			••	•
	income and unrelated busin		(less section 511 tax) inc	on busines	sses acqui	red by the org	janization a	atter Julie 30, 1975.
	See section 509(a)(2). (Col			(at.) 0 a a		20(-)(4)		
11 12 X	An organization organized a	-	•	•				
	An organization organized a	-	-	-			•	
	more publicly supported or	-						Sheck the box in
v	lines 12a through 12d that	• •					-	
a X			-	• • •	-			
	the supported organization			majority c	of the direc	ctors or truste	es of the su	ipporting
	organization. You must o	-						
b 🗌	Type II. A supporting org	-				-		•
	control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	organization(s). You mus	t complete Part IV,	Sections A and C.					
c	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
	its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.		
d	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	l an attentiv	/eness
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
еX	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.			
f Ente	er the number of supported o	organizations						1
g Prov	vide the following informatior	n about the supporte	d organization(s).					
(Name of supported 	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount or	,	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
FOUND	ATION FOR THE							
CAROL	INAS	56-6047886	7	x			Ο.	
Total							0.	0.
	Paperwork Reduction Act N	lotice, see the Instru	uctions for Form 990 or	990-EZ.	032021 01-	25-21 Sche		rm 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 CAROLINA THREAD TRAIL 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support		•			•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop	here					····· >
	ction C. Computation of Publi						
	Public support percentage for 2020 (li					14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the c				14 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies	. ,	0				
b	33 1/3% support test - 2019. If the c				l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts				•	VI how the organiz	ation
	meets the facts-and-circumstances te	e e	•		•		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu		•		• • •		▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instructions	₅►

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 CAROLINA THREAD TRAIL Part III Support Schedule for Organizations Described in Section 509(a)(2)

26-1528527 Page 3

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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	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						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the check this box and stop here	0			year as a section 5		
Sec	tion C. Computation of Public						
	Public support percentage for 2020 (li		¥	column (f))		15	%
	Public support percentage from 2019		•			16	%
	tion D. Computation of Inves						70
	Investment income percentage for 20			no 13 column (f))		17	02
			'			17	<u> </u>
18	Investment income percentage from 2 33 1/3% support tests - 2020. If the			on line 14 and line			
198							
b	more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/	
	line 18 is not more than 33 1/3%, chec	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organiza	ation ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	

Schedule A (Form 990 or 990-EZ) 2020

Ye<u>s</u>

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1	Х	
2		х
		x x
3a		х
3b		
3c		
4a		х
4b		
4c		
5a		X
5b		
5c		
6	Х	
7		X
		37
8		X
9a		Х
9b		Х
0.5		X
9c		Δ
10a		X
10b		

		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		X
b A family member of a person described in line 11a above?	11b		X
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		X
ection 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	X	
2 Did the organization operate for the benefit of any supported organization other than the supported			
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
supervised, or controlled the supporting organization.	2		X
ection C. Type II Supporting Organizations			
		Yes	N
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			

	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1 Che	ck the box next to the metho	d that the organization us	ed to satisfy the Integral Par	t Test during the vear	(see instructions).
-------	------------------------------	----------------------------	--------------------------------	------------------------	---------------------

a The organization satisfied the Activities Test. Complete line 2 below.

b	The organization is the	parent of each of its supported	organizations.	Complete line 3 below.

С		The organization	supported a	governmental entity.	Describe in F	Part VI how	you supported a d	governmental entity	/ (see instructions	3).
---	--	------------------	-------------	----------------------	---------------	-------------	-------------------	---------------------	---------------------	-----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

or management of the supporting organization was vested in the same persons that controlled or managed

- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

2a

2b

3a

3b

Schedule A (Form 990 or 990-EZ) 2020 CAROLINA THREAD TRAIL Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Secti	on 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		
Secti	on 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		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	Illy integrated		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 CAROLINA THREAD TRAIL

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

Schedule A (Form 990 or 990-EZ) 2020

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

PART IV, SECTION A, LINE 6:

THE THREAD TRAIL PROVIDES GRANTS TO ELIGIBLE 501(C)(3) CHARITABLE

ORGANIZATIONS AND GOVERNMENTAL ENTITIES PARTICIPATING IN THE

DEVELOPMENT OF REGIONAL TRAILS AND THE CONSERVATION OF LAND ALONG THE

TRAILS.

