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' 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the 20	014 cale <u>r</u>	ndar year, or tax year beginning January 1 , 2014, and ending	Aug	ust 31	, 20 14	
В	Check if ap	plicable	C Name of organization Charlotte Curling Association		D Employ	er identification ni	ımber
✓	Address ch		Doing business as			27-2056711	
	Name chan	Ť	Number and street (or P O box if mail is not delivered to street address) Room/suite	е	E Telephoi	ne number	
	Initial return		5009 Beatties Ford Road Ste 107-242			803-831-6838	
\exists	Final return/to	- 1	City or town, state or province, country, and ZIP or foreign postal code			333 331 3333	
\equiv	Amended re		Charlotte, NC 28216		G Gross re	ecerots \$	292,572
Ħ	Application	•	F Name and address of principal officer	W(a) Is this a m		subordinates? Yes	
_	Application		Stephen McKee, 6104 Greengate Lane, Waxhaw, NC 28173	1 -		s included? Yes	_
_	Tax-exempt		✓ 501(c)(3)			a list (see instructio	
<u>'</u>	Website: ▶		v.charlottecurling.com			number ▶	·
<u>у</u> К			✓ Corporation Trust Association Other L Year of formatic		1	of legal domicile	NC.
				on 2010	W State	or legal domicile	NC
		Summa					
4	1	-	scribe the organization's mission or most significant activities: The Ass	sociation's r	nission is	to promote and	
Activities & Governance	gr	row the s	sport of curling in Charlotte, North Carolina and the South.				·
Ē							
Š			s box If the organization discontinued its operations or disposed of			its net assets.	
Ğ	I .		of voting members of the governing body (Part VI, line 1a)		3		9
ళ			of independent voting members of the governing body (Part VI, line 1b)				9
Ë	5 To	otal num	nber of individuals employed in calendar year 2014 (Part V, line 2a) .		5		0
ξ	1		nber of volunteers (estimate if necessary)		6		60
¥	7a To	otal unre	elated business revenue from Part VIII, column (C), line 12		7a		\$0
	b N	let unrel	ated business taxable income from Form 990-T, line 34	<u></u>	7b		\$0
Revenue				ear	Current Ye	ear	
	8 C	ontribut	ions and grants (Part VIII, line 1h)		47,160		243,823
	9 P	rogram	service revenue (Part VIII, line 2g)		55,961		48,182
eve		-	nt income (Part VIII, column (A), lines 3, 4, and 7d)				
Œ	1		enue (Part VIII <u>, column (A), lines 5, 6d</u> 8c, 9c, 10c, and 11e)		6,144		567
	1		enue – add lines 8°through Mar (must equal Part VIII, column (A), line 12)		109,265		292,572
			nd sımılar amounts paid (Part IX,-column (A), lines 1-3)				
			paid to or for members (Part IX, column (A), line 4)				
(A	145 0	Salaries (other compensation, employee benefits (Part IX, column (A), lines 5-10)				
Se	16a P		anal fundralsing fees (Part-IX, column (A), line 11e)				
ĕ	b T		draising expenses (Part 1X) column (D), line 25) ▶				
Ě	47		penses (Part-IX,-column-(A),-Ilnes 11a-11d, 11f-24e)		74 770	<u> </u>	44 222
20 (Expenses	17 0	•	· · · · · · · · · · · · · · · · · · ·		74,772		44,333
~	18 T		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		74,772		44,333
	19 R	evenue	less expenses. Subtract line 18 from line 12	Seginning of Ci	48,242	End of Ye	248,239
Sets or 1			<u> </u>	regillining of Ci			
-8 E	20 T		ets (Part X, line 16)		82,735		530,974
\$	3		ilities (Part X, line 26)				200,000
á			ts or fund balances. Subtract line 21 from line 20		82,735	l	330,974
_	art II		ture Block				
	nder penaltie	es of perju	ry, I declare that I have examined this return, including accompanying schedules and staten lete. Declaration of propagation (other than efficer) is based on all information of which preparer	nents, and to	the best of	my knowledge and	d belief, it is
7	ie, conect, a	. Compi	lete Decial another preparer (other dial princer) is based on all information of which preparer	nas any know	- Z		
<u>ي</u>		—	XVIII		6/	30// ³	
/Si	- 1	Sign	ature of officer	Đ	ate /		
He	ere		STERAUN A. MIKEL PLASIOUNT				
		Туре	e or print name and title				
P	aid	Print/Ty	pe preparer's name Preparer's signature Da	te	Check	☐ if PTIN	
	eparer				self-em		
	se Only	1	name ►	Fin	m's EiN ▶		
J;	Je Orny		address ▶	Ph	one no		
Ma	y the IRS		s this return with the preparer shown above? (see instructions)			🗌 Ye	s 🗌 No
_				o 11282Y		Form	990 (2014)

