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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

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.

<u>A</u>	For the	2014 calendar year, or tax year beginning September 1 , 2014, and end	<u>ng Auq</u>	ust 31	, 20_ 15
В	Check if	applicable C Name of organization Charlotte Curling Association		D Employ	er identification number
	Address	change Doing business as			27-2056711
	Name ch	nange Number and street (or P O box if mail is not delivered to street address) Room/	/suite	E Telepho	ne number
	Initial ret				803-831-6838
		City or town, state or province, country, and ZIP or foreign postal code			
	Amende			G Gross re	eceipts \$ 201,554
	Applicat	on pending F Name and address of principal officer	H(a) is this a o	roup return for	subordinates? Yes Vo
	• •	Stephen McKee, 4582 Sunprince Drive, Harrisburg, NC 28075	l l		s included? Yes No
	Tax-exe	mpt status			a list (see instructions)
J	Website		H(c) Group	exemption	number ►
K		organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	<u></u> -	T	of legal domicile NC
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: The	Association's i	nission is	s to promote and
g		grow the sport of curling in Charlotte, North Carolina and the South.			
Governance					
/en	2	Check this box ▶☐ If the organization discontinued its operations or disposed	d of more than	125% of	its net assets.
ő	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
	4	Number of independent voting members of the governing body (Part VI, line 1	b)	4	9
Activities &	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
Σį	6	Total number of volunteers (estimate if necessary)			90
Ş	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	\$0
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	\$0
_	1	н 🗸 🕻	Prior Ye		Current Year
_	8	Contributions and grants (Part VIII, line 1h)		243,823	117,540
Revenue	9	Program service revenue (Part VIII, line 2g)			
Ver	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		48,182	61,594
æ	11				40.400
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		567	10,163
	13	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3)		292,572	189,297
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
꿃	b	Total fundraising expenses (Part IX, column (D), line 25) ▶			
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		44,333	182,060
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		44,333	
	19_	Revenue less expenses. Subtract line 18 from line 12	ļ <u>.</u>	248,239	
ָס כ	<u>8</u>		Beginning of Cu	irrent Year	End of Year
Assets or	20	Total assets (Part X, line 16)		530,974	830,574
Net A	21	Total liabilities (Part X, line 26)		200,000	492,585
_		Net assets or fund balances. Subtract line 21 from line 20		330,974	337,989
P	art II	Signature Block			
U	nder pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to t	he best of	my knowledge and belief, it is
tn	ue, correc	ct, and complete Declaration of preparer (other than officer) is based on all information of which prepare	arer has any know	leage	
		XXX Ma		7/	11/16
Si	gn	Signature of officer	Da	ate '/	
He	ere	STEPKEN A. MKGh FRESIDE	N		
		Type or pnnt name and title			
D,	aid	Print/Type preparer's name Preparer's signature	Date	Check	T If PTIN
	repare	ar		self-em	— I
	se On		Firm	n's EIN ▶	
<u> </u>	3 0 011	Firm's address ▶	Pho	one no	
Ma	ay the I	RS discuss this return with the preparer shown above? (see instructions)			· · · Yes No
_			t No. 11282V		Form 990 (2014)

(22

Part	V Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		İ	
	complete Schedule A	1	✓_	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	√	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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		√
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.			
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		√
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		√
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		✓
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		1
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		✓
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		√
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		√
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		✓
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		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		`
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Form 99	0 (2014)			Page 4
Part	V Checklist of Required Schedules (continued)		r	
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	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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
С	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 any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	√	
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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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	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		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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 b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		✓
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		✓
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	√	(2014)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	<u> </u>
		$\overline{}$	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>.</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	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	<u> </u>		
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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	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
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a			•	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		_
-	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).		_	
a	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	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	1.5		
	required to file Form 8282?	7c		
٨	If "Yes," indicate the number of Forms 8282 filed during the year			-
d e	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		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
g 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	 ''' 		
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	35		
10	Initiation fees and capital contributions included on Part VIII, line 12		- 1	
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
b 11	Section 501(c)(12) organizations. Enter:	1		
'' a	Gross income from members or shareholders	1 1		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
~	against amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
13		13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	134		
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand	1		
C	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
14a	If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a		
D	THE TEST THAS IL HIGH A FULLI FAU TO TODOIT THOSE DAYTHOLIGS: IL TVO, DIOVIGE ALL EXPLANATION HIS SUITED AND A	1701		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See in:	struct	ions.
Secti	on A. Governing Body and Management		-	1
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
3	any other officer, director, trustee, or key employee?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		7
6	Did the organization have members or stockholders?	6	1	† *
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		·	
a	The governing body?	8a	✓	_
b	Each committee with authority to act on behalf of the governing body?	8b		✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 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	Yes	$\overline{}$
100	Did the organization have local chapters, branches, or affiliates?	10a	Tes	VO ✓
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a		-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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		✓
14 15	Did the organization have a written document retention and destruction policy?	14		✓
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			<u> </u>
a	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
þ	Other officers or key employees of the organization	15b		ļ
16a		16a		1
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		V
L)	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		
Secti	on C. Disclosure	.55		L
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 available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intefinancial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	cords	•	
	TODD BECHER, 5571 CAMBRIDGE BAY DR., CHARLOTTE, NC 28269 704-728-5884			