Schedule B

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

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

26-1528527

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

CAROLINA THREAD TRAIL

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

General Rule

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

Special Rules

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

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

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

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

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Name of organization

26-1528527

CAROLINA THREAD TRAIL

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u> 1</u>		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$219,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

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

Name of organization

26-1528527

CAROLINA THREAD TRAIL

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
7		\$				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
		\$				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
		\$ Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
		\$				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
		\$ Person Payroll \$\$ (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
		\$ \$ \$ \$ \$				

Name of organization

Employer identification number

26-1528527

CAROLINA THREAD TRAIL

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	SECURITIES - PUBLICLY TRADED		
		\$\$\$\$	11/16/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·			

Page **4**

Name of org	anization		Employer identification number
CAROLI	NA THREAD TRAIL		26-1528527
Part III		nrough (e) and the following line en aritable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yearty. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif	ift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif ZIP + 4	ft Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif	ft Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	 ft
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
· · ·			

		Querelanasta	Financial Statements		OMB No. 1545-0047
	HEDULE D n 990)	Complete if the organ	I Financial Statements nization answered "Yes" on Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2020
	ment of the Treasury I Revenue Service	A	ttach to Form 990.) for instructions and the latest information	n	Open to Public Inspection
	e of the organization				loyer identification number
	-	CAROLINA THREAD TRA			26-1528527
Par	t I Organiza	tions Maintaining Donor Advised	Funds or Other Similar Funds or	Accoun	ts. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, line			
		_	(a) Donor advised funds	(b) Fun	ds and other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		end of year			
5	-	on inform all donors and donor advisors in wi	-		
6		n's property, subject to the organization's explored denote and denote and			Yes No
6		on inform all grantees, donors, and donor advoses and not for the benefit of the donor or o			
	impermissible priva			°.	Yes No
Par		ation Easements. Complete if the orga			
1		ervation easements held by the organization		· · · , · · · <u>-</u> · · ·	
-		of land for public use (for example, recreation	· · · ·	istorically	important land area
	Protection o	f natural habitat	Preservation of a c		•
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a qualifie	d conservation contribution in the form of a	conservat	ion easement on the last
	day of the tax year				Held at the End of the Tax Year
а	Total number of co	onservation easements		. 2a	
b		taka di basa kana kana di sa kana kana ka		0	
с	Number of conserv	vation easements on a certified historic struc	cture included in (a)	2c	
d	Number of conserv	vation easements included in (c) acquired af	ter 7/25/06, and not on a historic structure		
		al Register			
3	Number of conserv	vation easements modified, transferred, relea	ased, extinguished, or terminated by the org	ganization	during the tax
	year 🕨				
4		where property subject to conservation ease			
5	-	tion have a written policy regarding the perio			
~	,	orcement of the conservation easements it h			
6		r hours devoted to monitoring, inspecting, h	and ing of violations, and enforcing conserv	ation ease	ments during the year
7	Amount of expense	 es incurred in monitoring, inspecting, handli	ag of violations, and onforcing consonvation	oacomont	s during the year
'	► \$	es incurred in morntoning, inspecting, nandin	ing of violations, and enforcing conservation	easement	s during the year
8		vation easement reported on line 2(d) above	satisfy the requirements of section $170(h)/4$)(B)(i)	
U	and section 170(h)				Yes No
9	()	be how the organization reports conservation			······ — —
-		I include, if applicable, the text of the footno	•		
		ounting for conservation easements.			
Par		ations Maintaining Collections of A	Art, Historical Treasures, or Othe	r Similai	r Assets.
		the organization answered "Yes" on Form 9			
1a		elected, as permitted under FASB ASC 958,		balance sh	eet works
	•	asures, or other similar assets held for publi	•		
	service, provide in	Part XIII the text of the footnote to its finance	ial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 958	, to report in its revenue statement and bala	nce sheet	works of

art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of pu	ublic service,			
provide the following amounts relating to these items:					
(i) Revenue included on Form 990, Part VIII, line 1		\$			
(ii) Assets included in Form 990. Part X		\$			

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:

а	Revenue included on Form 990, Part	/III, line 1	 	 	
b	Assets included in Form 990, Part X		 	 	

b	Assets	included	in	Form	990,	Par

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Schedule D (Form 990) 2020

▶ \$_ ▶ \$

Sche		A THREAD TH				26-15			age 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tre	easures, or Othe	r Simila	r Assets	(continu	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that make s	significant u	use of its		,	
	collection items (check all that apply):			-	-				
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е		0 1 0					
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	how they further th	ne organization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	-	-	-					
-	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang					. Part IV.			
	reported an amount on Form 990, Par		ste in the englandatio			, · , .			
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for contribution	s or other assets not	included				
iu	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII a								
D			iowing table.				Amount		
~	Reginning balance				1c		Amount		
	Additions during the year								
u	Additions during the year								
e f	Distributions during the year				<u>ie</u> 1f				
20	Ending balance Did the organization include an amount on Fo						Yes		No
	C C					∟			
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if					<u></u>			
				(c) Two years back		vaara baak	(e) Four	looro	book
4.	Pasinging of user holeses	(a) Current year 3,242,325.	(b) Prior year 2,915,238.	3,250,539.	(d) Three y		(e) roui	years	DACK
	Beginning of year balance	5,242,525.	2,515,250.	5,250,555.	2.0	30,808.			
b	Contributions	222 542	100 510	156 024					
c	Net investment earnings, gains, and losses	332,542.	489,548.	-156,934.	4	45,731.			
	Grants or scholarships	124,632.	135,352.	150,000.					
е	Other expenditures for facilities								
	and programs			00.067					
f	Administrative expenses	26,482.	27,109.	28,367.		26,000.			
g	End of year balance	3,423,753.	3,242,325.		3,2	50,539.			
2	Provide the estimated percentage of the curre		e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	.0000	_%						
b	Permanent endowment ► <u>58.4154</u>	%							
С	Term endowment ► 41.5846	%							
	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the posses	sion of the organiza	tion that are held ar	nd administered for t	he organiza	ation	_		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipme	ent.							
	Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part X	, line 10.				
	Description of property	(a) Cost or o	ther (b) Cost	t or other (c) A	Accumulate	ed	(d) Book	value	e
		basis (investr	nent) basis	(other) de	epreciation				
1a	Land								
	Buildings								
	Leasehold improvements			İ					
	Equipment								
	Other								
	. Add lines 1a through 1e. (Column (d) must ed		X column (R) line 1	0c)					0.
		<u>,</u>		<u></u>			D (Form	990)	

Part VII	Investments -	Other Securities	.	
Schedule E) (Form 990) 2020	CAROLINA	THREAD	TRAIL

Part VII	Investments - Other Securities.	
----------	---------------------------------	--

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) LOW DURATION FIXED INCOME		
(B) POOL	2,155,737.	END-OF-YEAR MARKET VALUE
(C) DIVERSIFIED LONG-TERM		
(D) GROWTH POOL	3,552,564.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 12.)	5,708,301.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes"	on Form 990, Part IV, line [.]	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col	umn (b) must equal Form 990, Part X, col. (B) line 15.) ▶ ■	
Part X	Uther Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.		(b) Book value
1.	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
1.	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	(b) Book value
1. (1) Fe	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	(b) Book value
1. (1) Fe (2)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	(b) Book value
1. (1) Fe (2) (3)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	(b) Book value
1. (1) Fe (2) (3) (4)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	(b) Book value
1. (1) Fe (2) (3) (4) (5)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	(b) Book value
1. (1) Fe (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	(b) Book value
1. (1) Fe (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	(b) Book value

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

X

Sche	edule D (Form 990) 2020 CAROLINA THREAD TRAIL		20-152852/	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d				
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	.)	5	
5		.)	5	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12) atements With Expen	5	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial Sta) atements With Expen ne 12a.	ses per Return.	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12 t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line) atements With Expen ne 12a.	ses per Return.	
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements) atements With Expen ne 12a.	ses per Return.	
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:) atements With Expen ne 12a.	ses per Return.	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12. rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments) atements With Expen ne 12a. 2a 2b	ses per Return.	
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities) atements With Expen ne 12a. 2a 2b 2c	ses per Return.	
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)) atements With Expen ne 12a. 2a 2b 2b 2c 2d	5 ses per Return. 1 1	
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)) atements With Expen ne 12a. 2a 2b 2c 2c 2d	5 ses per Return.	
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d) atements With Expen ne 12a. 2a 2b 2c 2c 2d	5 ses per Return.	
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 1) atements With Expen ne 12a. 2a 2b 2c 2d 2d	5 ses per Return.	
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12. rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:) atements With Expen ne 12a. 22 2b 2c 2d 2d	5 ses per Return.	
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b) atements With Expen ne 12a. 2a 2b 2c 2c 2d 2d 4a 4b	5 ses per Return.	
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)) atements With Expen ne 12a. 2a 2b 2c 2d 2d 2d	5 ses per Return.	

