

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.

2016

Department of the Treasury	▶ Do not enter social se	curity numbers on	this form as it may be ma	de public. 🏿 🔻
Department of the Treasury 🛷 Internal Revenue Sorvice	► Information about For	rm 990 and its instr	uctions is at www.irs.gov.	/form990. 🖟 🤟
A For the 2016/calend	dar year, or tax year beginning	September 1	, 2016, and ending	August 31

A		2016 colo		Form 990 and its instruc					20	CIOII-
<u>~</u>			ndar year, or tax year beginning		, 2016, a	nd ending	Auq	ust 31	, 20 17	umbor
В		applicable.	C Name of organization_Charlotte C	urling Association				D Employe	er identification n	uinber
	Address	change	Doing business as			27-2056711				
	Name ch	-	Number and street (or P.O. box if m	E Telephor	e number					
닏	initial ret	um	5009 Beatties Ford Road	242		803-831-6838				
닏	Final retur	mvterminated	City or town, state or province, cour							
Ц	Amende		Charlotte, NC 28216					G Gross re	ceipts \$	368,209
Ш	Applicati	ion pending	F Name and address of principal office				H(a) is this a g	roup return for s	subordinates? 🔲 Yes	s ☑ No
			Stephen McKee, 4582 Sunprinc	e Drive, Harrisburg, NC	28075	172			s included? 🔲 Yes	
1	Tax-exer	mpt status	✓ 501(c)(3)) ◀ (insert no.) ☐ 49	47(a)(1) or	□ 522 ノ	ריי וו	lo," attach a	list (see Instruction	ons)
ī_	Website		w.charlottecurling com		0		H(c) Group	exemption	number 🕨	
_		organization:	Corporation Trust Associa	ition ☐ Other ▶	LYea	ar of formatio	n 2010	M State	of legal domicile	NC
P	art i	Summ	nary							
	1	Briefly de	escribe the organization's miss	ion or most significant	activities:	The Ass	ociation's	mission is	to promote an	d grow
e		the sport	of curling in Charlotte, North Ca	irolina and the southern	United Sta	ites.				
Activities & Governance										
ē	2	Check th	nis box 🕨 🗌 if the organization	discontinued its opera	tions or di	sposed of	more that	1 25% of	its net assets	
õ	3	Number	of voting members of the gove	erning body (Part VI, lin	e 1a)			3		9
95	4	Number	of independent voting membe	rs of the governing boo	iy (Part VI,	, line 1b)		4		9
ies	5	Total nur	mber of individuals employed i	n calendar year 2016 (F	art V, line	2a)		5		0
ξ	6		mber of volunteers (estimate if	•		٠		6		130
Ac	7a	Total unr	related business revenue from	Part VIII, column (C)	10:12	7		7a		0
	Ь		lated business taxable income		ha l	1	_	7b		0
_	<u> </u>			REULIV	1	SO-SE	Prior Y		Current Y	'ear
	8	Contribu	tions and grants (Part VIII, line	84,539		152,819				
ã	9	Program	service revenue (Part VIII, line		84,852		150,624			
Revenue	10	Investme	ent income (Part VIII, column (A		04,032		130,024			
æ	11		venue (Part VIII, column (A), lin			, l -		10.024		28,356
	12		enue – add lines 8 through 11 (r			75 To		19,824 189,215		
_	13		nd similar amounts paid (Part I	1		76 12)		109,213		331,799
	14		paid to or for members (Part I)	W	3)	· ·				
	4-				· · ·	5_10\				
Expenses	160		other compensation, employee							
ē	16a		onal fundraising fees (Part IX, o			· ·				
ă	1.5		idraising expenses (Part IX, col	••••	••••					
_	117		penses (Part IX, column (A), lin	·	· · · ·	<u>.</u> , · ·		229,947		262,686
	18		penses Add lines 13-17 (must					229,947		262,686
	19	Hevenue	eless expenses. Subtract line 1	18 from line 12	· · · ·			-40,732	5-4-14	69,113
Net Assets or						180	eginning of C		End of Y	
SSet	20		sets (Part X, line 16)	• • • • •		· · _	-	771,776		839,859
¥ E	21		oilities (Part X, line 26)			· ·		474,519		473,489
-			ets or fund balances. Subtract	line 21 from line 20	<u> </u>	<u> </u>		297,257		366,370
	art II		ture Block							
			ury, I declare that I have examined this						my knowledge an	d belief, it is
- tn	ue, correc	i, and comp	plete Declaration of preparer other than	officer) is based on all inform	nation of whi	co preparer i	ias any knov	леаде.		
		I L	XIII				,		1/18	
	gn	Sign	nature of officer	Cari Da			_ 0	ate / ·		
He	ere		STEPHEN HILL	Kih PR	4516	12N1	<u></u>			
_			e or print name and title	•						
p:	aid	Print/T	ype preparer's name	Preparer's signature		Dat	9	Check	☐ d PTIN	
	epare	er \coprod						self-em		
	se On		name ►				Fir	m's EIN ▶		
_			address ►				Ph	one no		
Ma	ay the IF		s this return with the preparer	shown above? (see ins	structions)				🔲 Ye	s 🗌 No
<u></u>	r Danen	work Rode	iction Act Notice see the senar	to instructions		Cat No	112827		Corm	990 (2016)





