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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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.

Open to Public

Inter	nal Reven	tne Treasury ue Service	► Information	n about For	n 990 and its inst	ructions is at	t www.irs.	gov/form99	0	Inspect	ion		
A	For the	2015 cale	ndar year, or tax year be	eginning	September 1	, 2015, a	and ending	Aug	ust 31	, 20 16			
В	Check if	applicable.	C Name of organization Ch	arlotte Curlin	g Association				D Employer identification numb				
	Address		Doing business as	-						27-2056711			
	Name ch	-	Number and street (or P.C	box if mail is r	not delivered to stree	t address)	Room/surt	e	E Telephor	ne number			
$\overline{\Box}$	Initial ret	-	5009 Beatties Ford Roa	d			107	7-242		803-831-6838			
$\overline{\Box}$		n/terminated	City or town, state or prov		nd ZIP or foreign po	stal code				<u> </u>			
Ħ	Amende		Charlotte, NC 8216						G Gross re	ceipts \$	213,420		
ī			F Name and address of prince	cipal officer				H(a) is this a c			✓ No		
_	гфриоси		Stephen McKee, 4582 S		ve. Harrisburg. N	IC 28075		1 .,		s included? Yes			
_	Tay-eyer	npt status	501(c)(3)	3501(c) () ◄ (insert no)		527			list (see instructio			
<u>:</u>	Website		v.charlottecurling.com	301(0) () 4 (Insert no) L	1 4347 (4)(1) 61	<u> </u>	H(c) Group	exemption	number >			
K			Corporation Trust	Association [Other ▶	L Ye	ar of formation			of legal domicile	NC		
	art I	Summ				1 = 15	21 01 101111211	2010	1 0.0.0				
•	1		scribe the organization	n's mission (or most significa	int activities:	The Ass	sociation's	mission is	to promote and	darow		
9	'	-	-		=	in activities.	1116 / 33	300101131		to promote une	9.01		
2		the sport	of curling in Charlotte, I	voi in Caroni	a and the South.								
Ţ	,	Chook th	is box ▶☐ if the organ	uzation disc	ontinued its one	rations or di	enosed o	f more than	25% of	ite not accate			
Governance	2		of voting members of t				sposed o	i iliole tilai	3	its riet assets.			
Ŏ	3		-	-			 luna 1h\				9		
Activities &	4		of independent voting				-		⊢		9		
iţie	5		nber of individuals emp	-	-	Part V, line	e 2a) .		. 5		0		
镇	6		nber of volunteers (est						6		100		
⋖	7a		elated business revenu						7a		<u>\$0</u>		
	b	Net unrel	ated business taxable	income fron	14 bru. 330/ N.T.	1e)34			7b	0	\$0		
Revenue							<u> </u>	Рпог Ү	ear	Current Ye	ear 		
	8		tions and grants (Part \		מים לי מים וווי	SS .	· ·		117,540		84,539		
	9		service revenue (Part \				· ·	<u>.</u> .	61,594		84,852		
ě	10	Investme	nt Income (Part VIII, co	olumn (A), lin	es 3, 4, and 7d)	& .	· ·						
<u></u>	11	Other rev	renue (Part VIII, columr	ı (A), lines 5;	-6d <u>-</u> 86 <u>-</u> 9c, 10c	and 11e) .			10,163		19,824		
	12	Total reve	revenue-add lines 8 through 14-(must-equal Earl VIII, column (A), line 12)								189,215		
	13	Grants ar	nd sımılar amounts pai	d (Part IX, co	olumn (A), lines	1–3)	· · L						
	14	Benefits (paid to or for members	(Part IX, co	lumn (A), line 4)		L						
ģ	15	Salaries,	other compensation, em	iployee bene	fits (Part IX, colu	mn (A), lines	5–10)			-			
Expenses	16a	Professio	nal fundraising fees (P	art IX, colun	nn (A), line 11e)		Г						
ē	Ь		draising expenses (Par										
ũ	17		oenses (Part IX, colum			e)			182,060		229,947		
	18	•	enses. Add lines 13-1			-	5) . 🗀		182,060		229,947		
	19	•	less expenses. Subtra				· –		7,237	-	-40,732		
- S	+							Beginning of C		End of Ye			
Net Assets of Fund Balance	20	Total ass	ets (Part X, line 16)				🗀		830,574		771,776		
Ass	21		ulities (Part X, line 26)						492,585		474,519		
E SE	22		ts or fund balances. Su	ubtract line 2	21 from line 20				337,989		297,257		
	art II		ture Block	2011401 11110 1	THOM INC.				337,303	<u> </u>	201,201		
			ry, I declare that I have exam	uned this return	uncluding accomp	nvina schedule	e and staten	nents and to	the hest of r	ny knowledge and	thelief it is		
tru	e, correc	t, and compl	te Declaration of preparer (other than offic	er) is based on all in	formation of wh	ich preparer	has any know	/ledge	in, illioniougo une			
				200					2/3	7/17			
Sid	ın	Šign	ature of officer					D	ate / S	P111			
Sign Here		l Sign	The observation	Thrus	6	reside	1	_					
116	16	Turk	or print name and title		ee ; 1	PSICE	<u> </u>		_				
_			pe preparer's name	Pror	parer's signature		Da	te	<u> </u>	PTIN			
Pa	iid	Frintry	he hichaisi a liallis	ret	and a signature		ا		Check	ıf			
Pr	epare	r	· · · · · · · · · · · · · · · · · · ·				i		self-em	pioyea			
	e Onl		ame					Fir	m's EIN ▶				
		Firm's a	ddress ▶				_	Ph	one no				
Ma	y the IF	RS discus	s this return with the p	reparer show	vn above? (see	instructions)	<u></u>	· · ·	<u></u>		s 🔲 No		
Foi	Paperv	vork Redu	ction Act Notice, see th	e separate in	structions.		Cat N	o 11282Y		Form	990 (2015)		

