# EXTENDED TO MAY 15, 2023

Form **990** 

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

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

Open to Public Inspection

<u>A</u>	For the	e 2021 calendar year, or tax year beginning $$	<u>JUN</u> 30, 2022	2
В	Check if applicab		D Employer identif	Assembly to the first terminal and the second
Г	Addre	CABARRUS COUNTY TOURISM AUTHORITY		
Ē	Name	Doing business as CABARRUS COUNTY CONVENTION AND	V 26-27263	341
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/s	THE PARTY OF THE P	
	Final	10099 WEDDINGTON ROAD #102 102	704-782-	
	termin	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	6,458,365.
	Amen	CONCORD, NC 28027	H(a) Is this a group	The state of the s
	Applic	F Name and address of principal officer:JOHN MILLS		s? Yes X No
	pendi	10099 WEDDINGTON RD, CONCORD, NC 28027	H(b) Are all subordinates	
1	Tax-ex	empt status: 501(c)(3) X 501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) or		a list. See instructions
J	Websi	te: WWW.CABARRUSCVB.COM	H(c) Group exemption	
K	Form of	organization: X Corporation Trust Association Other L		M State of legal domicile: NC
P	art I	Summary		**************************************
ø	1	Briefly describe the organization's mission or most significant activities: DRIVE VI	SITATION TO	CABARRUS
Activities & Governance		COUNTY TO GENERATE THE MAXIMUM IMPACT THROUGH	H HOTEL STAYS	AND
Ë	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of r		șsets.
NO.	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
8	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	15
ivit	6	Total number of volunteers (estimate if necessary)	6	20
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	100		Prior Year	Current Year
P	8	Contributions and grants (Part VIII, line 1h)	0.	293,073.
len!	9	Program service revenue (Part VIII, line 2g)	3,751,604.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,264.	
	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,753,868.	
	110011757	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	-63	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,216,964.	1,214,347.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Exp	, b	Total fundraising expenses (Part IX, column (D), line 25)	1 554 055	2 505 524
97.	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,554,275.	3,505,734.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,771,239.	
200	19	Revenue less expenses. Subtract line 18 from line 12	982,629.	
Vet Assets or	200	Total coneta (Dart V. line 16)	Beginning of Current Year	End of Year
Bal	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	5,282,456. 1,049,853.	
Figure	21	Net assets or fund balances. Subtract line 21 from line 20	4,232,603.	2,092,621. 5,970,887.
	art II	Signature Block	4,232,003.	5,370,007.
	_	Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the hest of m	y knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare		y knowledge and belief, it is
	-			
Sig	n	Signature of officer	Date	
Her		JOHN MILLS, EXECUTIVE VICE PRESIDENT	1/25/23	
		Type or print name and title		
		Print/Type preparer's name Preparer's signatuce	Date   Check [	PTIN
Pair	d	DANIEL O. MORROW, CPA	2225 if self-employ	P01353124
Pre	parer	Firm's name POTTER & COMPANY, P.A.	Firm's EIN	56-1220683
Use	Only	Firm's address 434 COPPERFIELD BLVD NE STE A	A10200 A600000	RTT BANKATON BURDEN BANKA
_		CONCORD, NC 28025	Phone no. 7 0	4-786-8189
Ma	y the IF	S discuss this return with the preparer shown above? See instructions		X Yes No

	990 (2021) CABARRUS COUNTY TOURISM AUTHORITY 26-2726341	Page 2
Pa	rt III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III	
-	DRIVE VISITATION TO CABARRUS COUNTY TO GENERATE THE MAXIMUM IMPACT	
	THROUGH HOTEL STAYS AND VISITOR SPENDING.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	25110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	3
4a	(Code:) (Expenses \$4,012,069. including grants of \$) (Revenue \$	
	DRIVE VISITATION TO CABARRUS COUNTY TO GENERATE THE MAXIMUM IMPACT	
	THROUGH HOTEL STAYS AND VISITOR SPENDING.	
		58 <u> </u>
	<del></del>	
		_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program service expenses 4 012 069	

Form 990 (2021)

		Miller 1	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	220		
2	If "Yes," complete Schedule A	1		X
3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		77
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		X
- 1		-		
5	during the tax year? If "Yes," complete Schedule C, Part II	4	-	-
J	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III			x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5	-	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-6		
8	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			A
-	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		- 22
	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	9		- 22
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,	10		- 21
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110	-11	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1	x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- 10
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	.000	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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	V42.00		Witer
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	-		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	x	
24a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	Α.	
V775-10-E2	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	- Commission		
	Schedule K. If "No," go to line 25a	24a	_	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	-	
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		$\vdash$
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	00000000		I
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			37
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		X
30	Note: All Form 990 filers are required to complete Schedule O		x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
	Check if Schedule O contains a response or note to any line in this Part V			
		1	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter ·0· if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0		1	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		X
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| Porm 990 (2021) | CABARRUS COUNTY TOURISM AUTHORITY | Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 15	1999		200
b		2b		_X_
За	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.  Did the organization have unrelated business gross income of \$1,000 or more during the year?	200	4	77
b		3a	-	X
	to the copy provide an explanation on defredble o	3b		_
40	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	1200		37
b		4a		X
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	그렇게 보고 있는데 그렇게 되었다. 그리고 있는데 그리	F-	F 1	v
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	
6a		50		
	any contributions that were not tax deductible as charitable contributions?	6a	-	X
b		- Oa		21
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- 00		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		0000000
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	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	1	ì	
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	- 1	ľ	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	-	_
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	10-	-	_
<u></u>	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	- 1		
-	organization is licensed to issue qualified health plans	- 1	Į	
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		
	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 the 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?	16		X
	If "Yes," complete Form 4720, Schedule O.			- 1
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		200	