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:

THE J	INTENDED	USE	OF	THE	ORGANIZATION'	S	ENDOWMENT	FUNDS	IS	то	SUPPORT
-------	----------	-----	----	-----	---------------	---	-----------	-------	----	----	---------

MAINTENANCE AND DEVELOPMENT OF TRAILS.

PART X, LINE 2:

THE FOUNDATION (FOUNDATION FOR THE CAROLINAS) AND ITS SUPPORTING

FOUNDATIONS ARE EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF

SECTION 501(C)(3) OF THE IRC. IN ACCORDANCE WITH IRC REGULATIONS, THE

FOUNDATION IS TAXED ON UNRELATED BUSINESS INCOME, WHICH CONSISTS OF

EARNINGS FROM ACTIVITIES NOT RELATED TO THE EXEMPT PURPOSE OF THE

FOUNDATION. THE FOUNDATION ACCOUNTS FOR TAX UNCERTAINTIES BASED ON A MORE

LIKELY THAN NOT RECOGNITION THRESHOLD WHEREBY TAX BENEFITS ARE ONLY

Schedule D (Form 990) 2020	CAROLINA THREAD TRAIL	26-1528527 Page 5							
Part XIII Supplemental Information (continued)									
RECOGNIZED WHEN THE	FOUNDATION BELIEVES THAT THEY H	HAVE A GREATER THAN 50%							
LIKELIHOOD OF BEING	SUSTAINED UPON EXAMINATION BY	TAXING AUTHORITIES. THE							
FOUNDATION HAS EVALU	UATED ALL ITS TAX POSITIONS AND	DETERMINED THAT IT HAD							
NO UNCERTAIN TAX PO	SITIONS AS OF DECEMBER 31, 2020	OR 2019.							

SCHEDULE I		G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)		Go	vernments, an ete if the organization	nd Individual	s in the Ŭni [.]	ted States		2020
Department of the Treasury		Compl	ete il the organizatio	Attach to For		t IV, iiile 21 or 22.		Open to Public
Internal Revenue Service			Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization		THREAD TR	AIL					Employer identification number 26-1528527
Part I General Info	ormation on Grants a							
1 Does the organizat criteria used to aw			-			-	stance, and the selecti	
2 Describe in Part IV	<u> </u>		<u>u</u> <u>u</u>					
		-				anization answered "Y	'es" on Form 990, Par	t IV, line 21, for any
	t received more than \$					(f) Method of		
1 (a) Name and addu or gove	•	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CATAWBA LAND CONSEF	VANCY							
4530 PARK ROAD, #42								
CHARLOTTE , NC 2820		58-1969605	170(C)(1)	50,000.	0.			TRAIL DEVELOPMENT
LINDSAY PETTUS GREE	ENWAY, INC							
P.O. BOX 1776								
LANCASTER , SC 2972	21	47-3828388	170(C)(1)	30,000.	0.			TRAIL DEVELOPMENT
CLEVELAND COUNTY WA	ATTER .							
P.O. BOX 788								
LAWNDALE , NC 28090)	56-1347937	170(C)(1)	45,000.	0.			TRAIL DEVELOPMENT
TOWN OF MCADENVILLE	2							
P.O. BOX 9								
MCADENVILLE, NC 281	.01	56-0962359	170(C)(1)	46,666.	0.			TRAIL DEVELOPMENT
CITY OF GASTONIA								
P.O. BOX 1748								
GASTONIA , NC 28053	3	28-1968576	170(C)(1)	140,000.	0.			TRAIL DEVELOPMENT
				,	- •			
CITY OF BELMONT								
P.O. BOX 431								
BELMONT , NC 28012		56-0856848	170(C)(1)	25,000.	0.			TRAIL DEVELOPMENT
2 Enter total number	of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table				10.
	of other organizations							
LHA For Paperwork R	eduction Act Notice,	, see the Instruction	ons for Form 990.					Schedule I (Form 990) 2020