Form 9	90 (2015) Page 2
Part	III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code.) (Expenses \$ 192,396 including grants of \$) (Revenue \$ 2,523)
	The Charlotte Curling Association sponsored curling leagues most nights of the week during the year ended August 31, 2016 to
	promote the sport of curling in the local market. The curling season began in September 2015 and remained active until early
	May 2016 when the ice in the facility was taken down for the summer months. It is not practical to split the program service expenses between programs because the expenses are primarily for the operation of the dedicated ice facility which is used for all three programs. Most program service expense have been reported under the curling leagues since they comprise the substantial majority of the facility utilization.
	League fees only represent the league fees paid by members who did not elect the "all you can curl" membership level. Membership dues are not included in program service revenues. This is why the largest program has the lowest revenues.
4b	(Code:) (Expenses \$ 17,421 including grants of \$) (Revenue \$ 22,432)
	The Charlotte Curling Association ran multiple curling tournaments (bonspiels) to promote the sport of curling in the local and regional market during the year ended August 31, 2016. Tournament sizes and length varied. The Association's largest tournament
	included 32 teams of 4 players each and was conducted over a four-day period. As explained under 4a, most of the program service
	expenses have been reported under the curling leagues since they comprise the substantial majority of the facility utilization. Only
	expenses specific to the curling tournaments have been reported as program expenses herein.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$ 59,897)
	The Charlotte Curling Association conducted a number of training programs titled "Learn to Curl" where the general public could come and learn to the play the sport of curling. Regularly scheduled Learn to Curl classes offered individuals the opportunity to try
	their hand at curling. Additionally, larger groups could schedule a group Learn to Curl class. As explained under 4a, most of the
	program service expenses were reported under the curling leagues which comprise the substantial majority of the facility utilization.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

Form 99	0 (2015)			Page 3
Part	V Checklist of Required Schedules			,
_	1. the second of december 2. The first fir		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	•
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		∀	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u>-</u>		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
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," <i>complete Schedule C, Part II</i>	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		1
.	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? If "Yes," complete Schedule D, Part II	7		✓
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		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.			
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	1	-
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
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		√
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		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		√
	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		✓
_	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		▼
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)			
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	17		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	18		✓
	,,,	<u> </u>	<u> </u>	_▼

Part	Checklist of Required Schedules (continued)			
20 -	Did the examination energies and or more hospital facilities? If "Vee " complete School de U	<u> </u>	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	-	√
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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
c	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		√ √
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		1
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		V
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	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 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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
C	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	29 30		1
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? <i>If "Yes," complete Schedule R, Part I</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? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R,</i>			
38	Part VI	37	√	1
		Forr	n 99 0	(2015)

Part	-			
	Check if Schedule O contains a response or note to any line in this Part V	 -	: : :	لل
4 -	F. II. I		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	1 1		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Λ-	reportable gaming (gambling) winnings to prize winners?	1c		ļ,
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1		1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	ا ا	-	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		 -
20	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		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3ь		
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	1 1		ĺ
	account)?			1
b	, and the second	4a		 •
b	If "Yes," enter the name of the foreign country. ▶	1 1		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1		
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		<u>*</u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		
	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	- 54		 -
_	gifts were not tax deductible?	6b	,	ſ
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		İ
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	- 1	
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		
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		
10	Section 501(c)(7) organizations. Enter:	. 1	ì	
a	Initiation fees and capital contributions included on Part VIII, line 12	. !		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	. }	1	1
11	Section 501(c)(12) organizations. Enter:	. 1	ļ	
a	Gross income from members or shareholders	. }		l
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			1
40-	1121	40-	- 1	
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		, <u>'</u>
а	Note. See the instructions for additional information the organization must report on Schedule O	138		
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	,	- 1	
С	Enter the amount of reserves on hand	, [1	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>_</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		 -
=	ported at oxplanation in deflection of		990	(2015)
		, 2111		/