\$37,487

Total program service expenses

Form 99	<u> </u>		F	Page 3
Part I	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	<u>√</u>	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓_
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	-	✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	1		
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	√	_
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	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
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		/
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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		1
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		1
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		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		√
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		•
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	-00		
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	1	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		\$,
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>√</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		▼
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		\
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? <i>If</i> "Yes," complete Schedule R, Part I	33		√
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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
			<u> aan</u>	10011

Form **990** (2014)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			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 in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			İ
	reportable gaming (gambling) winnings to prize winners?	1c		[
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3а		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35		
-Tu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4-		1
	·	4a		•
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			[
_	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required 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		
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		į
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			1
а	Gross income from members or shareholders	j !		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Ī
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			—
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		ļ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		Ė

	0 (2014)			Page 0
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI		•	<u> </u>
Secti	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9		163	140
ıa	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2	7	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	_	,	1
	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	✓	-
b	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.5		-
Ŭ	the year by the following:			
а	The governing body?	- 8a	1	-
b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		· · · ·	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.))
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	V	1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		· /
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	-	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
_	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
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?		_	İ
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b		
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ŀ
16a	with a taxable entity during the year?	16a		/
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	102	 	+
J	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		1	
	organization's exempt status with respect to such arrangements?	16b	1	1
Sect	ion C. Disclosure		•	
17	List the states with which a copy of this Form 990 is required to be filed ► NORTH CAROLINA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 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 in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	polic	y, 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 re	cords	: >	

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

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

	any related	d orga	anız	atıo	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.	_
					C)						
(A)	(B)	(do n	ot ch		ition more	than c	nne.	(D)	(E)	(F)	
Name and Title	Average	box, i	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated	
	hours per week (list any		rano			or/trust		compensation from	compensation from related	amount of other	
	hours for	Individual trustee or director	Inst	Officer	Key employee	emg Hig	Former	the	organizations	compensation	
	related organizations	lirec	Institutional trustee	cer	em	hest	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	below dotted	tor tor	onal		ploy	e con		(44-27 1033-141100)		and related	
	line)	uste	ž		ee	hper				organizations	
		ě	stee			Highest compensated employee					
						<u> </u>					-
(1) STEPHEN MCKEE	10										
PRESIDENT		✓		1	ļ		ļ	0	0		0
(2) OMAR VAN ROOYEN	10			١,			İ				
VICE PRESIDENT		✓		✓			<u> </u>	0	0		<u>0</u>
(3) RONDA HARLOW	10	_		١.							
SECRETARY		✓		✓	ļ		ļ	0	0		0
(4) TODD BECHER	10	,		١,				İ			
TREASURER		✓		1	_			0	0		0
(5) DOUG MCLAREN	5										
BOARD MEMBER		/				<u> </u>	-	0	0		0
(6) JOHN FROEB	55	,									
BOARD MEMBER		/	<u> </u>	<u> </u>		<u> </u>		0	0		0
(7) LIONEL HARDY	5	,									
BOARD MEMBER		✓	-					0	0		0
(8) MELISSA FILANOWICZ	5	,									
BOARD MEMBER	<u> </u>	/	_		_		⊢				_
(9) PETER STRICKLAND	5	,		i							
BOARD MEMBER	ļ	/	-				 	ļ			_
(10)	 	-									
(11)											_
(12)									-		
(13)					-						_
(14)					-		 			·····	-