Schedule I (Form 990) CAROLINA THREAD TRAIL Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUTHERN OFF-ROAD BICYCLE							
ASSOCIATION - TARHEEL TRAILBLAZERS							
- 2913 ARCHDALE DRIVE - CHARLOTTE							
NC 28210	56-2039607	501(C)(3)	38,000.	0.			TRAIL DEVELOPMENT
COWN OF MARSHVILLE							
.18 EAST UNION STREET							
ARSHVILLE , NC 28103	56-6001282	170(C)(1)	8,000.	0.			TRAIL DEVELOPMENT
YORK COUNTY							
P.O. BOX 96							
YORK , SC 29745-0096	57-6000418	170(C)(1)	25,000.	0.			TRAIL DEVELOPMENT
/ILLAGE OF MISENHEIMER							
P.O. BOX 100							
ISENHEIMER, NC 28109	56-0529990	170(C)(1)	25,000.	0.			TRAIL DEVELOPMENT
	50 0525550	1,0(0)(1)	20,000.	••			

Schedule I (Form 990)

Schedule I (Form 990) 2020 CAROLINA THREAD TRAIL

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	(b) Number of recipients	(b) Number of recipients (c) Amount of cash grant (b) Number of recipients (c) Amount of cash grant (b) Number of recipients (c) Amount of cash grant (b) Number of recipients (c) Amount of cash grant (b) Number of recipients (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance Image: Image	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Image:

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

CAROLINA THREAD TRAIL DISTRIBUTES GRANTS FOR APPROVED TRAIL DEVELOPMENT

PLANS TO CHARITABLE ORGANIZATIONS AND GOVERNMENTAL ENTITIES. PLANS ARE

REVIEWED REGULARLY TO ENSURE USE OF GRANTS FOR TRAIL DEVELOPMENT.

Page 2

CHEDULE J	Compensation Information		OMB No. 15	645-0047
Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		204	20
Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		2020		
epartment of the Treasury	Attach to Form 990.		Open to	
ernal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspec	
ame of the organizati		Employer ic		
	CAROLINA THREAD TRAIL	26-1	528527	
Part I Questio	ns Regarding Compensation			
. .				Yes No
	riate box(es) if the organization provided any of the following to or for a person listed on Form	990,		
	, line 1a. Complete Part III to provide any relevant information regarding these items.			
	charter travel Housing allowance or residence for perso			
Travel for co				
	cation and gross-up payments Health or social club dues or initiation fee			
Discretionary	spending account Personal services (such as maid, chauffer	ur, chet)		
•	on line 1a are checked, did the organization follow a written policy regarding payment or			
	provision of all of the expenses described above? If "No," complete Part III to explain		1 b	
	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
trustees, and offic	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	
	any, of the following the organization used to establish the compensation of the organization's			
	rector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to		
·	sation of the CEO/Executive Director, but explain in Part III.			
·	n committee Written employment contract			
	compensation consultant			
Form 990 of	other organizations Approval by the board or compensation of	committee		
	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
0	elated organization:			v
	ce payment or change-of-control payment?		<u>4a</u>	
•	ceive payment from a supplemental nonqualified retirement plan?			<u>X</u>
•	ceive payment from an equity-based compensation arrangement?		4c	X
If "Yes" to any of	ines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
.				
-	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n		
contingent on the			_	v
a The organization?			. <u>5a</u>	
	zation?		5 b	<u> </u>
	or 5b, describe in Part III.			
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on		
contingent on the				v
	zation?		<u>6b</u>	X
	or 6b, describe in Part III.			
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_	v
	ines 5 and 6? If "Yes," describe in Part III		7	X
-	s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne		v
			8	X
	did the organization also follow the rebuttable presumption procedure described in			
	n 53.4958-6(c)?		. 9	1

26-1528527

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) MICHAEL MARSICANO) 0.	0.	0.	0.	0.	0.	482,612.
VICE PRESIDENT (i		200,000.	22,737.	125,100.	36,332.	866,781.	0.
(i							
(i							
(i)						
(i							
(i)						
(i							
(1							
(i							
(1							
(i							
(1							
(i							
(i							
(i							
(i							
(i							
(i							
(i							
(i							
(i							
(i							
(i							
(i							
(i							
(i							
(i							
(i							
(i							
(i							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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.

2020
Open to Public

Employer identification number 26 - 1528527

Name of the organization	
--------------------------	--

CAROLINA	A THREAD	TRAIL

Pa	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 1g	(d) Method of de noncash contribu	eterminin	•	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	4	130,187.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
12	o							
13	Securities - Miscellaneous Qualified conservation contribution -							
13								
14	Augustic Structures Qualified conservation contribution - Other							
15 16	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18								
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 ()							
29	Number of Forms 8283 received by the organized	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			0	
						`	Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	quires the review o	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties							
	contributions?		0	, , ,		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	/ for which column (a) is cheo	cked,			
-	describe in Part II.	(-,	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,	,			
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule N	/I (Form	990)	2020

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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



26-1528527

CAROLINA THREAD TRAIL

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NATURAL OR CIVIC SPACES, WITH A GOAL TOWARDS PRESERVING NATURAL AREAS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE RIGHT TO APPOINT A MAJORITY OF THE BOARD OF DIRECTORS IS VESTED

EXCLUSIVELY IN FOUNDATION FOR THE CAROLINAS.