Form 990 (2021)

CABARRUS COUNTY TOURISM AUTHORITY

Covernance, 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. 26-2726341 Page 6

1a Enter the number of voting members of the governing body at the end of the tax year		Check if Schedule O contains a response or note to any line in this Part VI			X
In Enter the number of voting members of the governing body at the end of the tax year  If these are metal differences in woling rights among member of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.  1	Sec	tion A. Governing Body and Management	**********		
In Enter the number of voting members of the governing body at the end of the tax year  If these are metal differences in woling rights among member of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.  1			-	Yes	No
If there are material differences in voling rights among members of the governing body, or if the governing body degated brand authority to an executive committee or unifor committee, explain on Schedule 0.  b Enter the number of voting members included on line 1a, above, who are independent.  c Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 900 was filed?  4	1a	Enter the number of voting members of the governing body at the end of the tax year	2	1	1
bedy delegated broad suthority to an executive committee or similar committee, explain on Schedule 0.  b Effect the number of voting members included on line 1a, above, who are independent 1.  c) Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management ownpany or other person?  c) Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  c) Did the organization become aware during the year of a significant diversion of the organization's assets?  c) Did the organization have members or stockholders?  To Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  To Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  To Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  B) If the powerning body?  B) If the governing body?  B) Did the organization the governing body?  B) Each committee with authority to act on behalf of the governing body?  B) Each committee with authority to act on behalf of the governing body?  B) Each committee with authority to act on behalf of the governing body?  B) Each committee with authority to act on behalf of the governing body?  B) Each committee with authority to act on behalf of the governing body?  B) Each committee with authority to act on behalf of the governing body?  B) Each committee with authority to act on behalf of the governing body?  B) Each committee with authority to act on behalf of the governing body?  B) Each committee with authority to act on behalf of the governing body?  B) Each committee with authority to act		If there are material differences in voting rights among members of the governing body, or if the governing	-		
b Enter the number of voting members included on line 1a, above, who are independent		body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees  3 Did the organization delegate control over management duties customarly performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filled?  4 X  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 X  7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have with the power of the properties of the properti	b	Enter the number of voting members included on line 1a, above, who are independent			
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c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  12c X  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  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?  15 The organization's CEO, Executive Director, or top management official  15 Other officers or key employees of the organization  15 If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a 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 Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed NONE  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  19 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 financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records DOHN MILLS - (704)456-7962	12a	Was officers dispeters as trucked and law and	12a		
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Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  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?  15 The organization's CEO, Executive Director, or top management official  15 The organization invest in contribute assets on Schedule O. See instructions.  16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 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?  16 Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  □ Own website □ Another's website ▼ Upon request □ Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JOHN MILLS - (704) 456-7962	C	on School to O have this was does	PERSONAL PROPERTY.	000	
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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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ NONE  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  □ Own website □ Another's website ▼ Upon request □ Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JOHN MILLS − (704)456−7962		Did the organization have a written whistleblower policy?	13		
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Dither officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If a		Did the organization have a written document retention and destruction policy?	14	X	
The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  taxable entity during the year?  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?  Section C. Disclosure  15a X  15b X  16a X   X  16a X  15a X  15b X  16a X  15a X  15b If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  taxable entity during the year?  16a X  16a X  16a IX	15	Did the process for determining compensation of the following persons include a review and approval by independent			
b Other officers or key employees of the organization					
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  ☐ 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 financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JOHN MILLS − (704) 456-7962			15a	X	
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taxable entity during the year?  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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  □ Own website □ Another's website ▼ Upon request □ Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JOHN MILLS - (704)456-7962	022				
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exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  □ Own website □ Another's website ▼ Upon request □ Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JOHN MILLS - (704) 456-7962	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
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<ul> <li>List the states with which a copy of this Form 990 is required to be filed ► NONE</li> <li>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         <ul> <li>Own website</li> <li>Another's website</li> <li>Upon request</li> <li>Other (explain on Schedule O)</li> </ul> </li> <li>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records ► JOHN MILLS - (704) 456-7962</li> </ul>	~	exempt status with respect to such arrangements?	16b		
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X  Upon request  Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records  JOHN MILLS - (704) 456-7962					
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Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records ►  JOHN MILLS - (704) 456-7962					
statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records   JOHN MILLS - (704) 456-7962					
statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records   JOHN MILLS - (704) 456-7962	19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
JOHN MILLS - (704)456-7962		statements available to the public during the tax year.			
JOHN MILLS - (704)456-7962					
10099 WEDDINGTON RD SUITE 102, CONCORD, NC 28027		JOHN MILLS - (704)456-7962	5		
		10099 WEDDINGTON RD SUITE 102, CONCORD, NC 28027	ch 115		

Form	agn	(2021)	