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Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	The mission of the Association is to promote the sport of curling in Charlotte, NC and the southern United States.

2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	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.
	/Code: \/Curescand (Code)
4 a	(Code:) (Expenses \$ 205,168 including grants of \$) (Revenue \$)
	The Charlotte Curling Association sponsored curling leagues most nights of the week during the year ended August 31, 2017 to
	promote the sport of curling in the local market. The curling season began in September 2016 and remained active until early May 2017 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 the operation of the dedicated ice facility which is used for all programs. Most
	program service expenses have been reported under the curling leagues since the comprise the substantial majority of the facility
	utilization. Membership dues are not included in program service revenues. This is why the largest program has the smallest
	revenue.

4b	(Code:) (Expenses \$ 10,479 including grants of \$) (Revenue \$ 52,091)
	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, 2017. Tournament sizes and lengths varied. The Association's largest
	tournament included 32 teams of four 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
	The state of the s

4c	(Code) (Expenses \$ 23,081 including grants of \$) (Revenue \$ 98,533)
	The Charlotte Curling Association conducts a number of training programs including recurring classes titled "Learn to Curl" where
	the general public can come and learn to play the sport of curling. The regularly scheduled classes offer individuals the opportunity
	to try their hand at curling. Additionally, larger groups can schedule a group Learn to Curl. During the year ended August 31, 2017
	the club sponsored a skills camp where participants can improve their curling skills. As explained under 4a, most of the program
	service expenses have been reproted under the curling leagues since they comprise the substantial majority of the facility utilization. Only expenses specific to the training programs have been reported as program expenses herein.
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	•••••••••••••••••••••••••••••••••••••••
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 220 729

ABDLO

art	Checklist of Required Schedules			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		1
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		1
12 a				
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	12a		/
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	\vdash	1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	1
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
		E	- 000	1001

Part	Checklist of Required Schedules (continued)			
20 -	Did the experience energic one or more beauty feether? If "Ves " experies School de U	00-	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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		-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
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		✓
	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		<u>√</u> √
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part i	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 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
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		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? 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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	37	1	_
		For	n 99 0	(2016