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	ee ins	tructi	ions.				
Secti	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management		<u></u>		. 🗸				
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 9							
	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.								
L	Enter the number of voting members included in line 1a, above, who are independent .	 1b	}						
2 2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		2		Ī				
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?								
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		✓				
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?.	5		✓				
6 7a	· · · · · · · · · · · · · · · · ·								
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?	l by) members,	7b		/				
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:								
а	The governing body?		8a	<i>,</i>					
b	Each committee with authority to act on behalf of the governing body?		8b		1				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C). <i></i>	9		1				
Secti	on B. Policies (This Section B requests information about policies not required by th	e Internal Rever	ue C						
40				Yes	No				
10a b	Did the organization have local chapters, branches, or affiliates?		10a 10b		/				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo		11a	1	 				
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		7				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy? If "Yes,"	12c						
13	Did the organization have a written whistleblower policy?		13	l	✓				
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation		14		1				
а	The organization's CEO, Executive Director, or top management official		15a		'				
b	Other officers or key employees of the organization		15b		 				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?		16a		<u></u>				
b	If "Yes," did the organization follow a written policy or procedure requiring the organizatio participation in joint venture arrangements under applicable federal tax law, and take steps	to safeguard the	_						
Sact:	organization's exempt status with respect to such arrangements?	· · · · · · ·	16b		L				
<u> 17</u>	on C. Disclosure 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, a available for public inspection. Indicate how you made these available. Check all that apply.	ind 990-T (Section	i 501(c)(3)s	only)				
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Sc	hedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.		erest	policy	y, and				
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords	:▶					
	Todd Poober 5571 Combridge Pay Drive Charlette NC 20250 704 720 5004								

D	- 4
race	- 4

Form	990	(201	5)
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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 org	aniz			ompe	nsa	ited any curren	t officer, directo	r, or trustee.
	}				C)					
(A)	(B)	(40.0	ot ob		ition	a than		(D)	(E)	(F)
Name and Title	Average hours per week (list any	rage box, unless person is both an Reportat s per officer and a director/trustee) compensa							Reportable Reportable compensation from	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Stephen McKee President	10	1		1				o	0	0
(2) Omar Van Rooyen	10									
Vice President		✓		✓				о	o	0
(3) Ronda Harlow	10									
Secretary		✓		✓				0	O	0
(4) Todd Becher	10									_
Treasurer		✓		√				0	0	0
(5) Peter Strickland	5									_
Board member		✓			L			0	0	0
(6) Jim Hacki	5					l				1
Board member		✓			<u> </u>		L.	0	0	0
(7) Mathew Broughton	5									
Board member		✓			<u> </u>		<u></u>	0	<u> </u>	0
(8) Melissa Filanowicz	5							l		
Board member		✓			L_	L	乚	0	0	0
(9) John Froeb	5				ľ	ĺ				
Board member		✓				<u> </u>	L	0	o	0
(10)						<u> </u>	1			ı
(11)	 									
(12)					_		-			
(13)	 									
(14)							_			

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) (B) Name and title Average hours per				Pos eck is pe	rson	e than o	an	(D) Reportable compensation	(E) Reportable		(F) Estimated m amount of		
		week (list any hours for related organizations below dotted line)	Individ or dire	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M		comp fro organ and	ther ensation in the nization related nizations	1
(15)														
(16)							-			-				
(17)						-								
(18)							_							
(19)							-							
(20)								_						
(21)			-											
(22)														
(23)			_											
(24)					_									
(25)														
1b c d	Sub-total	VII, Section		 · ·	•			► ► ►						
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received m	ore than \$10	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5											3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tha	an \$1	50,6	000	? //	"Ye	s,"						V
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	mper omple	nsat ete l	ion Sch	froi iedu	n any ile J f	un or s	related organiz such person	ation or ind	ıvıdual 			<u> </u>
Section	n B. Independent Contractors								······································	·				
1	Complete this table for your five highest of compensation from the organization. Repyear.	compensate ort comper	ed inc nsatio	lepe on fo	end or th	ent ne c	contralend	acto ar y	ors that receive year ending wit	ed more that h or within t	n \$100 he org	anızatıd	on's ta	эх
	(A) Name and business add	ress							(B) Description of s	ervices	((C) Compens	ation	
					_									
						_								
2	Total number of independent contractor received more than \$100,000 of compens.							th	nose listed abo	ove) who			.	