### CABARRUS COUNTY TOURISM AUTHORITY

26-2726341

Page 7

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

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

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

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

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

(A) Name and title	(B) Average hours per week	er box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensaled employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DONNA CARPENTER	40.00									
PRESIDENT/CEO						Х		156,882.	0.	24,113
(2) JOHN MILLS	40.00									5-55-134-5-35-W(1-4)1-91
EX. VICE PRESIDENT FINANCE DIR						X		115,443.	0.,	20,343
(3) MICHEAL BONOFFSKI	40.00							100 SHAPE STURESS		
SR VP MARKETING & COMMUNICATIONS						X		113,071.	0.	18,705
(4) JOHN POOLE	40.00									
SR VP SALES & SERVICES						X		105,980.	0.	18,845.
(5) ANGIE BROWN	1.00									
BOARD CHAIR		X		X				0.	0.	0.
(6) OWEN PARKER	1.00									
TREASURER		X		Х				0.	0.	0.
(7) TERRY CRAWFORD	1.00								300.00	
SECRETARY		X		X				0.	0.	. 0
(8) MIKE DOWNS	1.00					350				same selection and a selection
BOARD MEMBER		X						0.	0.	0.
(9) GREG WALTER	1.00									
BOARD MEMBER		X						0.	0.	0.
(10) TAMMY TREXLER WHALEY	1.00									
BOARD MEMBER		X						0.	0.	0.
(11) STEVE STEINBACHER	1.00									
BOARD MEMBER		X						0.	0.	0.
(12) DIANE HONEYCUTT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) ALAN BENSON	1.00									
BOARD MEMBER		X						0.	0.	0.
(14) PRITESH NAGARJI	1.00	Gene					- 1	400	232	
BOARD MEMBER		X						0.	0.	0.
(15) JAY WHITE	1.00									
BOARD MEMBER		X						0.	0.	0.
(16) PAT HORTON	1.00									
BOARD MEMBER		X		- 1	- 1			0.	0.	0.

(B) Description of services	(C) Compensation
MARKETING	500,000.
MARKETING	486,950.
MARKETING/SPONSORSHI	
PS	246,314.
MARKETING	204,283.
RENT	190,364.
e listed above) who received more than	
	Description of services  MARKETING  MARKETING  MARKETING/SPONSORSHI PS  MARKETING

Form 990 (2021)