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					•	C)								
	(A) Name and title	(B)	(do n	ot ch		ition more	than o	one	(D)	(E)			(F)	
	Average hours per					is both		Reportable compensation	Reportabl compensation			mated ount of		
		week (list any						, 	from	related		0	ther	
		hours for related	d div	nstitu	Officer	eye	m pla	Former	the organization	organizatio (W-2/1099-M			ensatio m the	n
		organizations	dual	Ti or	*	ğ	st c	ª	(W-2/1099-MISC)	(** 2, 1000 14.	.00,	orga	nızatıon	
		below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee						related	
		,	stee	uste			ens					o. ga.		•
				ď		ŀ	ated							
(15)									-					
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(16)														
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(17)		ļ												
				ļ	<u> </u>	<u> </u>		ļ						
(18)		ļ				İ]						
(40)				_	<u> </u>	-		}-						
(19)														
(20)			 			_		\vdash	 					
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(24)														
	-							ļ						
(25)			ļ											
-41	0.1.1.1		<u> </u>				l .	Ļ	_		-			
1b	Sub-total		 	•	•		•		0		0			0
c d	Total (add lines 1b and 1c)			•	•	•	•		0		0			0
2	Total number of individuals (including bu							2) 14		oro than \$10	<u>-</u>	of		0
_	reportable compensation from the organ			1036	<i>-</i> 1131	leu	above	e) w	no received in	ore man pro	00,000	OI .		
			ONL										Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	rust	ee,	key e	emp	oloyee, or high	est compe	nsated		100	
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ıvıdı	ual					3		1
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	on a	and other comp	ensation fro	om the			
	organization and related organizations	greater th	an \$	150,	,000)? [f "Ye	s,"	complete Sch	edule J fo	r such	·		
	ındıvıdual			٠			•	•			•	4		✓
5	Did any person listed on line 1a receive of									zation or ind	ıvıdual			
	for services rendered to the organization	? If "Yes," o	comp	ete	Sci	neal	Jie J i	or s	sucn person		• •	5	L	✓
	on B. Independent Contractors									 	4400			
1	Complete this table for your five highest compensation from the organization. Re													0 14
	year	Jort Compe	iisali	JII 11	01 11	ie c	alelic	ıaı y	year ending wi	it or within t	ne org	jai lizatii	או 5 נפ	18
	(A)							Т				(C)		
	Name and business add	iress							(B) Description of s	ervices		(C) Compens	ation	
-								1						
								T						
2	Total number of independent contractor							o th	nose listed ab	ove) who				
	received more than \$100,000 of compen	sation from	the c	rga	niza	tion	•		NONE					