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a response	or note to	any line in this	Part VIII	. <u></u> .	<u> </u>
				(A) Total revenue	(8) 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					
our Ju	b	Membership dues 1b	54,252				
S, C	С	Fundraising events 1c					
ar la	ď	Related organizations 1d		ļ	ļ		
ini ini	е	Government grants (contributions) 1e					!
tion er S	f	All other contributions, gifts, grants,		ļ	İ		1
혉		and similar amounts not included above 1f	30,287				
ם מב	9	Noncash contributions included in lines 1a-1f \$					
<u>Q</u> <u>e</u>	h	Total. Add lines 1a-1f	ness Code	84,539			
anu e		<u> </u>	ness Code		-	-	
leve	2a	Bonspiels		22,432	22,432		
Se H	b	Learn to Curls Leaque fees		59,897	59,897		
ΞŽ	d			2,523	2,523	·	
Š	e						
Program Service Revenue	f	All other program service revenue .					
Pro	g	Total. Add lines 2a–2f	🕨	84,852			
	3	Investment income (including dividends,					
		and other similar amounts)	▶ [
	4	Income from investment of tax-exempt bond pro	oceeds ►				
	5	Royalties	<u> ▶</u>				
	_		Personal	Ì	Į.		į į
	6a	Gross rents					1
	b	Less: rental expenses					1
	d	Rental income or (loss) Net rental income or (loss)		-			
	7a		Other				
		assets other than inventory					
	b	Less. cost or other basis					,
		and sales expenses			1		'
	С	Gain or (loss)			į		,
	d	Net gain or (loss)	▶				
enne	8a	Gross income from fundraising events (not including \$					
Other Reve		of contributions reported on line 1c). See Part IV, line 18 a	ļ				
Ę	b	Less. direct expenses b		- 1			
		Net income or (loss) from fundraising events Gross income from gaming activities.	3 . ▶				
		See Part IV, line 19 a		1]		1
		Less: direct expenses b Net income or (loss) from gaming activities		}	i		-
		Gross sales of inventory, less	• •				
	IUa	returns and allowances a	40,213	Ì	ľ		1
	ь	Less: cost of goods sold b	24,205				
	C	Net income or (loss) from sales of inventory		16,008	16,008		
			ness Code	10,008	10,008		
	11a	Other		3,816			3,816
	b						
ļ	C						
	d	All other revenue					
	е	Total. Add lines 11a–11d	🏲	3,816			
	12	Total revenue. See instructions	• 1	100 215	100 960		2 040

	90 (2015)				Page 10
	Statement of Functional Expenses				_ ,
Section	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, o, 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				
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				
C	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f 9	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	Information technology				
15	Royalties				
16	Occupancy	66,000	66,000		
17	Travel	50,000	33,000		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	4,650	4,650		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	43,448	43,448		
23	Insurance	7,721		7,721	
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					
d					
e	All other expenses	108,128	95,719	12,409	
25_	Total functional expenses. Add lines 1 through 24e	229,947	209,817	20,130	
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)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	91,590	1	53,893
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,345	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.		1	j
		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		1	1
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ţ		organizations (see instructions) Complete Part II of Schedule L	·	6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use	2,500	8	2,500
	9	Prepaid expenses and deferred charges	· · · · · · · · · · · · · · · · · · ·	9	_
	10a	Land, buildings, and equipment: cost or		1	1
		other basis. Complete Part VI of Schedule D 10a 797,359		_[1
	b	Less. accumulated depreciation 10b 81,976	735,139		715,383
	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)	830,574		<u>771,776</u>
	17	Accounts payable and accrued expenses	6		
	18	Grants payable		18	
	19 20	Deferred revenue		19 20	3,822
	21	Tax-exempt bond liabilities		21	 _
'n	22	Loans and other payables to current and former officers, directors,		21	
Liabilities	22	trustees, key employees, highest compensated employees, and			
Ħ		disqualified persons. Complete Part II of Schedule L	202 570	22	254 220
Ë	23	Secured mortgages and notes payable to unrelated third parties	292,579	23	254,230
	24	Unsecured notes and loans payable to unrelated third parties	200,000	_==	216,467
	25	Other liabilities (including federal income tax, payables to related third	200,000		210,407
		parties, and other liabilities not included on lines 17-24). Complete Part X		1	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	492,585	26	474,519
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
čė		complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets [28	
ם	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.			
ts	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-ın or capıtal surplus, or land, building, or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds	337,989	32	297,257
Ne	33	Total net assets or fund balances	337,989		297,257
_	34	Total liabilities and net assets/fund balances	830,574		771,776
					Form 990 (2015)