(A) (B) (C) (D)			Check if Schedule O c	ontains a response	or note to any li	ne in this Part VIII			
1 a   Federated campaigns   1a   b		000		SHALL NEW YEAR		(A)	Related or exempt	Unrelated	Revenue excluded from tax under
Second   S	ats	1 a	Federated campaigns	1a					
Second   S	Grants	b		ACTION AND SECURITION OF THE S		1			
Second   S	S, C	c	Fundraising events	1c		1			
Second   S	Gift		Related organizations	1d		1			
Second   S	in's	e			293,073.				
Second   S	tior er S	f	All other contributions, gifts, g	rants, and				3	
Second   S	ibu		similar amounts not included a	above 1f				ſ	
Second   S	d C	g							
2 a	<u>2</u> E	h	Total. Add lines 1a-1f			293,073.			
Band					<b>Business Code</b>				
Barrier   Barr	9	2 a			561499	6,138,714.	6,138,714.		
Total, Add lines 2a-27    Total, Add lines 2a-27	e Z	b	ADVERTISING FI	EE INCOME	561499	16,126.	16,126.		
Total, Add lines 2a-27    Total, Add lines 2a-27	Sch	c	PROGRAM FEE IN	NCOME	561499	3,158.	3,158.		
Total, Add lines 2a-27    Total, Add lines 2a-27	lev ev	d							
Total, Add lines 2a-27    Total, Add lines 2a-27	go.	е							
Solution	ā	f	All other program service re	evenue					
Solution		g	Total. Add lines 2a-2f			6,157,998.			
A income from investment of tax-exempt bond proceeds Royalties    (i) Real   (ii) Personal			Investment income (includi	ng dividends, inter	est, and				
For a Gross rents  6 a Gross rents  6 b Less: rental expenses  6 c Rental income or (loss)  6 d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  7 b C Gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  8 b Less: direct expenses  8 c Net income or (loss) from fundraising events  10 a Gross sales of inventory, less returns and allowances  b Less: cost or foods sold  c Net income or (loss) from garning activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost or goods sold  c Net income or (loss) from sales of inventory  8 a MISCELLANEOUS INCOME  5 6 6 3 .  6 b B B B B B B B B B B B B B B B B B B			other similar amounts)			1,631.	1,631.		
Second Personal   Second Per		4	Income from investment of	tax-exempt bond	proceeds >	C - NORTH TEACHER			
Second Personal   Second Per	1	5	Royalties						
b Less: rental expenses						3-7-15		1000 H 100 H 120 H	×
Total Income or (loss)  Rental income or (loss)  Net rental income or (loss)  Rental income or (loss)  Net rental income or (loss)  Re		6 a		6a					
d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses  7 b C Gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  8 b Less: clost or other basis and sales expenses  6 c Net income or (loss)  9 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  8 b Less: clirect expenses  6 Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  9 b Less: clirect expenses  6 Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  10 b Less: cost of goods sold  10 c Net income or (loss) from sales of inventory  8 Business Code  561499  5,663.  5,663.	1			6b					
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Cross income or (loss) from fundraising events \$8b	1	c	Rental income or (loss)	6c	i				
assets other than inventory b Less: cost or other basis and sales expenses									
b Less: cost or other basis and sales expenses	1	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
and sales expenses 7b 7c			assets other than inventory	7a					
contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  8 Business Code 561499 5,663.  8 MISCELLANEOUS INCOME 56,663.		b							
contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  8 Business Code 561499 5,663.  8 MISCELLANEOUS INCOME 56,663.	an I					i	i		
contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  8 Business Code 561499 5,663.  8 MISCELLANEOUS INCOME 56,663.	Š		The state of the s						
contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  8 Business Code 561499 5,663.  8 MISCELLANEOUS INCOME 56,663.	ä								
contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  8 Business Code 561499 5,663.  8 MISCELLANEOUS INCOME 56,663.	the	8 a	그 그리아 없어서 있다면 나는 사람이 되었다면 하다면 하는데 하는데 하는데 하는데 하는데 하는데 되었다면 하는데 없다면 하는데	[40] (C. C. C					
Part IV, line 18	6		10 (10 ) (10 ) (10 ) (10 ) (10 ) (10 ) (10 ) (10 ) (10 ) (10 ) (10 ) (10 ) (10 ) (10 ) (10 ) (10 ) (10 ) (10 )		l i				
b Less: direct expenses	- 1				1				
C Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses  C Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  C Net income or (loss) from sales of inventory  11 a MISCELLANEOUS INCOME  Business Code  561499  5,663.									
9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9 b  Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory  Net income or (loss) from sales of inventory  Business Code  11 a MISCELLANEOUS INCOME 561499 5,663.  MISCELLANEOUS INCOME 561499 5,663.									
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Net income or (loss) from sales of inventory  Business Code 561499 5,663.  All other revenue e Total. Add lines 11a·11d  5,663.					, <b>&gt;</b>				
b Less: direct expenses 9b  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances 10a  b Less: cost of goods sold 10b  c Net income or (loss) from sales of inventory  Business Code  561499 5,663. 5,663.		9 a							
C Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold c Net income or (loss) from sales of inventory    11 a MISCELLANEOUS INCOME   561499   5,663.			Part IV, line 19	9a					
10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 561499 5,663. 5,663.	- 1			184 1616 M. C.					
and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 561499 5,663. 5,663.				The state of the s	<b>&gt;</b>				
b Less: cost of goods sold 10b C Net income or (loss) from sales of inventory 11 a MISCELLANEOUS INCOME 561499 5,663. 5,663. 5  All other revenue Total. Add lines 11a-11d 5,663.		10 a							
C Net income or (loss) from sales of inventory  Business Code  561499  5,663.  All other revenue  Total. Add lines 11a-11d  Total. Add lines 11a-11d			and allowances	<u>10a</u>				1	
STOP   11 a   MISCELLANEOUS INCOME   561499   5,663.   5,663.	- 1								
11 a   MISCELLANEOUS INCOME   561499   5,663.   5,663.   5,663.   6   6   6   6   6   6   6   6   6	_	С	Net income or (loss) from sa	les of inventory	<b>&gt;</b>				
e Total. Add lines 11a·11d ► 5 , 663 •	2								
e Total. Add lines 11a·11d ► 5 , 663 •	eor re	11 a	MISCELLANEOUS	INCOME	561499	5,663.	5,663.	NORTH TO THE	
e Total. Add lines 11a·11d ► 5 , 663 •	en	b							
e Total. Add lines 11a·11d ► 5 , 663 •	See.								
e Total. Add lines 11a·11d ► 5 , 663 •	Mis	d	All other revenue					- A PARTIE HARRIES - A PARTIE - A	
12 Total revenue. See instructions ▶ 6,458,365.6,165,292. 0. 0.		е	Total. Add lines 11a-11d				30E31E		
		12	Total revenue. See instructions			5,458,365.	5,165,292.	0.	0.

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
	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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
1,0220	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
170400	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees				
ь	Compensation not included above to disqualified			1	
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
~		052 452	000 505	140 000	
7 8	Other salaries and wages	952,453.	809,585.	142,868.	
0	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	67 000	E7 713	10 105	
0		67,898. 122,125.	57,713.	10,185.	
9	Other employee benefits	71,871.	103,806.	18,319.	
10	Payroll taxes Fees for services (nonemployees):	/1,8/1.	61,090.	10,781.	
11	1			1	
a					
b		15,025.	10 771	2 254	
C	Accounting	15,025.	12,771.	2,254.	
d	_				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		1			
	column (A), amount, list line 11g expenses on Sch O.)	939,413.	700 501	140 010	
12	Advertising and promotion		798,501.	140,912.	
13	Office expenses	67,866. 45,155.	57,686.	10,180.	
14	Information technology	45,155.	38,382.	6,773.	
15	Royalties	30 006	20 205	F 701	
16	Occupancy	38,006.	32,305.	5,701.	
17	Travel				
18	Payments of travel or entertainment expenses			ĺ	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21 242	10 056	2 100	
20	Interest	21,242.	18,056.	3,186.	
21	Payments to affiliates	211,653.	170 005	21 740	
22	Depreciation, depletion, and amortization		179,905.	31,748.	
23	Other expenses, Itemize expenses not covered	10,340.	8,789.	1,551.	
24	above. (List miscellaneous 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.)				
a	SPONSORSHIP/EVENT EXPEN	1,228,395.	1,044,136.	184,259.	
b	COLLATERAL PRODUCTION/B	311,736.	264,976.	46,760.	-
c	OTHER EXPENSES	309,967.	263,472.	46,495.	
d	ADMINISTRATION FEE	306,936.	260,896.	46,040.	
7,000	All other expenses	222,2001		20,010.	
25	Total functional expenses. Add lines 1 through 24e	4,720,081.	4,012,069.	708,012.	C
26	Joint costs. Complete this line only if the organization		2,022,000.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	ŀ			
	Check here if following SOP 98-2 (ASC 958-720)				