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			1
٥-	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year ending with or within the year covered by this return			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			,
b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		├─
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	·	/
ь	If "Vas " enter the name of the foreign country.	<u> </u>	-	۲
-	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	l		
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	_		1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		-
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
•	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	 ′′ -	 	
ē	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Ì	ŀ
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	T	
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.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	L	<u> </u>
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		
a b	Initiation fees and capital contributions included on Part VIII, line 12	1		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] Section 501(c)(12) organizations. Enter:	ł		1
··	Gross income from members or shareholders	Ì	l	
ь	Gross income from other sources (Do not net amounts due or paid to other sources	1	l	
	against amounts due or received from them.)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	İ	
	Note. See the instructions for additional information the organization must report on Schedule O		T	
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans	1		1
C	Enter the amount of reserves on hand	<u> </u>	<u> </u>	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	1
ħ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14Ah	1	1

_				 -
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
3	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			<u> </u>
	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		✓
3	Did the organization contemporaneously document the meetings held or written actions undertaken during			<u> </u>
	the year by the following.			
а	The governing body?	8a	1	
	Each committee with authority to act on behalf of the governing body?	8b		1
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			<u> </u>
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
cti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.	<u></u>
			Yes	No
a	Did the organization have local chapters, branches, or affiliates?	10a		1
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	<u> </u>		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
3	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u> </u>	_	
a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
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,"	12.5		
•	describe in Schedule O how this was done	12c		
	Did the organization have a written whistleblower policy?	13		1
	Did the organization have a written document retention and destruction policy?	14		1
5	Did the process for determining compensation of the following persons include a review and approval by	17		-
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	<u> </u>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		-
àa	• • • • • • • • • • • • • • • • • • • •			l
_	with a taxable entity during the year?	16a	ļ	1
ь		102		₩
_	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	}	1
~ti	on C. Disclosure	100	L	<u> </u>
,	List the states with which a copy of this Form 990 is required to be filed North Carolina			
	Section 8104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501	a\/2\a	
•	available for public inspection. Indicate how you made these available Check all that apply.	1 30 1	C)(S)s	only
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	v. anr
	financial statements available to the public during the tax year.	J. 300	, .	,, 4111
)	State the name, address, and telephone number of the person who possesses the organization's books and re	corde		
	Zach Chadim. c/o Charlotte Curling Association, 5009 Realties Ford Road. Ste 107-242. Charlotte, NC 28216	us	. –	
	- Egen Stephin, Go Shariotte Curiusi Maasclaucus, auca pedilika futu Kozo, atk 107.747, Charione, NC 78716			

C	000	(2016)	

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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 orga	anız			ompe	nsa	ited any currer	t officer, director	, or trustee
				•)			ĺ		
(A)	(B)	(do n	ot ch		ition more	than c	one	(D)	(E)	(F)
Name and Title	Average hours per	box, (unies	s pe	rson	is both	an	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any					or/trust	<u> </u>	from	related	other
	hours for related	i di	TSE.	Officer	(ey	햜	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations		Institutional trustee	٩	Key employee	est c	₫	(W-2/1099-MISC)	(11 27 1035-111100)	organization
	below dotted	7 5	量	<u> </u>	bye	ğ	1			and related organizations
		stee	캻	l	•) æns				organizations
			<u> </u>	L		Highest compensated employee				
(1) Stephen McKee	10									
President	 !!	1		1					اه	0
(2) Omar Van Rooyan	10		<u> </u>	H			 	<u> </u>		
Vice President	† <u>''</u>	1		1				0	٥	0
(3) Ronda Harlow	10						_	† <u>*</u>		<u>~</u>
Secretary		1		1				١	o	0
(4) Todd Becher	10			Г			Г			
Treasurer		✓		✓				0	. 0	0
(5) Peter Strickland	5									
Board member		✓		L			L	0	0	0
(6) Mathew Broughton	5		1	Ì			Ì])	
Board member		✓		<u> </u>		<u> </u>	<u> </u>	0	0	0
(7) Melissa Filanowicz	55	١.		l	l	•	l			
Board member	ļ	1	<u> </u>	_		<u> </u>	<u> </u>	0	0	0
(8) Jim Hacki	55						l			
Board member	 	1	 	├-	ļ	<u> </u>	├	9	0	0
(9) John Froeb	5	1					l		_	
Board member	<u> </u>	-	 —	├	-	├	├	ļ <u>c</u>	0	0
(10)	 								ļ	
(11)										
(12)			-							
(13)	ļ				 		T			
(14)								-		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(B) Average hours per week (list any	Average box, unless person is bot officer and a director/trus						(D) Reportable compensation from	(E) Reportable compensation from related				
		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		on d
(15)	••••••••••••••••••												
(16)				 									· · · · · ·
(17)			-	-									
(18)											†		
(19)					-								
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
C	Sub-total	VII, Sectio	n A					▶					
d 2	Total (add lines 1b and 1c)	t not limited						e) w	ho received m	ore than \$100,0	000 of		
3	Did the organization list any former of	ficer, direc						emp	oloyee, or high	nest compensa	ted [Yes	s No
4	employee on line 1a? If "Yes," complete for any individual listed on line 1a, is the organization and related organizations	sum of re	porta	ble	con	npe	nsatio	n a		ensation from		+	1
5	Individual	or accrue co	отре	nsa	tion	fro	 m any	/ un	related organi		. 4	+	1
<u> </u>	for services rendered to the organization	? If "Yes," o	compl	ete	Sci	red	ule J I	for s	such person		. 5		1
1	on B. Independent Contractors Complete this table for your five highest compensation from the organization. Repyear.												tax
	(A) Name and business add	Iress							(B) Description of s	services		C) ensation)
													·
	Total aumbas of Indian												
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who			
												om 99	2016