Part	VIII	Statement of Revenue			-	÷ ·	
		Check if Schedule O contains a res	ponse or note to				<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
Gra	b	Membership dues 1b	2,285				
ts, (Arr	С	Fundraising events 1c	5,518		İ		
Gif	d	Related organizations <u>1d</u>					
ins, Sim	е	Government grants (contributions) 1e					
uttio	Ť	All other contributions, gifts, grants,					
ğ #		and similar amounts not included above 1f	236,020				
no pu	9	Noncash contributions included in lines 1a-1f. \$					
	h	Total. Add lines 1a-1f	Business Code	243,823			
eun	2a	BONSPIELS	business code	22.574	22.574		
3ev	b	LEADN TO CUDIC		22,574 11,314	22,574		
-8-	C	LEACUE FEEC		13,964	11,314 13,964		
ervi	d			13,304	13,504		-
E S	e						
Program Service Revenue	f	All other program service revenue .					
Pro	g	Total. Add lines 2a–2f		47,852			-
	3	Investment income (including divid	lends, interest,	,			
		and other similar amounts)	•				
	4	Income from investment of tax-exempt b	ond proceeds ►				
	5	Royalties	▶ [
		(ı) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					ŀ
	С	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
	ь	Less cost or other basis and sales expenses .		:			
	С	Gain or (loss)					_
	d	Net gain or (loss)	▶				
venue	8a	Gross income from fundraising events (not including \$ 5,518					
Other Reven		of contributions reported on line 1c). See Part IV, line 18	1				
复		Less: direct expenses					
		Net income or (loss) from fundraising	events . 🕨				
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses					
	С	Net income or (loss) from gaming ac	tivities ▶				
	10a	Gross sales of inventory, less					
	1	returns and allowances	1,212				
	b		645			į.	
	c	Net income or (loss) from sales of inv	ventory ▶	567			567
		Miscellaneous Revenue	Business Code		_		
	11a	OTHER		330	330		
	Ь						
	С						
	d	All other revenue			 -		ļ
	е	Total. Add lines 11a-11d	🟲	330			
	12	Total revenue. See instructions.		202 572	40 102		567

	00 (2014)				Page 10
	X Statement of Functional Expenses				
Section	n 501(c)(3) and 501(c)(4) organizations must con				
<u> </u>	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	973		973	
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			· ··	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,693	1,693		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	24,875	24,875		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	890	890	<u>.</u> .	
23	Insurance	3,194	1,295	1,899	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					
b					
C					ļ .
ď	All alban and an analysis				
e	All other expenses	12,708	8,734	3,974	
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	44,333	37,487	6,846	
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Form **990** (2014)

P	art X	Balance Sheet			<u></u>
		Check if Schedule O contains a response or note to any line in this Pa	t X	,.	🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	65,375	1	90,070
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	6,236
ķ	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	-
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
ĕ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 438,434			
	b	Less: accumulated depreciation 10b 3,766	17,360		434,668
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	82,735	16	530,974
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19 20	
	20	Tax-exempt bond liabilities		21	
(0		Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors,		21	
Liabilities	22	trustees, key employees, highest compensated employees, and			
iat		disqualified persons. Complete Part II of Schedule L		22	200,000
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23	•
	25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	,	26	200,000
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		20	200,000
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
3ali	28	Temporarily restricted net assets		28	
Ð	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34.			
SI O	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .	82,735		330,974
let	33	Total net assets or fund balances	82,735		330,974
_	34	Total liabilities and net assets/fund balances	82.735		530.974

Form 9	90 (2014)			Pa	age 12
Par	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)	1			92,572
2	Total expenses (must equal Part IX, column (A), line 25)	2			14,333
3	Revenue less expenses. Subtract line 2 from line 1	3			18,239
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	_		32,735
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 in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		33	30,974
Parl	XII Financial Statements and Reporting		-		
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		√
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled 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	1	√ ⁻
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			•
	separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight		_	
	of the audit, review, or compilation of its financial statements and selection of an independent account	untant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain in			
	Schedule O.		1		