rt X	Balance Sheet					
	Check if Schedule O contains a response or no	te to any lir	ne in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			4,452,663.	1	5,776,743
2	Savings and temporary cash investments	**********			2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			437,790.	4	539,923
5	Loans and other receivables from any current of	r former off	icer, director,			
78705					5	
6						
10,45.1					6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9					9	
10a			navanan ilakan en			
				110,005.	10c	89,003
	Investments - publicly traded securities				11	
	Investments - other securities. See Part IV, line	11			12	
	Investments - program-related. See Part IV, line	11			13	
. 82	Intangible assets				14	
20.70	Other assets. See Part IV, line 11				15	1,657,839
				16	8,063,508	
				443,223.	17	370,917
	Grants payable			18		
	Deferred revenue				19	
	Tax-exempt bond liabilities				20	
					21	
22			(8)			
	controlled entity or family member of any of the	se persons				
	Secured mortgages and notes payable to unrela	ated third p	arties			
					24	
25			**************************************			
	12 1 1 2 2	8		606 630		1 501 504
00	***************************************			1 040 053		1,721,704.
26				1,049,853.	26	2,092,621.
		ck here		1	- 1	
07					120	
20	Net assets with departmentations	•••••	·····			
20					28	
		oo, check i	iere			
20				0	20	0
30	Paid in or capital surplus or land building or ea	uinment fu				0.
					100000	89,003.
	Total net assets or fund balances			4,232,603.	32	5,881,884. 5,970,887.
				4 6 7 6 11 3 1	2624	" M / II KK /
	1 2 3 4 5	Check if Schedule O contains a response or not Check if Schedule O contains a response or not Cash - non-interest-bearing  2 Savings and temporary cash investments  3 Pledges and grants receivable, net  4 Accounts receivable, net  5 Loans and other receivables from any current or trustee, key employee, creator or founder, subscontrolled entity or family member of any of the Loans and other receivables from other disqual under section 4958(f)(1)), and persons describe Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  1 Less: accumulated depreciation  1 Investments - publicly traded securities  1 Investments - program-related. See Part IV, line Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal trustee)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Intrustee, key employee, creator or founder, subscontrolled entity or family member of any of these Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, paparties, and other liabilities not included on lines of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33.  27 Net assets with donor restrictions  Organizations that do not follow FASB ASC 999, and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equal complete lines 29 through 33.	Check if Schedule O contains a response or note to any line  1	Check if Schedule O contains a response or note to any line in this Part X    1	Check if Schedule O contains a response or note to any line in this Part X  (A)  Beginning of year  4 / 452 , 663 .  3 Pledges and grants receivable, net  4 Accounts receivable, net  4 Accounts receivable, net  4 Accounts receivable from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  6 Loans and other receivables from enter disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net  Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D  11 Investments - publicity traded securities  12 Investments - other securities. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 33)  17 Accounts payable and accrued expenses  18 Grants payable  29 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  10 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  10 Controlled entity or family member of any of these persons  11 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  10 Conganizations that follow FASB ASC 958, check here 2 And complete lines 29 through 33.  20 Net assets with donor restrictions  21 Part assets with donor restrictions  22 Loans and other particulars, and assets with donor restrictions  23 Part assets with donor restrictions  24 Loans and other particulars, and assets with donor restrictions  25 Organizations that do not follow FASB ASC 958, che	Check if Schedule O contains a response or note to any line in this Part X

Form 990 (2021)

	1990 (2021) CABARRUS COUNTY TOURISM AUTHORITY	26-272	6341	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		.,		
1	Total revenue (must equal Part VIII, column (A), line 12)		6,45		
2	Total expenses (must equal Part IX, column (A), line 25)		4,72		
3	Revenue less expenses. Subtract line 2 from line 1		1,73		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,23	2,6	03.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,97	0,8	87.
Pa	t XII Financial Statements and Reporting				18
	Check if Schedule O contains a response or note to any line in this Part XII			****	X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			2a		X
	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?		2b	X	
	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:		1 1		
	X Separate basis 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	1 1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O	20	**	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
(100)	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red sudit	Ja	-	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
_		***************************************		agn /	(2021)
			LOUIN .	000	(2021)

### Form 8868

(Rev. January 2022)

# Application for Automatic Extension of Time To File an **Exempt Organization Return**

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Form 8868 (Rev. 1-2022)