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.

Check this box if neither the organization no	r any relate	d orga	aniz			ompe	nsa	ated any currer	t officer, director	r, or trustee.
				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					than one of the second		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	익 코	5	Q	Ž	9 <u>=</u>	ਨ	from the	related organizations	other compensation
	related	함	i at	Officer	y e	ghe	Former	organization	(W-2/1099-MISC)	from the
	organizations	ctal	g		를	st co	"	(W-2/1099-MISC)		organization
	below dotted line)	ੈ ਫ਼ੋ	alt		Key employee	ğ				and related organizations
	,	Individual trustee or director	Institutional trustee		"	ens				organizations
		~	e			Highest compensated employee				
							-			
(1) STEPHEN MCKEE	10									
PRESIDENT	ļ	✓		✓				0	0	0
(2) OMAR VAN ROOYEN	10	,								
VICE PRESIDENT		✓	_	✓				0	0	0
(3) RONDA HARLOW	10			١,						
SECRETARY	ļ	✓		✓			_	0	0	0
(4) TODD BECHER	10		İ	١.						
TREASURER		/		✓	_	ļ	<u> </u>	0	0	0
(5) DOUG MCLAREN	5	.								
BOARD MEMBER	<u> </u>	✓		_			<u> </u>	0	0	0
(6) JOHN FROEB	5		j						1	
BOARD MEMBER		✓	_	<u> </u>			ļ	0	0	0
(7) LIONEL HARDY	5									
BOARD MEMBER		/	<u> </u>	<u> </u>	ļ	<u> </u>	<u> </u>	0	0	0
(8) MELISSA FILANOWICZ	5		ļ							
BOARD MEMBER		✓	<u> </u>					0	0	0
(9) PETER STRICKLAND	5		ŀ							
BOARD MEMBER		✓						0	0	0
(10)	-									
(11)			├	\vdash			┢	<u> </u>		
3!!/	†	ŧ								
(12)										
	ļ		<u> </u>	ļ	<u> </u>		<u> </u>	ļ		
(13)		-								
(14)	 		 		╁╌		\vdash	-		<u> </u>
X.7	†	1	1	1	1	1	1	1	ĺ	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
•					•	C)						
	(A) (B)		(do n	ot ch		ition more	than o	one	(D)	(E)		(F)
	Name and title	Average hours per					is both		Reportable compensation	Reportable compensation from		mated ount of
		week (list any		_	_		or/trust	÷	from	related		ther
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee		Former	the	organizations (W-2/1099-MISC)		ensation m the
		organizations	rect	utio	ĝ	en p	est c	<u>e</u>	organization (W-2/1099-MISC)			nization
		below dotted	약출	nal		οχ	e Si					related
		line)	ster	lsn1		ř	Den				organ	izations
			"	ee			Highest compensated employee					
/1 E\						-		\vdash				
(15)												
(16)				-		┝		\vdash				·
1.19/												
(17)												
3.1.17								Ì				
(18)					-	-						
3			1									
(19)								-				
3		 	1					1				
(20)					\Box							-
35.51			1									
(21)												
3			1									
(22)							_				,	
3		·	1									
(23)						-			-			
31			1	i					•			
(24)												
J1]									
(25)												
		<u> </u>										
1b	Sub-total							▶	0	0		0
C	Total from continuation sheets to Part	-							0	0		0
d	Total (add lines 1b and 1c)							<u> </u>	0	0		0
2	Total number of individuals (including bu			ose	lıst	ted	above	e) w	ho received m	ore than \$100,00	00 of	
	reportable compensation from the organ	ization ► N	ONE									,
							_					Yes No
3	Did the organization list any former of							emp	oloyee, or high	est compensate	1	
	employee on line 1a? If "Yes," complete							•			3	_ ✓
4	For any individual listed on line 1a, is the	sum of re	portal	ble	con	npei	nsatio	on a	ind other comp	ensation from the	ne	
	organization and related organizations	_							-	edule J for suc		
	individual										4	✓
5	Did any person listed on line 1a receive of											
	for services rendered to the organization	· II Tes, C	compi	ere	SCI	leat	ile J l	ior s	such person	<u> </u>	5	_
	on B. Independent Contractors			-							20.000 - 6	
1	Complete this table for your five highest compensation from the organization. Re											
		bort compe	nsau	יו ווכ	טו נו	ile c	alenc	ıaı y	year ending wit	n or within the o	iganizani	ni s tax
	year.							Т	(D)			
	(A) Name and business add	iress							(B) Description of s	ervices	(C) Compens	ation
								-				
								╁				
								╁				
								+-				
								 	 			