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Mairie C	or the organization					Employer identification	Humber		
<u>CHAR</u>	LOTTE CURLING ASSOCIATION					27-20:			
Part	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.		
	rganization is not a private founda		•		•	•			
	A church, convention of churc			bed in se	ction 17	0(b)(1)(A)(i).			
	=								
	A hospital or a cooperative hos								
	A medical research organization hospital's name, city, and state	e:					· ·		
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described ir		
	A federal, state, or local govern								
7	An organization that normally described in section 170(b)(1)		· · · · · · · · · · · · · · · · · · ·	port from	a govern	nmental unit or from	the general public		
8	A community trust described in	n section 170(b))(1)(A)(vi). (Complete F	Part II)					
9	✓ An organization that normally	receives: (1) mo	re than 331/3% of its	support f	rom conf	tributions, members	hip fees, and gross		
	receipts from activities related								
	support from gross investme acquired by the organization a						x) from businesses		
10	An organization organized and	operated exclusion	sively to test for public	safety. S	See secti	on 509(a)(4).			
11	☐ An organization organized and	operated exclusi	vely for the benefit of,	to perfori	n the fun	ctions of, or to carry	out the purposes of		
	one or more publicly supported	-							
	the box in lines 11a through 11			_		•	•		
а	☐ Type I. A supporting organize the supported organization(sorganization. You must contains.) ☐ Type I. A supporting organization. ☐ Type I) the power to re	egularly appoint or ele	-					
b	☐ Type II. A supporting organi	-		action w	uth ite ein	nnorted organization	n(e) by baying		
U	control or management of th								
	organization(s). You must co			, , , , , , , , , , , , , , , , , , ,			,		
c	Type III functionally integra its supported organization(s)	ated. A supportii	ng organization operat				y integrated with,		
d	☐ Type III non-functionally in	•	•				ed organization(s)		
	that is not functionally integr								
	requirement (see instructions								
е	Check this box if the organized functionally integrated, or Ty					• • • • • • • • • • • • • • • • • • • •	I, Type III		
f	Enter the number of supported	organizations .					[
g	Provide the following informatio	n about the supp	oorted organization(s).	i					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of		
			(described on lines 1–9 above or IRC section		ur governing ment?	support (see instructions)	other support (see instructions)		
			(see instructions))			,	,,		
				Yes	No				
(A)									
(B)									
(C)									
(D)									
(E)									
				<u> </u>					

Part							
	(Complete only if you checked th						alify under
Cost	Part III. If the organization fails to	quality unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	(a) 2010	(6) 2011	(0) 2012	(d) 2010	(6) 2014	(i) Total
•	membership fees received. (Do not]]	
	include any "unusual grants.")		ì			,	1
2	Tax revenues levied for the						
	organization's benefit and either paid						-
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	 					
5	The portion of total contributions by					:	
	each person (other than a		}				1
	governmental unit or publicly			į			
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.				-	 	
	ion B. Total Support		<u> </u>		· · · · · · · · · · · · · · · · · · ·		.
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,					ļ	
	rents, royalties and income from similar						1
	sources			-			
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or			<u> </u>		+	
10	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the		n's fırst, secor	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he						▶ □
Sect	ion C. Computation of Public Support					T	
14	Public support percentage for 2014 (line		•			14	<u>%</u>
15	Public support percentage from 2013 Sci 331/3% support test—2014. If the organi	nedule A, Part	III, line 14 .		 nd line 14 te 33'		%
16a	box and stop here. The organization qua						. > [
b							
-	check this box and stop here. The organ					,	▶ □
17a	10%-facts-and-circumstances test – 2					3a. or 16b. and	l line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization						▶ □
b							
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization n	neets the "fac	ts-and-circums	stances" test.	The organization	on qualifies as	-
4.0	supported organization					,	► L
18	Private foundation. If the organization d	на пот спеск а	L DOX ON INE 13	o, 10a, 10D, 1/	a, or 170, cnec	אין uns you and	1266

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")	7,517	14,769	11,584	52,160	238,895	324,925
2	Gross receipts from admissions, merchandise					ĺ	
	sold or services performed, or facilities furnished in any activity that is related to the	İ					
	organization's tax-exempt purpose	15,225	28,825	48,979	57,543	47,394	197,966
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		1,341	399	279	7,518	2,019
4	Tax revenues levied for the				-		
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	22,742	44,935	60,962	109,982	293,807	524,910
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	4,581	4,581	10,081	59,581	227,580	305,904
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	4,581	4,581	10,081	59,581	227,580	305,904
8	Public support (Subtract line 7c from						
	line 6.)						219,006
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	22,742	44,935	60,962	109,982	293,807	524,910
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)					l	
40	` '						
13	Total support. (Add lines 9, 10c, 11, and 12)						
	and 12.)	22,742	44,935	60,962	109,982	293,807	524,910
14	First five years. If the Form 990 is for the	-			, or min tax ye	ear as a sectio	
Coot	organization, check this box and stop he on C. Computation of Public Support		<u> </u>	· · · · ·		· · · · · ·	🕨 🗸
15	Public support percentage for 2014 (line			3 column (f)		15	%
16	Public support percentage from 2013 Sci		-			16	// //////////////////////////////////
	on D. Computation of Investment In			<u> </u>	· · · · ·	1101	
17	Investment income percentage for 2014 (v line 13. colur	mn (fl)	17	%
18	Investment income percentage from 2013			-		18	
19a	331/3% support tests—2014. If the organ						
130	17 is not more than 331,8%, check this box						
b	331/3% support tests—2013. If the organiz		_			_	_
D	line 18 is not more than 331/3%, check this						•
20	Private foundation. If the organization de		_			•	_