<u></u>		ge 12
	-4	29,947 10,732 37,989
	29	07,257
	Yes	N₀
2a		~
2b		Ĩ

Form 990 (2015)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 2 Total expenses (must equal Part IX, column (A), line 25) 3 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 5 Donated services and use of facilities 7 R 8 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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," explain in Schedule O. 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 compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Consolidated basis ☐ Both consolidated and separate basis ☐ Separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis ☐ Separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a За 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 (2015)

SCHEDULE A (Form 990 or 990-EZ)

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.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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. Open to Public Inspection

Name	of the organization					Employer identification	n number		
فصفحت	otte Curling Association	mile Chalan (A)			A - 11	27-2056711			
Par	Reason for Public Charganization is not a private found						ons.		
1110	A church, convention of church								
2	A school described in section								
3	☐ A hospital or a cooperative he		•			, ,			
4	A medical research organizat						(iii). Enter the		
	hospital's name, city, and sta		^						
5	An organization operated for section 170(b)(1)(A)(iv). (Con	nplete Part II.)	·		·	, ,	al unit described in		
6 7	= , , , , , , , , , , , , , , , , , , ,								
8	A community trust described	ın section 170(b)(1)(A)(vi). (Complete	Part II.)					
9	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its								
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
10					•	•			
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check								
	the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.								
а	Type I. A supporting organithe supported organization organization. You must con	s) the power to re	egularly appoint or ele						
b	☐ Type II A supporting organ control or management of the organization(s). You must of	ne supporting org	ganization vested in th						
С	Type III functionally integrits supported organization(s	ated. A supporting	ng organization opera				y integrated with,		
d	Type III non-functionally in that is not functionally integ requirement (see instruction	rated. The organi	ization generally must	satisfy a	dıstributı	on requirement and			
е	Check this box if the organifunctionally integrated, or T	zation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	l, Type III		
f	Enter the number of supported	organizations .							
g	Provide the following information	n about the supp	oorted organization(s).	,		,			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
		<u> </u>		Yes	No				
(A)									
(B)									
(C)									
(D)									
(E)	· · · · · · · · · · · · · · · · · · ·								
Total									

Part							
	(Complete only if you checked the						alify under
Conti	Part III. If the organization fails to	o quality unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(2) 0011	(h) 0010	(-) 2012	1 (4) 0014	T (a) 2015	I (O Total
Calen	idar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
•	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				ļ		
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).						
Socti	Public support. Subtract line 5 from line 4.	L	L	<u> </u>	<u> </u>	1	
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	(a) 2011	(0) 2012	(6) 2013	(u) 2014	(e) 2013	(1) 10tai
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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	ne organization	•			12 ear as a section	on 501(c)(3)
	organization, check this box and stop he					_ 	
	on C. Computation of Public Suppor			14 - 1 - (5)			
14 15	Public support percentage for 2015 (line 6 Public support percentage from 2014 Sch					15	<u>%</u>
16a	331/3% support test—2015. If the organization qual	zation did not e	check the box	on line 13, and	d line 14 is 33 ¹	/3% or more, o	heck this
b	331/3% support test—2014. If the organicheck this box and stop here. The organic					e 15 is 33 ¹ / ₃ %	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "forganization	ets the "facts-a	and-circumsta	inces" test, che	eck this box ar	nd stop here. I	Explain ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization m Explain in Part VI how the organization m supported organization	tion meets the leets the "facts	facts-and-c	ircumstances" tances" test. T	test, check th	nis box and st	i, and line t op here .
18	Private foundation. If the organization durinstructions				a, or 17b, chec	k 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.)

<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	-				_	
	received. (Do not include any "unusual grants.")	11,584	52,160	238,895	117,503	84,539	504,681
2	Gross receipts from admissions, merchandise sold or services performed, or facilities				-		
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	48,979	57,543	47,394	79,713	125,065	358,694
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	399	279	7,518	4,338	<u>3,</u> 816	16,3 <u>50</u>
4	Tax revenues levied for the						
	organization's benefit and either paid		ľ	ì	ľ	ì	
	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	60,962	109,982	293,807	201,554	213,420	879,725
7a	Amounts included on lines 1, 2, and 3		1	1	1	i i	
	received from disqualified persons .	10,081	59,581	227,580	51,276	18,910	367,428
b	Amounts included on lines 2 and 3						
	received from other than disqualified					1	
	persons that exceed the greater of \$5,000					İ	
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b	10,081	59,581	227,580	51,276	18,910	367,428
8	Public support. (Subtract line 7c from line 6.)			į		1	
Sooti	on B. Total Support						512,297
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	60,962	109,982				
10a	Gross income from interest, dividends,	00,902	109,962	293,807	201,554	213,420	879,725
iva	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			ļ			
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether					ļ	
	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,			1		1	
	and 12.)	60,962	109,982	293,807	201,554	213,420	879,725
14	First five years. If the Form 990 is for the		's first, second	d, third, fourth,	or fifth tax ye	ear as a section	n 501(c)(3)
 :	organization, check this box and stop her			· · · · · ·	<u></u>	<u>· · · · · · · · · · · · · · · · · · · </u>	· · P []
	on C. Computation of Public Suppor					T 45 T	
15	Public support percentage for 2015 (line 8		•			15	58.2 %
16 Socti	Public support percentage from 2014 Schon D. Computation of Investment Inc					16	50.4 %
17	Investment income percentage for 2015 (I			/ line 12 colum	an (fl)	17	
18	Investment income percentage for 2013 (investment income percentage from 2014		-			18	0 %
19a	33 ¹ / ₃ % support tests—2015. If the organi						
134	17 is not more than 33½%, check this box						
b	331/3% support tests—2014. If the organiz						
J	line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization de	-	-	•			