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) print CABARRUS COUNTY TOURISM AUTHORITY 26-2726341 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 10099 WEDDINGTON ROAD #102, 102 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 28027 CONCORD, NC Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Return Application Return Is For Is For Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 06 12 Form 990-T (corporation) 07 JOHN MILLS The books are in the care of ▶ 10099 WEDDINGTON RD SUITE 102 - CONCORD, NC 28027 Telephone No. ► (704)456-7962 Fax No. > If the organization does not have an office or place of business in the United States, check this box \_\_\_\_\_\_ > [ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_. If this is for the whole group, check this box 🕨 ... If it is for part of the group, check this box 🕨 ... and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until MAY 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2021 , and ending JUN 30, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

D	CABARRUS COUNTY TOURI	SM AUTHORITY	26-2726341
Pa	rt I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds or A	Accounts. Complete if the
_	organization answered "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		The state of the s
5	Did the organization inform all donors and donor advisors in writing	g that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclu	sive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adviso	rs in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose confer	ring
	impermissible private benefit?	er author, or for any other purpose come	Yes No
Pa	rt II Conservation Easements. Complete if the organiza	ation answered "Ves" on Form 990 Part IV	line 7
1	Purpose(s) of conservation easements held by the organization (cf		, inte 7.
	Preservation of land for public use (for example, recreation of	AND THE POST OF THE PARTY OF TH	sets allow from a stand found and a
	Protection of natural habitat		orically important land area
	Preservation of open space	Preservation of a certi	fied historic structure
2			
-	Complete lines 2a through 2d if the organization held a qualified co day of the tax year.	onservation contribution in the form of a co	
2			Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure	included in (a)	2c
d		7/25/06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released	d, extinguished, or terminated by the organ	ization during the tax
- 8	year ▶		
4	Number of states where property subject to conservation easemer		4
5	Does the organization have a written policy regarding the periodic		
	violations, and enforcement of the conservation easements it holds		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handl	ing of violations, and enforcing conservation	on easements during the year
	<b>-</b>		
7	Amount of expenses incurred in monitoring, inspecting, handling or	f violations, and enforcing conservation ea	sements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above satisfied	sfy the requirements of section 170(h)(4)(B	)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation eas	sements in its revenue and expense staten	nent and
	balance sheet, and include, if applicable, the text of the footnote to	the organization's financial statements th	at describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of Art,	Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not	to report in its revenue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherar	ace of public
	service, provide in Part XIII the text of the footnote to its financial st		
b	If the organization elected, as permitted under FASB ASC 958, to re		sheet works of
	art, historical treasures, or other similar assets held for public exhib	ition education or research in furtherance	of public service
	provide the following amounts relating to these items:	ation, education, or research in fortherance	of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>•</b> •
	(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!-	φ
_	the following amounts required to be reported under FASB ASC 95		Jovide
h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
	. account and account		<b>▶</b> \$

	edule D (Form 990) 2021 CABARRU rt III Organizations Maintaining (	S COUNTY TO	COURISM AU	JTHORITY Treasures, or Ot	26- her Similar As	272634	1 Pa	age 2
3	Using the organization's acquisition, access	sion, and other recor	ds, check any of t	he following that make	e significant use of	its	, ,	
	collection items (check all that apply):				10 (191 <del>7</del> 0) (1 1990) 14 (1990) 14 (1990) 14 (1990)			
а	Public exhibition	)		xchange program				
b	Scholarly research		e Other	26 11 155				
C	Preservation for future generations							
4	Provide a description of the organization's of	collections and expla	in how they furthe	r the organization's e	xempt purpose in	Part XIII.		
5	During the year, did the organization solicit	or receive donations	of art, historical tr	easures, or other simi	lar assets			
-	to be sold to raise funds rather than to be m	naintained as part of	the organization's	collection?		Yes		No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	<b>igements.</b> Compl art X, line 21.	lete if the organiza	tion answered "Yes"	on Form 990, Part	IV, line 9, or		
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for contributi	ions or other assets n	ot included			
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:					
						Amount		
c	Beginning balance	*******************************			1c			
d	Additions during the year				1d			
e	Distributions during the year		***********	***************************************	1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial account lia	bility?	Yes		No
	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanation has bee	en provided on Part X	III			
Pai	t V Endowment Funds. Complete			Form 990, Part IV, line				
	BNDAN A RANDOMAN YOUT BUT HER PROVINCE SOME THE RT.	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ck (e) Four	years l	back
1a	Beginning of year balance							
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	rent year end balanc	ce (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment		_%					
	Permanent endowment >							
C		%						
125-17	The percentages on lines 2a, 2b, and 2c sho							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are held	and administered for	the organization	_		_
	by:						Yes	No
	(i) Unrelated organizations	******************************				3a(i)		
8	(ii) Related organizations			**************************		3a(ii)		
ь	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Schedule R	?		3b		
Por	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Pai				2 2 202 A	8 0			
	Complete if the organization answered	The state of the s						
	Description of property	(a) Cost or o			Accumulated	(d) Book	value	
_	land.	basis (investr	nent) basis	s (other) de	epreciation			
	Land							
ь	Buildings		701		100 (=)			
	Leasehold improvements				139,174.		,61	
	Equipment				133,911.		,21	
	Other			1001	87,826.	8	,17	5.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

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.