2	Total number of independent contractor	ors (includi	na bi	ıt n	ot	lımı	ted to	o th	nose listed abo	ove) who	-	
_	received more than \$100,000 of compen							.,	NONE			
									NONE		Form	n 990 (2014)
											1 0/11	(4014)

Paņ	VIII	Statement of Revenue	!: ! Ale:e !	David 3 //11		
		Check if Schedule O contains a response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns 1a				
our o	b	Membership dues 1b 47,924				
s, G Am	С	Fundraising events 1c 37				
Gift	d	Related organizations 1d				
ns, imi	е	Government grants (contributions) 1e				
rtior er S	f	All other contributions, gifts, grants,				
햙		and similar amounts not included above 1f 69,579				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f. \$				
<u>0 8</u>	h	Total. Add lines 1a-1f	117,540	··		
Program Service Revenue	0-		40.045	40.045		
Seve	2a b	BONSPIELS	16,315 34,464	16,315		
8	C	LEARN TO CURLS LEAGUE FEES	10,815	34,464 10,815		
eΖi	ď		10,813	10,615		
SE	e			-		
gra	f	All other program service revenue .				· · · · · · · · · · · · · · · · · · ·
P	g	Total. Add lines 2a–2f	61,594	•		
	3	Investment income (including dividends, interest,				
		and other similar amounts) ▶				
	4	Income from investment of tax-exempt bond proceeds ▶			 	
	5	Royalties				
	_	(i) Real (ii) Personal				
	6a	Gross rents		1		
	b	Less: rental expenses Rental income or (loss)		İ		
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less: cost or other basis and sales expenses .				
	C	Gain or (loss) .				
	d	Net gain or (loss)				
Other Revenue	8a	Gross income from fundraising events (not including \$ 37 of contributions reported on line 1c). See Part IV, line 18				
Ĕ	ь	Less: direct expenses b 851				
O		Net income or (loss) from fundraising events . >	-851	ľ		-851
	9a	Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses b Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances a 18,119				
	b	Less: cost of goods sold b 11,406				
	С	Net income or (loss) from sales of inventory	6,713	6,713		
		Miscellaneous Revenue Business Code				
	11a	OTHER	4,301			4,301
	b					
	С					
	d	All other revenue				
	12e	Total. Add lines 11a–11d	4,301			
	12_	Total revenue. See instructions	189,297	68,667		3,450 Form 990 (2014)
						(2014)

	0 (2014) Statement of Functional Expanses				Page 1
	Statement of Functional Expenses n 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. A	ll other organization	s must complete co	olumn (A).
	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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11 a	Fees for services (non-employees): Management				
b	Legal	2,873		2,873	
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion		 -		
13	Office expenses				
14 15	Information technology				
16	Royalties	62,800	62,800		
17	Travel	1,833	02,800	1,833	-
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
19	Conferences, conventions, and meetings .	949		949	
20	Interest	1,093	1,093		
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	34,762 5,386	<u>34,762</u> 2,534	2,852	
24	Other expenses. Itemize expenses not covered	5,366	2,534	2,832	
24	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					
d e	All other expenses	72 204	57,222	45 440	
25	All other expenses Total functional expenses. Add lines 1 through 24e	72,364 182,060	158,411	15,142 23,649	<u> </u>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	102,000	130,411	23,049	