Form **990** (2016)

Part	VIII	Statement of Reve				·			
		Check if Schedule C) contains	a res	ponse or note to	(A) Total revenue	Part VIII	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
ts s	1a	Federated campaigns	s	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	87,487	İ,			
S, G	С	Fundraising events .		1c					
ar /	d	Related organizations	s	1d					
s, C imi	e	Government grants (cor	ntributions)	1e					
ion r Si	f	All other contributions, g	ifts, grants,						
t e		and similar amounts not inc	cluded above	1f	65,332		1		
E G	g	Noncash contributions include	ded in lines 1a	-1f. \$					
SE	h	Total. Add lines 1a-1	f		<u></u>	152,819			
2					Business Code				
Ven	2a	Bonspiels				52,091	52,091		
2	b	Loors to Curls				71,135	71,135		
Šċ	С	Skills Camp				27,398	27,398		
Sed	d	480104000410004							
E	e								
Program Service Revenue	f	All other program ser	vice reveni	ue.					
	g	Total. Add lines 2a-2				150,624			
	3	Investment income							T
		and other similar amo	•			235			235
	4	Income from investmen	nt of tax-exe	mpt b	ond proceeds ▶				
	5	Royalties							
			(i) Rea		(ii) Personal				
	6a	Gross rents	<u></u>	1,058					
	b	Less: rental expenses							
	С	Rental income or (loss)			l				
	_d	Net rental income or		<u></u>		1,058			1,058
	7a	Gross amount from sales of	(i) Securi	ties	(ii) Other				
	_	assets other than inventory					İ		
	b	Less, cost or other basis					j		
		and sales expenses							
	C	Gain or (loss)	L		J				
	ď	Net gain or (loss) .		• •	•		-	· ···	
Revenue	8a	Gross income from fo	undraising						
ě.		events (not including \$ of contributions report	ad on line 1	<u>~</u>					
-				. а	1,145				
Other	ь	Less: direct expenses	s	. b			ļ		
U	C	Net income or (loss) to	from fundra	aising	events . >	1,145			1,145
	9a	Gross income from ga	aming activ	ities.					
		See Part IV, line 19 .		. а	1				
	b	Less: direct expense:	s	. b)				•
	C	Net income or (loss)	from gamir	ng act	ivities ►				
	10a	Gross sales of in							
		returns and allowanc	es	· a	62,329				
	b	Less: cost of goods s	sold	. b	36,411				
	<u>c</u>	Net income or (loss) t	from sales	of inv	entory . ►	25,918	25,918		
		Miscellaneous F	Revenue		Business Code				
	11a								
	b	***************************************							
	C								
	d	All other revenue .							
	е	Total. Add lines 11a-			🕨				
	12	Total revenue, See i	netructions	•		221 700	470 542		1