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name o	of the or	ganization			Employer i	dentification number
Charle	tte Cu	ling Association				27-2056711
Pai		Organizations Maintaining Donor Adv	rised Funds or Othe	r Similar Fund	ds or Ac	
		Complete if the organization answered	"Yes" on Form 990, F	Part IV, line 6.		
			(a) Donor advise	d funds	(t) Funds and other accounts
1	Total	number at end of year				
2	Aggre	egate value of contributions to (during year)				
3	Aggre	egate value of grants from (during year) .				
4	Aggre	egate value at end of year				
5		ne organization inform all donors and donor				
	funds	are the organization's property, subject to the	e organization's exclus	live legal control	1?	· · · 🔲 Yes 🗌 No
6	only t	ne organization inform all grantees, donors, a or charitable purposes and not for the benei irring impermissible private benefit?		or advisor, or fo	r any oth	er purpose
Par		Conservation Easements.		· · · · · · · · · · · · · · · · · · ·		
		Complete if the organization answered '	"Yes" on Form 990 F	Part IV line 7		
1	Purne	ose(s) of conservation easements held by the				
•		reservation of land for public use (e.g., recreation			a historic	cally important land area
		rotection of natural habitat				d historic structure
		reservation of open space		7 70001 7411017 01	u voi timo	
2		plete lines 2a through 2d if the organization he	eld a qualified conserva	ition contribution	n in the fo	orm of a conservation
_		nent on the last day of the tax year.	, a quamica conconva			Held at the End of the Tax Year
а		• • •			. 2	
b		acreage restricted by conservation easement			-	
c		per of conservation easements on a certified by				
ď		per of conservation easements included in				
u						4
3		per of conservation easements modified, trans				
	-			-4-4		
4		per of states where property subject to conser		~~~~~~~		anding of
5		the organization have a written policy regons, and enforcement of the conservation ear				
6	Staff a	and volunteer hours devoted to monitoring, inspect	ing, handling of violations	, and enforcing co	onservatio	n easements during the year
7	Amou ▶\$	nt of expenses incurred in monitoring, inspectin	g, handling of violations,	, and enforcing c	onservati	on easements during the year
8		each conservation easement reported on line ection 170(h)(4)(B)(ii)?	2(d) above satisfy the r			70(h)(4)(B)(i) · · · □ Yes □ No
9	In Par	t XIII, describe how the organization reports of	conservation easements	s in its revenue a	and expe	nse statement, and
		ce sheet, and include, if applicable, the text o				
	organ	ization's accounting for conservation easeme	nts.			
Part	Ш	Organizations Maintaining Collections			Other S	milar Assets.
		Complete if the organization answered "	'Yes" on Form 990, F	Part IV, line 8.		
1a	If the	organization elected, as permitted under SF/	AS 116 (ASC 958), not	to report in its	revenue :	statement and balance sheet
		s of art, historical treasures, or other similar service, provide, in Part XIII, the text of the for				
b		organization elected, as permitted under Si				
	works	of art, historical treasures, or other similar	assets held for public	exhibition, edu	ucation, d	or research in furtherance of
		service, provide the following amounts relati				
	(i) Re	venue included on Form 990, Part VIII, line 1				▶ \$
	(ii) As	venue included on Form 990, Part VIII, line 1 sets included in Form 990, Part X				▶ \$
2	If the	organization received or held works of art, ing amounts required to be reported under SI	historical treasures, o	r other similar	assets fo	or financial gain, provide the
а		nue included on Form 990, Part VIII, line 1		_		> \$
		s included in Form 990. Part Y	· ·	· · · ·	- • •	