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 90,070 91,590 2 2 Savings and temporary cash investments 3 3 4 4 6,236 1,345 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 6 7 Notes and loans receivable, net 8 Inventories for sale or use 2,500 9 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10b 434,668 10c Less: accumulated depreciation 38,528 735,139 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 . 12 Investments-program-related. See Part IV, line 11. 13 13 14 14 15 15 Other assets, See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 16 530,974 830,574 17 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 200.000 22 292,579 23 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 200,000 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 26 200,000 492,585 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 Temporarily restricted net assets . . . 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 330,974 337,989 33 33 330,974 337,989 Total liabilities and net assets/fund balances . . . 530,974 830,574 Form 990 (2014)

Form 99	90 (2014)			Pa	ge 12
Part	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		18	9,297
2	Total expenses (must equal Part IX, column (A), line 25)	2		18	2,060
3	Revenue less expenses. Subtract line 2 from line 1	3	·		7,237
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		33	0,974
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			-222
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	1 1			
	33, column (B))	10		33	7,989
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	 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 Schedule O.	plain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:		2a		✓
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		İ		
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	 ed on a	2b		✓
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account	_	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	20		

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.

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

Name	of the organization					Employer identification	number	
	LOTTE CURLING ASSOCIATION					27-20		
Par							ns.	
	rganization is not a private founda A church, convention of church							
	A school described in section			500 117 50		3(3)(1)(-)(-).		
3	A hospital or a cooperative hos	spital service org	anization described in	section	170(b)(1)(A)(iii).		
4	A medical research organization		njunction with a hosp	ital desci	ribed in s	ection 170(b)(1)(A)((iii). Enter the	
_	hospital's name, city, and state							
	An organization operated for the section 170(b)(1)(A)(iv). (Comp	plete Part II.)					ai unit described in	
6 7								
8	A community trust described in							
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ont income and offer June 30, 197	functions—subject to unrelated business t 75. See section 509(a	certain (axable in (2). (Con	exceptior ncome (la nplete Pa	ns, and (2) no more ess section 511 ta: art III.)	than 331/3% of its	
10	An organization organized and	I operated exclus	sively to test for public	safety. S	See sect i	on 509(a)(4).		
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	escribed in section 50	09(a)(1) o	section	509(a)(2). See secti	ion 509(a)(3). Check	
а	☐ Type I. A supporting organize the supported organization(sorganization. You must com	s) the power to re	gularly appoint or ele	led by its ct a majo	supporte rity of the	ed organization(s), ty directors or trustee	pically by giving so of the supporting	
b	☐ Type II. A supporting organic control or management of the organization(s). You must control to the control of the control	e supporting org	anization vested in th	nection w e same p	ith its su ersons th	pported organizatior nat control or manaç	n(s), by having ge the supported	
С	Towns III 6 at a maller into mus	ated. A supportir	ng organization operat	ted in cor te Part I\	nection v /, Sectio i	with, and functionally	y integrated with,	
d	Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	dıstributi	on requirement and	ed organization(s) an attentiveness	
е	Check this box if the organize functionally integrated, or Ty	zation received a pe III non-function	written determination onally integrated supp	from the porting or	IRS that ganızatıo	ıt ıs a Type I, Type I n.	I, Type III	
f								
g						1		
	(i) Name of supported organization	(ti) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			(see instructions))	Yes	No	1		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ıt							