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name o	the organization		Employer identification number
CHARI	OTTE CURLING ASSOCIATION		27-2056711
Par		vised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6			or any other purpose
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	☐ Preservation of land for public use (e.g., recrea	·	
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easemen		
С	Number of conservation easements on a certified		
d	Number of conservation easements included in		1 1
	•		
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguished, or teri	minated by the organization during the
4	Number of states where property subject to conse	ervation easement is located ►	
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation easi	ements during the year
•	► \$	oung, and omeromy concervation cae	omenie comg me , car
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
	·		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	e and expense statement, and
•	balance sheet, and include, if applicable, the text		•
	organization's accounting for conservation easem		
Par	III Organizations Maintaining Collection	ns of Art, Historical Treasures, or	r Other Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SI	FAS 116 (ASC 958), not to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other similar	ar assets held for public exhibition, e	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that	at describes these items.
b	If the organization elected, as permitted under sworks of art, historical treasures, or other similar public service, provide the following amounts related to the service of the service	ar assets held for public exhibition, e-	
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of ar following amounts required to be reported under	t, historical treasures, or other simila	r assets for financial gain, provide the
а	Revenue included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		> \$

Part		Collections of A	Art, Hist	orical T	reasures,	or Ot	her Similar As	sets (contir	nued)
3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and oth	ner recor	ds, checl	k any of the	e follov	ving that are a s	ignificant use	e of its
а	☐ Public exhibition		d [Loan	or exchang	e progi	rams		
b	☐ Scholarly research		е [Other					
С	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	on's collections a	ınd expla	in how th	ney further	the org	anızatıon's exer	npt purpose	ın Part
5	During the year, did the organization s								
	assets to be sold to raise funds rather t		ined as p	art of the	organizati	on's co	llection?	☐ Yes	□ No
Part	Complete if the organization a		' to Forn	n 990, P	art IV, line	9, or r	eported an am	ount on Fo	rm
12	990, Part X, line 21. Is the organization an agent, trustee, or	custodian or othe	er interm	ediany fo	r contribut	ions or	other assets no	nt .	
	included on Form 990, Part X?								□ No
b	If "Yes," explain the arrangement in Par	t XIII and comple	ete the fol	lowing ta	ible:		A	mount	
С	Beginning balance					10			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount	on Form 990, Pa	art X, line	21, for e	scrow or cu	ıstodia	account liability	∕? ☐ Yes	☐ No
b	If "Yes," explain the arrangement in Pai								
	V Endowment Funds.								
	Complete if the organization a	answered "Yes'	' to Forn	n 990, P	art IV, line	10.			
		(a) Current year	(b) Prio	r year	(c) Two year	s back	(d) Three years bac	k (e) Four year	rs back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses	-							
g	End of year balance								
2	Provide the estimated percentage of th	e current year en	d balanc	e (line 1g	, column (a)) held	as:		
а	Board designated or quasi-endowment		%						
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	··· %							
	The percentages in lines 2a, 2b, and 20	should equal 10	0%.						
3a	Are there endowment funds not in the organization by:	possession of th	ne organi	zation tha	at are held	and ad	ministered for the	ne Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ıı), are the related organiz							3b	
4	Describe in Part XIII the intended uses								
Par	Land, Buildings, and Equipa Complete if the organization		" to Forr	n 990. F	Part IV. line	11a.	See Form 990.	Part X. line	10.
	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Book va	
		(investm		(0	ther)	d	epreciation		
1a	Land								
b	Buildings								
С	Leasehold improvements				400,000				100,000
d	Equipment				38,434		3,766		34,668
е	Other					<u></u>			
Total.	. Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90, Part)	k, columi	า (B), line 10	JC.) .	•	4	134,668