	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon			<u> </u>	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$.				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a b	Management				
C	Accounting				
ď	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15 16	Royalties	65,000	66,000		
17	Travel	66,000 925	 	925	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	323		323	
19	Conferences, conventions, and meetings .				
20	Interest	3,586	3,586		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	43,848			
23	Insurance	8,675		8,675	
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.)				0.00
а	***************************************				
Ь					
c			 		
đ	All obbas ossesses			2.2.3	
9 25	All other expenses Total functional expenses. Add lines 1 through 24e	139,652			
25 26	Joint costs. Complete this line only if the	262,686	238,728	23,958	
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here I if following SOP 98-2 (ASC 958-720)				

Ρ	art X	Balance Sheet					
		Check if Schedule O contains a response or	note to any lin	e in this Par	tX		🗆
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		•	53,893	1	142,937
	2	Savings and temporary cash investments .		. [2	
	3	Pledges and grants receivable, net		[3	
	4	Accounts receivable, net		[4	
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co		nployees		ı	
		Complete Part II of Schedule L		· · · [5	
	6	Loans and other receivables from other disqualified pers			į	l	
		4958(f)(1)), persons described in section 4958(c)(3)(B), ar				1	
		sponsoring organizations of section 501(c)(9) volun		beneficiary	ļ		
ats.		organizations (see instructions). Complete Part II of Sche				6	
Assets	7	Notes and loans receivable, net		1		7	
⋖	8	Inventories for sale or use			2,500	8	5,120
	9	Prepaid expenses and deferred charges		· · · }		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		ļ			
		·	10a	817,627			
	b	Less: accumulated depreciation	10b	125,825	715,383		691,802
	11	Investments—publicly traded securities .				11	
	12 13	Investments—other securities. See Part IV, line Investments—program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal			771,776		020 050
	17	Accounts payable and accrued expenses			111,116	17	839,859
	18	Grants payable		` ' }		18	22
	19	Deferred revenue		t	3,822		
	20	Tax-exempt bond liabilities		,	5,022	20	
	21	Escrow or custodial account liability Complete				21	
(S)	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest comper				1	
<u>ā</u>		disqualified persons. Complete Part II of Schedu			254,230	22	239,070
ä	23	Secured mortgages and notes payable to unrela	ated third parties	, , ,		23	233,010
	24	Unsecured notes and loans payable to unrelated			216,467	24	234,397
	25	Other liabilities (including federal income tax,	payables to rel	ated third			
	1	parties, and other liabilities not included on lines	s 17-24). Comp	ete Part X	 	1 1	
	[of Schedule D		L		25	
	26	Total liabilities. Add lines 17 through 25			474,519	26	473,489
60	ļ	Organizations that follow SFAS 117 (ASC 958		🗎 and		1 1	
Š		complete lines 27 through 29, and lines 33 an		İ			
Į	27	Unrestricted net assets		.)		27	
8	28	Temporarily restricted net assets				28	
뒫	29	Permanently restricted net assets			 	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 9) complete lines 30 through 34.	58), check here I	► 🕢 and			
ţ	30	Capital stock or trust principal, or current funds				30	
Se	31	Paid-in or capital surplus, or land, building, or ed				31	
Ä	32	Retained earnings, endowment, accumulated in			297,257	32	366,370
Ne	33	Total net assets or fund balances			297,257		366,370
_	34	Total liabilities and net assets/fund balances .	<u></u>	<u> </u>	771,776	34	839,859
							Form 990 (2016)