	dule D (Form 990) 2021 CABARRUS COUNTY TOURISM AU	THORITY	26-	2726341 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per I	Return	<b>!.</b>
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		1 1	
2	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1	6,458,365.
a	Net unrealized gains (losses) on investments	1 00 1		
b	Donated services and use of facilities	2a 2b	- 1	
c	Recoveries of prior year grants	20 2c	1 1	
d	Other (Describe in Part XIII.)	2d	1 1	
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	6,458,365.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	***************************************		0,430,303.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)		1 1	
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6.458.365.
Par	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	Retu	m.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	4,720,081.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c	] [	
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	4,720,081.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	f f		
	Investment expenses not included on Form 990, Part VIII, line 7b		1 1	
ь	Other (Describe in Part XIII.)	4b	1 1	
c	Add lines 4a and 4b	***************************************	4c	0.
Dar.	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) EXIII Supplemental Information.		5	4,720,081.
-			_	
lines (	e 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 )	(, line 2; Part XI,
intes 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional information.		
PAR	T X, LINE 2:			
	Tay Date 2.			
THE	ORGANIZATION HAS ADOPTED ASC 740-10, EFF	ECTIVE EOR AUDIT	VEA	DC ENDING
	The state of the s	ECTIVE FOR AUDIT	IEA	KS ENDING
AFT	ER DECEMBER 15, 2009, AS IT RELATES TO UNC	TERTAIN TAX POST	TTON	C FOD THE
		DENTITIES THE LODI	1101	D POR THE
YEA	RS ENDED JUNE 30, 2022 AND HAS EVALUATED	ITS TAX POSTTION	S FO	R ALL OPEN
		TID IIII TODITION	D I O	R ADD OF EN
TAX	YEARS. THE ORGANIZATION IS NOT CURRENTLY	UNDER AUDIT NOR	HAS	ਧਮਦ
		OHDER HORE	11110	11111
ORG	ANIZATION BEEN CONTACTED BY THE INTERNAL B	REVENUE SERVICE.		
And the second			/2/3	
4				
BAS	ED ON THE EVALUATION OF THE ORGANIZATIONS	TAX POSITIONS.	MANA	GEMENT
BEL	IEVES ALL POSITIONS TAKEN WOULD BE UPHELD	UNDER AN EXAMIN	ATIO	N.
THE	REFORE, NO PROVISION FOR THE EFFECTS OF UN	NCERTAIN TAX POS	ITIO	NS HAVE
BEE	N RECORDED FOR THE YEARS ENDED JUNE 30, 20	022.		

Schedule D	(Form 990) 2021	CABARRUS	COUNTY	TOURISM	AUTHORITY	26-2726341	Page 5
Part XIII	(Form 990) 2021 Supplemental Info	ormation (continue	d)				
					THE TAX TO STATE OF THE PARTY O		
	N						
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						0.0000000000000000000000000000000000000	
							H LUCKY H
				· · · · · · · · · · · · · · · · · · ·			

## **SCHEDULE J** (Form 990)

# Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CABARRUS COUNTY TOURISM AUTHORITY

Part I | Questions Regarding Compensation

Employer identification number 26-2726341

020	5 <b>2</b> 4 3 44 49 49 49 10 10 10 10 10 10 10 10 10 10 10 10 10		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			W
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1 1		
	contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		_
	If "Yes" on line 6a or 6b, describe in Part III.	OD		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
57	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8		_
-	Regulations section 53.4958-6(c)?	9		
	, regulation to operating during the control of the	1 34		

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

Schedule J (Form 990) 2021

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

Schedule J (Form 990) 2021

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.

(A) Name and Title compensation (ii) Bonus & (iii) Other compensation (iii) Other compensation (iii) Other compensation (iii) Other (iii)	compensation (ii) Bonus & incentive compensation 256,882.		0. 24,113 0. 0	3. 180,995.	reported as deferred
DONNA CARPENTER  (II)  (II)  (III)  (	156,882.	0.0	24,	180,99	22
	• 0	0	0.		0.
					0
	(ii)				
	u)				
	0.				
	ii)				
(ii)					
	0				
(ii) (iii) (iii)	0				
	0				
	u u				
(1)	0				
(ii)	0				
(1)	i)				
(1)	0				
9	0				
	0				
(ii)	0				
0)	0				
(3)					

Schedule J (Form 990) 2021

### SCHEDULE L

Department of the Treasury

(Form 990)

## Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Internal Revenue Service Name of the organization

OMB No. 1545-0047

Inspection

Employer identification number CABARRUS COUNTY TOURISM AUTHORITY 26-2726341 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (h) Approved by board or committee? (c) Purpose (a) Name of (b) Relationship (d) Loan to or (e) Original (i) Written (f) Balance due (g) In from the interested person with organization of loan principal amount default? agreement? organization? To From Yes No Yes No Yes No Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between (c) Amount of (d) Type of (e) Purpose of interested person and assistance assistance assistance the organization