18

Part							
	(Complete only if you checked the Part III. If the organization fails to						ality under
Section	on A. Public Support	- quality unde	31 tillo tooto III	3.04 Bolow, p	nodes somp.	,	· · · · - ·
	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.")						
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 governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	L	<u>l</u>		l	ļ	<u> </u>
	on B. Total Support	() 0040	(-) 0011	(-) 0010	(4) 0010	(-) 0014	(6) Tabal
	Amounts from line 4	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				:		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			<u> </u>		ļ _F	<u> </u>
12	Gross receipts from related activities, etc					12	504()(0)
13	First five years. If the Form 990 is for the						
0	organization, check this box and stop he				• • • •		▶ [
	Public support percentage for 2014 (line			11 column (f)		14	%
14 15	Public support percentage from 2013 Sci					15	
16a	331/3% support test—2014. If the organi box and stop here. The organization qua	ization did not alifies as a pub	check the boolicly supported	k on line 13, an d organization	nd line 14 is 33	¹ /3% or more, o	check this
b	check this box and stop here. The organ	nization qualifie	es as a publicly	y supported or	ganization .		🕨 🗀
17a	10% or more, and if the organization me Part VI how the organization meets the "organization	eets the "facts- facts-and-circ 	-and-circumst umstances" te	ances" test, chest. The organia	eck this box a zation qualifies	nd stop here. as a publicly s	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization is supported organization.	tion meets th	e "facts-and-o	circumstances'	' test, check t	his box and s	top here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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 A. Public Support

Calen	dar year (or tiscal year beginning in) 🕨	(a) 2010	(b) 2011	(C) 2012	(a) 2013	(e) 2014	(I) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	14,769	11,584	52,160	238,895	117,503	434,911
2	sold or services performed, or facilities						
	furnished in any activity that is related to the	28.825	48,979	57,543	47,394	79,713	262,454
3	organization's tax-exempt purpose Gross receipts from activities that are not an	28,825	48,979	57,543	47,394	79,713	202,434
•	unrelated trade or business under section 513	1,341	399	279	7,518	4,338	13,875
4	Tax revenues levied for the	1,041			.,,,,,	,,,,,,	,
•	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	44,935	60,962	109,982	293,807	201,554	711,240
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		40.004	50 504	227 522	54.070	252 500
_	·	4,581	10,081	59,581	227,580	51,276	352,599
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	4,581	10,081	59,581	227,580	51,276	352,599
8	Public support (Subtract line 7c from						
	line 6.)				,		358,641
	on B. Total Support		1		(0 0010	() 2244	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	44,935	60,962	109,982	293,807	201,554	711,240
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .						
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses	!	ļ				
	acquired after June 30, 1975						
С	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.)						
13	Total support. (Add lines 9, 10c, 11,						
13	and 12.)	44,935	60,962	109,982	293,807	201,554	711,240
14	First five years. If the Form 990 is for t						
	organization, check this box and stop he						
Sect	ion C. Computation of Public Suppo						
15	Public support percentage for 2014 (line			13, column (f))		15	50.4 %
16	Public support percentage from 2013 Sc			<u></u>	<u> </u>	16	NA %
	ion D. Computation of Investment Ir				····· (6)	7 47 7	- 0/
17	Investment income percentage for 2014					17	0 %
18	Investment income percentage from 201 331/3% support tests—2014. If the organ	Joseph Schedule A,	raπ III, IINe 17	 x on line 14 s			NA %
19a	17 is not more than 331/2%, check this box	and stop here	. The organizat	ion qualifies as	a publicly supp	orted organizati	on 🕨 📝
b	331/3% support tests—2013. If the organi	zation did not	check a box on	line 14 or line	19a, and line 16	3 is more than 3	ت 33 ¹ /3%, and
	line 18 is not more than 331/3%, check this	box and stop	here. The orgar	nzation qualifies	s as a publicly s	supported organ	ızatıon 🕨 🔲
20	Private foundation. If the organization of	lid not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ctions 🕨 🗌
						·	

SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

OMB No 1545-0047

Manne O	ano organization		amproyor recrumous manuscr
	OTTE CURLING ASSOCIATION	hisad Farda ay Othay Circilay Far	27-2056711
Par			ias or Accounts.
	Complete if the organization answered		
		(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 dono		
	funds are the organization's property, subject to t	•	
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?	<u> </u>	· · · · · · · · · · Yes 🗌 No
Part	Conservation Easements.		-
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
	Preservation of land for public use (e.g., recre	ation or education) 🔲 Preservation o	f a historically important land area
	☐ 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	neld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemer	nts	2b
С	Number of conservation easements on a certified		
d	Number of conservation easements included in		
			1 1
3	Number of conservation easements modified, train	nsferred, released, extinguished, or teri	minated by the organization during the
	tax year ►		
4	Number of states where property subject to cons	ervation easement is located ▶	
5	Does the organization have a written policy re		spection, handling of
_	violations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation	
•			the same same grant gran
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation easi	ements during the year
•	►\$		omemo damig me year
8	Does each conservation easement reported on lin	e 2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
			· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports		
•	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easen		
Part	<u> </u>		Other Similar Assets
	Complete if the organization answered		
1a	If the organization elected, as permitted under S		s revenue statement and halance sheet
ıa	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under		
U	works of art, historical treasures, or other similar	ar assets held for public exhibition, ea	ducation or research in furtherance of
	public service, provide the following amounts rela		
			•
	(i) Revenue included in Form 990, Part VIII, line 1		· · · · • •
2	(ii) Assets included in Form 990, Part X	rt historical treasures or other similar	r assets for financial dain provide the
4	following amounts required to be reported under		
_			
a	Revenue included in Form 990, Part VIII, line 1		· · · · • • • • • • • • • • • • • • • •
D	Assets included in Form 990, Part X		*

Schedule	D (Form	aanı	2014

P	ac	ю	2

Part	Organizations Maintaining	Collections of	Art, His	orical	Treasures	, or Ot	her Similar A	ssets (continued)
3.	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her recor	ds, ched	ck any of th	e follov	ving that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams	
b	☐ Scholarly research		e	☐ Othe	er			
С	☐ Preservation for future generations							
4	Provide a description of the organizati XIII.	ion's collections a	and expla	in how t	they further	the org	anızation's exe	mpt purpose in Part
5	During the year, did the organization s	solicit or receive	donation	s of art,	historical ti	reasure	s, or other sımı	lar
	assets to be sold to raise funds rather	than to be mainta	uned as p	art of th	ie organizat	ion's co	llection?	☐ Yes ☐ No
Part					<u> </u>			
	Complete if the organization 990, Part X, line 21.						•	
1a	Is the organization an agent, trustee, included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing t	able:			Amount
С	Beginning balance					1c	-	
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					_1f		
2a	Did the organization include an amoun							•
	If "Yes," explain the arrangement in Pa	rt XIII. Check here	e if the ex	planatio	n has been	provide	ed in Part XIII .	<u></u>
Par	Endowment Funds.							
	Complete if the organization						() 7	
	<u> </u>	(a) Current year	(b) Prid	or year	(c) Two year	rs back	(d) Three years bad	ck (e) Four years 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				ļ			
f	Administrative expenses	·			<u> </u>			
9	End of year balance			- 11 4.		<u></u>		
2	Provide the estimated percentage of the	ne current year en	oz oz	e (iine 1ç	g, column (a	i)) neid a	15.	
a	Board designated or quasi-endowmen Permanent endowment ▶	%	70					
b	Temporarily restricted endowment ▶	⁷⁰						
C	The percentages in lines 2a, 2b, and 2c		nn%					
3a	Are there endowment funds not in the			ation th	at are held	and ad	ministered for t	ne
	organization by:	, p						Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(II), are the related organize			,				3b
4	Describe in Part XIII the intended uses							<u> </u>
Part	VI Land, Buildings, and Equip	ment.				-		
	Complete if the organization	answered "Yes"	" to Forr	n 990, F	Part IV, line	11a. S	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or ot (investm			or other basis other)		Accumulated preciation	(d) Book value
1a	Land							
b	Buildings							
С	Leasehold improvements				692,167		28,840	663,327
d	Equipment				81,500		9,688	71,812
е_	Other							
Total.	Add lines 1a through 1e. (Column (d) m	oust equal Form 9	90, Part)	(, columi	n (B), line 10)c.)	•	735,139

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Employer identification number