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

► 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.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

(10)

Name (of the organization								Employ	yer idei	ntificat	ion nu	mber		
	LOTTE CURLING ASS	OCIATION	_								27-	20567	11		
Par	Excess Bene Complete if the	fit Transaction le organization	ns (section 501 answered "Ye	(c)(3), s" on	section Form 99	501(c)(4), a 0, Part IV, I	nd 50 ine 25	1(c)(29) c a or 25b	rganız or For	ations	only) 0-EZ,). Part	V, lıne	40b.	
1	(a) Name of disqualified	person	(b) Relationship be			person and		(c) De	escription	a of trai		_		(d) Corr	rected?
	(a) Name of disqualified	person		organiza	ation			(C) De	escription	n or trai	isactio	n		Yes	No
(1)															
(2)															
(3)	· · ·- <u></u>						<u>L</u>								
_(4)															
_ (5)															
(6)															
2	Enter the amount under section 4958								ns du	rıng tl 	he ye	ar ► ş	\$		
3	Enter the amount o	f tax, if any, on	line 2, above,	reimb	ursed by	the organ	ızatıor	ı				> \$	3		
Par	Complete if the	ne organization	rested Person answered "Yes ount on Form 9	s" on	Form 99 art X, lin	0-EZ, Part e 5, 6, or 2	V, line 2.	38a or F	orm 99	90, Pa	ırt IV,	line 2	6; or	f the	
		(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(f) Balance due		(g) In default?		fault? (h) Approved by board or committee?					
				То	From					Yes	No	Yes	No	Yes	No
(1)	DOUGLAS YOUNG	contributor	leasehold imp	✓		20	0,000	- 2	200,000		/	✓		1	
_(2)				ļ	<u> </u>								$oldsymbol{ol}}}}}}}}}}}}}}}}}}$		
(3)		<u> </u>			<u> </u>						<u> </u>		<u> </u>		
(4)				ļ	ļ					<u> </u>		<u> </u>	<u> </u>		<u> </u>
(5)		ļ								ļ	1	ļ .	↓		
(6)										<u> </u>		ļ	—		<u> </u>
(7)										 			ļ	— —	├─
(8)							-		_	-			\vdash		
<u>(9)</u> (10)					+					-		-	 		
Total			L			1.	. •	\$		1007-2 46		1 54	2 · 3/8/**	. , .	
Part	Grants or As		fiting Interest				-			1, 5	**************************************	1,4	2 17.		•
			answered "Ye				1								
(a) Name of interested person		ship between inter- and the organization		(c) Amount	t of assistance	'	d) Type of a	ıssıstanc	: e	(e) Purpo	ose of a	ssistan	ce
(1)															
(2)															
(3)															
(4) (5) (6) (7)							<u> </u>								
_(5)							<u> </u>								
(6)							<u> </u>				L				
_(7)							 								
(8) (9)							ļ								
(9)							1				I				