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

Schedule L (Form 990) 2021

Part IV Business Transactions Inv Complete if the organization answe	77		28a. 2	8b. or 28c.			
(a) Name of interested person	(b) Relationship be person and the	etween inter	ested	(c) Amount of transaction	(d) Description of transaction	òrgani reve	aring of zation's nues?
GREG WALTER	MEMBER OF	BOARD	c E	0	THE ORGANIZ	Yes	No X
OWEN PARKER	MEMBER OF				THE ORGANIZ		X
STEVE STEINBACHER	MEMBER OF		-		THE ORGANIZ		X
TERRY CRAWFORD	MEMBER OF				THE ORGANIZ		X
ALAN BENSON	MEMBER OF	BOARD	& E		THE ORGANIZ		X
			O 100 - 10 10		OHOLEVIA		
Part V Supplemental Information. Provide additional information for re	sponses to questions	on Schedule	L (see	nstructions).			
SCH L, PART IV, BUSINESS					ED PERSONS:		
(A) NAME OF PERSON: GREG	WALTER						
(B) RELATIONSHIP BETWEEN	INTERESTED	PERSON	ANI	ORGANIZAT	ION:		
MEMBER OF BOARD & EXC VP	-GENERAL MO	R - CH	ARLO	OTTE MOTOR	SPEEDWAY		
(C) AMOUNT OF TRANSACTION	N \$ (D) DESC	CRIPTIC	N O				_
(D) DESCRIPTION OF TRANSP	ACTION: THE	ORGANI	ZAT:	ON HAS A M	ARKETING		
AGREEMENT AND EVENT SPON	SORSHIP WITH	CHARL	OTTI	MOTOR SPE	EDWAY.		
THE ORGANIZATION PAID CHA	ARLOTTE MOTO	R SPEE	DWAY	\$246,314	DURING THE	YEAR	
ENDED JUNE 30, 2022.			_	1.7(00.0)			
(E) SHARING OF ORGANIZAT	ON REVENUES	3? = NO					
(A) NAME OF PERSON: OWEN	PARKER						
(B) RELATIONSHIP BETWEEN	INTERESTED	PERSON	ANI	ORGANIZAT	ION:		
MEMBER OF BOARD & GENERAL	MANAGER HI	LTON G	ARDE	INN INN			
(D) DESCRIPTION OF TRANSP	ACTION: THE	ORGANI	ZATI	ON PAID HI	LTON GARDEN	INN	
\$3,164 FOR SPONSORSHIP OF	GROUP MEET	INGS D	URIN	G THE YEAR	ENDED JUNE	30,	-
2022.							
(A) NAME OF PERSON: STEVE	STEINBACHE	R					
(B) RELATIONSHIP BETWEEN	INTERESTED	PERSON	AND	ORGANIZAT	ION:		

Schedule L (Form 990) CABARRUS COUNTY TOURISM AUTHORITY 26-2726341 Page 2  Part V Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
MEMBER OF BOARD & EXC VP & GENERAL MANAGER CABARRUS BEWING COMPANY
(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O
(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION PAID CABARRUS BREWING
COMPANY \$1,184 FOR AN EVENT SPONSORSHIP DURING THE YEAR ENDED JUNE 30,
2022.
(E) SHARING OF ORGANIZATION REVENUES? = NO
(A) NAME OF PERSON: TERRY CRAWFORD
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
MEMBER OF BOARD & COUNCILMAN OF THE CITY OF CONCORD
(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O
(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION PAID THE CITY OF
CONCORD \$16,530 FOR AN EVENT SPONSORSHIP DURING THE YEAR ENDED JUNE 30,
2022.
(E) SHARING OF ORGANIZATION REVENUES? = NO
(A) NAME OF PERSON: ALAN BENSON
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
MEMBER OF BOARD & EXC VP & GENERAL MANAGER EMBASSY SUITES
(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION PAID EMBASSY SUITES
\$57,473 FOR SPONSORSHIP OF GROUP MEETINGS DURING THE YEAR ENDED JUNE 30,
2022.

## SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

CABARRUS COUNTY TOURISM AUTHORITY	26-2726341
FORM 990, ITEM C, DOING BUSINESS AS:	
CABARRUS COUNTY CONVENTION AND VISITORS BUREAU	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
VISITOR SPENDING.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT COPY OF THE 990 RETURN WAS PRESENTED TO THE BOARD	OF DIRECTORS AT
THEIR REGULARLY SCHEDULED MEETING FOR REVIEW AND APPROVAL	•
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY WAS DISTRIBUTED ANNUALLY	TO THE BOARD OF
DIRECTORS AND THE EMPLOYEES. WITHIN THE POLICY THERE ARE	PROCEDURES FOR
COMMUNICATING CONCERNS TO SUPERVISORS AND THE BOARD OF DI	RECTORS.
FORM 990, PART VI, SECTION B, LINE 15A:	
SALARY OF THE CEO IS DETERMINED BY THE BOARD OF DIRECTORS	. THE ORGANIZATION
USED COMPARABLE DATA FROM OTHER RESOURCES SUCH AS DESTINAT	TION MARKETNG
ASSOCIATION INTERNATIONAL FOR CEO COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	EST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION A	AT THE
ORGANIZATION'S OFFICE UPON REQUEST. ORGANIZATIONS STAFF AF	RE AVAILABLE TO
PROVIDE SUPERVISION AND ANSWER ANY QUESTIONS THE INQUIRING	

Schedule O (Form 990) 2021	Page 2
Name of the organization  CABARRUS COUNTY TOURISM AUTHORITY	Employer identification number 26-2726341
FORM 990, PART XI, LINE 2C	VI 10 10 10 10 10 10 10 10 10 10 10 10 10
THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT	OF THE AUDIT
AND THE SELECTION OF THE INDEPENDENT AUDITOR.	
	100000