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 Name of the organization

(10) **Total**

CHAR	LOTTE CURLING ASS	OCIATION							27-	<u> 20567</u>	11		_
Par		fit Transactio r e organization	ns (section 501 answered "Yes	(c)(3), s s" on F	section orm 99	501(c)(4), and 50 0, Part IV, line 25	1(c)(29) organiza ia or 25b, or For	ations m 990	only) 0-EZ,	Part	V, line		
1	(a) Name of disqualified	nomon	(b) Relationship between disqualified person and				(1) Barrel (1)				(d) Corrected		
	(a) Name of disqualmed	person		organızat	ion		(c) Description	Description of transaction			Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)							-						
2	Enter the amount of under section 4958		-			gers or disqualifi	· ·	_	-				
3	Enter the amount of	f tax, if any, on	line 2, above,	reimbu	irsed by	the organization	١		!	▶ \$			
Par	Complete if th	e organization	rested Person answered "Yes ount on Form 9	s" on F		0-EZ, Part V, line e 5, 6, or 22.	38a or Form 99	0, Pa	rt IV,	line 2	6; or	ıf the	
(a) N	lame of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount					ard or	(i) Wi agree	ritten ment?
				То	From			Yes	No	Yes	No	Yes	No
(1)	DOUGLAS YOUNG	contributor	repay loan	✓		200,000	200,000		✓	✓		✓	
(2)	DAVID DEFEHR	contributor	leasehold imp	√		650,000	92,579						
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													

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 interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
			,		Yes	No
(1) DAV	/ID DEFEHR	substantial contributor	\$5,500/month	Facility lease agreement		1
(2)						
(3)						
_(4)						
(5)						ļ
(6)			<u> </u>		-	1
(7)						├ ─
(8)			-			-
(9)						
(10) Part V	Supplemental Information Provide additional information	on for responses to questions	s on Schedule L (see	Instructions).	1	1
Part II- Or	n March 4, 2014 Douglas Young a	member of the Charlotte Curlin	ng Association and a	substantial contributor loaned \$2	00,000 to	<u> </u>
the Charl	otte Curling Association as a non-	interest bearing loan to be rep	oaid in 84 equal month	nly installments of \$2,380.95 com	nencing	·
Novembe	er 1, 2024. The loan proceeds wer	e used as repayment of leaseh	old improvement fun	ds advanced by an organization a	ffiliated	
with sub	stantial contributor David DeFehr	······································				
	alendar 2014, an affiliate of membe					
	n curling facility for the Association					
	o improvements unique to a curlin					
	the facility. The initial loan has be					
	eeds of a \$200,000 loan from a thir		d party has been secu	red by a bank certificate of depos	it owned	d by
Mr. DeFe	hr. Interest on the \$650,000 loan i	s at the rate of 6% APR.				
As of No	vember 1, 2014, the Association e	ntored into a ten year lease an	reement with Mr. DeFe	ohr's affiliate at a monthly rental r	ata of \$5	500
					<u> </u>	,,,,,,,,,
	agreement includes an Associati					
	Board of Directors of the Associa					
executed	at terms very favorable to the As	sociation, at or below market ra	ates for an organization	on without a substantial financial	nistory.	•
••••••						••
						•

SCHEDULE 0 (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 Name of the organization

➤ 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		27-2 <u>056711</u>
Form 990 Part VI Question 11b		
	supporting forms and schedules is provided to the Boar	rd of Directors for review. The Board
members are free to ask questions and make	suggested changes to the draft through conversations a	nd emails with the member of the
Association that drafted the return. Once the E	Soard of Directors' input has been received and process	ed, a newly revised draft is submitted
for final Board approval by a majority vote of t	he Board at a Board meeting.	
Form 990 Part VI Question 19		
The Association addresses requests for Form	s 1023 or 990 on an individual basis. To date no request	s have been received but should a
request be received in the future, the Associat	ion would provide the requested copies by email.	
Form 990 Part IX Line 24(e)-Other Expenses		
Other Program Expenses:		
Equipment rental and maintenance	\$1,269	
Equipment supplies purchased	\$12,478	
Ice-making and other supplies purchased	\$12,596	
Bonspiel expense	\$4,581	
Utilities	\$20,354	
Sponsorship banners	\$5,494	
Property tax	\$450	
Total Other Program Expenses	\$57,222	
		•••••

3Criedule O (FORM 990 Or 990-62) (2014)		Page 2
Name of the organization		Employer identification number
CHARLOTTE CURLING ASSOCIATION		27-2056711
Other Management and General Expenses:		
Postage and mailing expense	\$ 312	
Telephone	\$1,065	
Curling organization memberships/dues	\$2,696	
Security	\$3,393	
Subscriptions	\$ 472	
Printing and copying	\$3,591	
Registrations	\$2,571	
Other costs	\$1,042	
Total Other Management and General	\$15,142	
		••••••