-	•
Page	4

Schedul	e D	(Form	ggn)	2015

Coneda	16 D (1 0111 930) 2013								Page Z
Par	III Organizations Maintaining	Coll	ections of	Art, His	torical 1	reasures	, or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply)		ssion, and of	ther reco	rds, chec	k 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				Othe		-		
C	☐ Preservation for future generation	s							
4	Provide a description of the organiza		collections	and expl	ain how t	hev further	the ord	ianization's exe	mot purpose in Part
·	XIII.								
5	During the year, did the organization assets to be sold to raise funds rathe								
Par	Complete if the organization 990, Part X, line 21.	_		" on Fo	m 990, F	Part IV, lin	e 9, or	reported an a	
1a	Is the organization an agent, trustee included on Form 990, Part X?								not
b	If "Yes," explain the arrangement in P								
_							<u></u>	Ţ	Amount
С	Beginning balance						10	.†	
d	Additions during the year						1d		
	Distributions during the year						1e		
e f	Ending balance						1f		
-	Did the organization include an amou								O D Vac D Na
2a h	If "Yes," explain the arrangement in P		-	-					
Par		art An	ii. Offect fiel	e ii tile e	Apianatio	ii iias Deen	provide	ou on i ait Ain .	
	Complete if the organization	ane.	vered "Yes	" on For	m agn F	Part IV lin	e 10		
	Complete ii tile organization		Current year		or year	(c) Two yea		(d) Three years bac	ck (e) Four years back
4-	Paginging of year balance	-(-/		(3)	- Joan	(5) 1110 yea	- Duoix	(4) 111100 yours out	(c) i our yours back
1a	Beginning of year balance					<u> </u>			-}
b	Contributions	 							
С	Net investment earnings, gains, and losses	1		}			}		
d	Grants or scholarships	 							
e	Other expenditures for facilities and			 					
•	programs			1			j		}
f	Administrative expenses	 							
	End of year balance	 		 					
g	Provide the estimated percentage of		rroot voor or	d balanc		nolumn /s	الملمط ((
2			mem year er	o/	e (iiile 19	, column (a	iji riela a	15.	
a	Board designated or quasi-endowme	~-		· ⁷⁰					
ь	Permanent endowment	%	0.4						
С	Temporarily restricted endowment ▶		%	000/					
0 -	The percentages on lines 2a, 2b, and				4' 41 .	- . 			
Ja	Are there endowment funds not in the organization by:	e pos	session of tr	ie organi	zation tha	at are neid	and ad	ministered for t	
	•								Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
_	If "Yes" on line 3a(ii), are the related o								3b
4	Describe in Part XIII the intended uses			on's endo	owment fu	unds.			
Part									
	Complete if the organization	ansv	vered "Yes	" on For	m 990, F	Part IV, line	e 11a. :	See Form 990	, Part X, line 10.
	Description of property		(a) Cost or ot (investm			r other basis ther)		Accumulated apreciation	(d) Book value
1a	Land								
b	Buildings								
С	Leasehold improvements	. [692,167		63,448	628,719
ď	Equipment	.				105,192		18,528	86,664
е	Other	<u>. </u>							
Total.	Add lines 1a through 1e (Column (d) n	nust e	qual Form 9.	90, Part	K, column	(B), line 10)c.)	▶	715,383

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Name	of the organization								Employ	er idei	ntificat	ion nu	mber		
Charl	otte Curling Association	on									27-	20567	11		
Par	t I Excess Bene Complete if the	fit Transaction ne organization	ns (section 501 answered "Ye	(c)(3), s" on	section Form 99	501(c)(4), a 0, Part IV, I	ind 50 line 29	01(c)(29) o 5a or 25b,	rganız , or Foi	ations m 99	only 0-EZ,). Part	V, lıne	40b.	
1	(a) Name of disqualified	noman	(b) Relationship be			person and	T	(a) D	escription	of tran				(d) Corrected?	
	(a) Name or disquained	person		organiz	ation		<u> </u>	(0) 00	-	i Oi u ai	ISACIIO			Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
2	Enter the amount	of tax incurred	d by the organ	nizatio	n manag	gers or dis	qualif	ied perso	ns du	ring t	he ye	ar			
	under section 4958	3 <i>.</i>										▶ \$	S		
3	Enter the amount o	f tax, if any, on	line 2, above,	reimb	ursed by	the organ	ızatıo	n				▶ \$	3		
Par	Loans to and		rested Person												
	Complete if the organization r	ne organization eported an am	answered "Yes ount on Form 9	s" on 990, P	Form 99 art X, lin	0-EZ, Part e 5, 6, or 2:	V, line 2.	38a or F	orm 99	90, Pa	rt IV,	line 2	6; or 1	f the	
	leann of interested paragraph	(b) Relationship	(c) Purpose of	4-0.1		(-) ()		/A Palan		1/2-1/2-2		(A) A-		m	
(a) IV	lame of interested person	with organization loan			oan to or om the	(e) Ongir principal an		(f) Baland	ce aue	(g) in c	lefault?		proved pard or		
			}	orga	nization?	}		1		}		comn	nittee?	_	
		ļ	1	To	From	1		1		Yes	No	Yes	No	Yes	No
(1)	substantial cont #1	substantial co	leasehold imp	V		20	0,000	2	200,000		1	1		\	
(2)	substantial cont #2	substantial co	leasehold imp	1		65	0,000		54,230		1	1		1	
(3)		I				Ī ————									
(4)		T													
(5)													-		
(6)															
(7)															
(8)															
(9)															
(10)															
Total		<u> </u>		·			. ▶	\$							
Part			fiting Intereste answered "Yes			0, Part IV, I	ine 27	7,							
(a)	Name of interested persor		ship between intere		(c) Amount	of assistance	(d) Type of a	ssistanc	e	(e) Purpo	se of a	ssistan	ce
(1)							 				 				
(2)							<u> </u>				_				
(3)															
(4)							<u> </u>	·····							
(5)							 				<u> </u>				
(6)							 -								
(7)															
(8)							<u> </u>								
(9)															
(10)															