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

A COPY OF THE FINAL FORM 990, EXCLUDING SCHEDULE B, WAS DISTRIBUTED TO EACH VOTING MEMBER OF THE BOARD PRIOR TO FILING. THE RETURN IS AVAILABLE FOR DISCUSSION AT THE NEXT BOARD MEETING CLOSEST TO THE FILING DATE. THE BOARD BELIEVES THAT THE PRIVACY OF THE THREAD TRAIL'S DONORS WARRANTS THE REDACTION OF SCHEDULE B.

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

BOARD MEMBERS ANNUALLY COMPLETE A CONFLICT OF INTEREST FORM IN COMPLIANCE WITH NATIONAL STANDARDS FOR COMMUNITY FOUNDATIONS AND UNDER FOUNDATION FOR THE CAROLINAS (SUPPORTED FOUNDATION) ETHICS POLICY. STAFF COLLECTS AND MAINTAINS THE FORMS ANNUALLY, AND MONITORS THE PROCESS.

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

 THE CAROLINA THREAD TRAIL HAS NO FORMAL EMPLOYEES AND THEREFORE DOES NOT

 HAVE A FORMAL PROCESS IN PLACE FOR DETERMINING COMPENSATION. FOUNDATION FOR

 THE CAROLINAS, THE SUPPORTED ORGANIZATION, DOES HAVE POLICIES AND

 PROCEDURES IN PLACE FOR DETERMINING COMPENSATION, INCLUDING UTILITIZING AN

 INDEPENDENT COMPENSATION CONSULTANT AND APPROVAL BY THE BOARD OF DIRECTORS

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

 032211 11-20-20

Schedule O (Form 990) or 990-EZ) 2020	
----------------------	-------------------	--

Name of the organization

CAROLINA THREAD TRAIL

FOR EXECUTIVE COMPENSATION.

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

GOVERNING DOCUMENTS ARE MAINTAINED BY THE ORGANIZATION AND ARE AVAILABLE

UPON REQUEST BY THE GENERAL PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

ADMINISTRATIVE FEES:

PROGRAM SERVICE EXPENSES	25,291.
MANAGEMENT AND GENERAL EXPENSES	29,088.
FUNDRAISING EXPENSES	2,213.

TOTAL EXPENSES 56,592.

PROJECT MANAGEMENT FEES:	
PROGRAM SERVICE EXPENSES	676,694.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	676,694.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	733,286.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
GRANT REFUNDS FROM DOMESTIC ORGANIZATIONS	60,000.
WRITE OFF UNCOLLECTIBLE PLEDGES RECEIVABLE	-48,600.
TOTAL TO FORM 990, PART XI, LINE 9	11,400.

SCHEDULE R	1
(Eorm 990)	

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 26 - 1528527

Department of the Treasury Internal Revenue Service Name of the organization

CAROLINA THREAD TRAIL

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
FOUNDATION FOR THE CAROLINAS - 56-6047886							
220 NORTH TRYON STREET							
CHARLOTTE, NC 28202	GRANTMAKING	NORTH CAROLINA	501(C)(3)	LINE 7	N/A		Х
	-						
	-						

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 CAROLINA THREAD TRAIL

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

	1 3	, .									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	amount in box 20 of Schedule	manag partn	l or ^{ing} ownershi
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)		or adoly		400010		Yes	No

Schedule R (Form 990) 2020 CAROLINA THREAD TRAIL

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Σ
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			2
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1 h		
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	-	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
 Sharing of paid employees with related organization(s) 			
p Reimbursement paid to related organization(s) for expenses			
a Reimbursement paid by related organization(s) for expenses			+
r Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FOUNDATION FOR THE CAROLINAS	С	219,850.	FMV
(2) FOUNDATION FOR THE CAROLINAS	M	66,233.	FMV
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2020 CAROLINA THREAD TRAIL

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	(r Disprotion allocat Yes) opor- ate ions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2020

CAROLINA THREAD TRAIL

Schedule R (Form 990) 2020 CARO Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.