Part IV	Business Transactions Involv Complete if the organization an	ing Interested Persons. swered "Yes" on Form 99	0, Part IV, line 28a, 2	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
(1) DAVID DEFEHR (2)					Yes	No
	VID DEFEHR	substantial contributor	\$400,000	Payment made for leasehold imp		✓
(3)					-	_
<u>(4)</u> (5)					+	
(6)						
(7)						
(8)						
(9)						<u> </u>
(10) Part V	Supplemental Information Provide additional information	for responses to questions	on Schedule L (see	Instructions).		
Part II- O	n March 1, 2014 Douglas Young a me	mber of the Charlotte Curlin	g Association and a	substantial contributor donated \$20	00,000 1	to
the Charl	otte Curling Association. On March 4	, 2014 he provided the Ass	ociation an additiona	l \$200,000 as a non-interest bearing	loan t	o be
repaid in	84 equal monthly installments of \$2,	380.95 commencing Novem	ber 1, 2024. The cont	ribution and loan were used as a do	ownpay	/ment
on the le	asehold improvements in a newly cor	nstructed building intended	to serve as a long-ter	m curling facility of the Association	<u>n.</u>	
Part IV-T	he Association paid an affiliated orga	nization of David DeFehr, a	member of the Charle	otte Curling Association and a subs	stantial	
contribut	or, \$400,000 comprised of two payme	ents of \$200,000 each as ins	tallment payments or	n the construction of leasehold imp	roveme	ents
in a build	ling Mr. DeFehr's affiliated organizati	on was constructing. The b	uilding remained und	er construction at August 31, 2014	and wa	IS
complete	ed in November 2014. Upon completi	on of the building the Assoc	ciation entered into a	ten-year agreement with Mr. DeFeh	r's	
organiza	tion to lease the entire facility and to	finance the portion of the le	asehold improvemen	ts that exceeded the \$400,000 adva	nce. T	he
building	was constructed for the express purp	oose of serving as the Asso	ciation's dedicated cu	urling facility in Charlotte, NC and th	ne	
agreeme	nt includes an Association option to	purchase the building at any	y time within the ten-y	year lease term.		
Both the	Board of Directors of the Association	n and Mr. DeFehr believe tha	nt the lease rate, finar	ncing rate and purchase option were	e all	
executed	at terms very favorable to the Assoc	ciation, at or below market ra	ates for an organization	on without a substantial financial hi	istory.	
			•			
			•			

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

CHARLOTTE CURLING ASSOCIATION 27-2056711 Form 990 Part VI Question 11b A complete draft copy of the Form 990 and all supporting forms and schedules is provided to the Board of Directors for review. The Board members are free to ask questions and make suggested changes to the draft through conversations and emails with the member of the Association that drafted the return. Once the Board of Directors' input has been received and processed, a newly revised draft is submitted for final Board approval by a majority vote of the Board at a Board meeting. Form 990 Part VI Question 19 The Association addresses requests for Forms 1023 or 990 on an individual basis. To date no requests have been received but should a request be received in the future, the Association would provide the requested copies by email. Form 990 Part IX Line 24(e)-Other Expenses Other Program Expenses: Equipment rental and maintenance \$ 812 Equipment supplies purchased \$1,021 Other supplies purchased \$3,094 Bonspiel expense \$3,122 Other \$ 685 Total Other Program Expenses \$8,734 Other Management and General Expenses: Postage and mailing expense \$ 612 Supplies \$1,093 Curling organization memberships/dues \$2,257 Bank fees \$ 12 Total Other Managment and General Exp \$3,974

. 8868

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box $\overline{\mathbf{V}}$ • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or 27-2056711 **Charlotte Curling Association** print Number, street, and room or suite no. If a P O. box, see instructions Social security number (SSN) File by the due date for 5009 Beatties Ford Road, Ste 107-242 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions return See Enter the Return code for the return that this application is for (file a separate application for each return) lol Application Application Return Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 02 Form 1041-A 08 Form 990-BL Form 4720 (individual) Form 4720 (other than individual) 09 03 04 Form 5227 10 Form 990-PF 05 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 8870 12 • The books are in the care of ► Todd Becher, 5571 Cambridge Bay Drive, Charlotte, NC 28269 Telephone No. ► 704-728-5884 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 EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until APRIL 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ ☐ calendar year 20 or ▶ ☑ tax year beginning _________, 20 __14__, and ending ______ AUGUST 31 , 20 14 . If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return ✓ Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ За 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

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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.