Schedule L (F	Form 990 or 990-EZ) 2015				1	Page 2
Part IV	Business Transactions Involve Complete if the organization are	ring Interested Persons. Iswered "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	organi	iaring of ization's inues?
					Yes	No
(1) Subs	tantial contributor #2	substantial contributor	\$5.500/month	Facility lease agreement		1
(2)		T				\top
(3)		Ţ				\top
(4)						
(5)						
(6)						T
(7)		T				
(8)		<u> </u>				
(9)		T				1
(10)						
Part V	Supplemental Information Provide additional information	for responses to questions	on Schedule L (see	instructions).		
Part II: On	March 4, 2014 substantial contribut	or #1 loaned \$200,000 to the	Charlotte Curling As	sociation as a non-interest bear	ng loan t	to be
repaid in 8	4 equal monthly installments of \$2,	380.95 commencing Novemb	per 1, 2024. The loan	proceeds were used as repayme	nt of	
leasehold i	mprovement funds advanced by an	organization affiliated with	substantial contribut	or #2.		
During cale	endar 2014, an affiliate of substantia	al contributor #2 constructed	a building intended	to serve as the long-term curling	facility (or the
Associatio	n. The Association agreed to assur	me responsibility for \$650,00	00 of leasehold impro	vements relating to improvemen	ts unique	e to a
curling fac	lity. The affiliate entity advanced for	unding for the improvement	s concurrent with bui	lding the facility. The intial loan	has beer	1
reduced to	its current level through donations	, the loan described above f	rom substantial cont	ributor #1 and the proceeds of a	\$200,000	loan
from a third	party. The loan by the third party	has been secured by a bank	certificate of deposi	t owned by substantial contribut	or #2. In	terest
on the \$650	0,000 loan is at the rate of 6% APR.					
As of Nove	mber 1, 2014. the Association enter	red into a ten-year lease agre	eement with substan	tial contributor #2's affilated entit	y at a mo	onthiy
rental rate	of \$5,500. The lease agreement inc	ludes an Association option	to purchase the buil	ding at any time within the ten-ye	ear lease	term.
Both the Bo	oard of Directors of the Association	and substantial contributor	#2 believe that the l	ease rate, financing rate and pur	hase op	tion
were all ex	ecuted on terms very favorable to t	he Association, at or below i	market rates for an o	rganization without a substantial	financia	<u> </u>
history.			<i>-</i>			
			<i>-</i>		,	
			~			

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.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

OMB No 1545-0047 20**15**

Open to Public Inspection

Charlotte Curling Association		27-2056711		
Form 990 Part VI Question 11b				
A complete draft copy of the Form 990 and	d all supporting forms and schedules is provided to the Boar	d 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 Expense	es			
Other Program Expenses:				
Equipment rental and maintenance	\$10,404			
Equipment and small tools	\$ 3,965			
Ice-making and other supplies	\$ 1,532			
Bonspiel expense	\$17,421			
Utilities	\$32,328			
Sponsorship banners	\$ 4,880			
Community awareness campaign	\$ 4,222			
Outside contract services	\$ 615			
Property tax	\$13,885			
Supplies	\$ 6,467			
Total Other Program Expenses	\$95,719			

Name of the organization		Employer identification number
Charlotte Curling Association		27-2056711
Other Management and General Expens	es:	
Postage and mailing expense	\$ 506	······
Printing and copying	\$ 1,443	
Registration fees	\$2,699	
Security	\$ 300	
Subscriptions	\$ 591	
Telephone	\$1,180	
Memberships and dues	\$5,181	
Bank fees	\$ 147	
Other	\$ 362	
Total Other Management and Gen	eral \$12,409	
······		
•		
•		