Form 99	0 (2016)		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	_ .	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)		33	1,799
2	Total expenses (must equal Part IX, column (A), line 25)		26	2,686
3	Revenue less expenses. Subtract line 2 from line 1		6	9,113
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		29	7,257
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
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			
	33, column (B))		36	6,370
Part	XII 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	1 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓_
	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:) !		1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	1 /		ļ
b	Were the organization's financial statements audited by an independent accountant?	2b		✓
	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:			l
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			ŀ
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	1		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			İ
	the Single Audit Act and OMB Circular A-133?	3a	L.	_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		For	n 990	(2016)

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 chantable 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

2016

Open to Public Inspection

Name	ne of the organization Employer Identification number									
Charl	otte Curling Association			_		27-205				
Par	··						ns.			
	organization is not a private founda						707			
1	A church, convention of church						O			
2	A school described in section						•			
3	A hospital or a cooperative hospital research						=			
4	A medical research organization hospital's name, city, and state	ə: 								
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned or	operate	d by a government	al unit described in			
6	A federal, state, or local govern									
7	An organization that normally described in section 170(b)(1)			port from	a goveri	nmental unit or from	the general public			
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II)			1			
9	An agricultural research organi or university or a non-land-gra university:	nt college of agr	iculture (see instruction	ons) Ente	r the nam	ne, city, and state of	the college or			
10	An organization that normally receives: (1) more than 33¹∞% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹∞% 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.)									
11	An organization organized and									
	An organization organized and			-			ry out the purposes			
	of one or more publicly suppo	rted organizatio	ns described in secti	ion 509(a	(1) or se	ection 509(a)(2). Sec	section 509(a)(3).			
	Check the box in lines 12a thro	ugh 12d that des	scribes the type of sur	porting o	rganizatio	on and complete line	s 12e, 12f, and 12g			
а	Type I. A supporting organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t					
b						upported organizati	on(s), by having			
	control or management of organization(s). You must	the supporting o	rganization vested in	the same						
С	Type III functionally integ its supported organization						ally integrated with,			
d	☐ Type III non-functionally i	ntegrated. A su	pporting organization	operated	In conn	ection with its suppo	rted organization(s)			
	that is not functionally inter									
	requirement (see instructio	ns). You must c	omplete Part IV, Sec	tions A a	nd D, ar	nd Part V.				
e	Check this box if the organ functionally integrated, or						e II, Type III			
f	Enter the number of supported of									
g	Provide the following information	about the supp	orted organization(s)	····						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	rganization iz governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
(B)										
(C)										
(D)										
(E)										
Tota	I									

Schedul Part	e A (Form 990 or 990-EZ) 2016 Support Schedule for Organiza	tions Doggr	ibad in Sasti	one 170/b)/1	VAViu) and 1	70/5V4VAV	Page 2
Fait	(Complete only if you checked the Part III: If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Section	on A. Public Support	quality unde	er the tests as	sted below, p	lease comple	te Part III.)	/-
	dar year (or fiscal year beginning (n) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Fotal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	(a) 2012	(b) 2013	(0) 2014	(a) 2013	(6) 2010	III/Olai
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 Section	Public support. Subtract line 5 from line 4 on B. Total Support		<u> </u>	l	L	<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2012	(6) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4				1		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the		n's first, secor				on 501(c)(3)
	organization, check this box and stop he			· · ·		•	· P 📙
	on C. Computation of Public Suppor			44 1 (0)		1441	
14	Public support percentage for 2016 (line to Public support percentage from 2015 Sci					14	<u>%</u>
15 16a	331n% support/test—2016. If the organi	necule A, Part Ization did not	ii, iiiie 14 : check the bo				
	box and stop here. The organization qua						•
b	331/5% support test - 2015. If the organithis box and stop here. The organization					i ls 331/3% or r	
17a	10%-facts-and-circumstances test—2 10% of more, and if the organization me Part VI how the organization meets the forganization	eets the "facts	s-and-circums cumstances" to	tances" test, c est. The organ	heck this box ization qualifie	and stop here	. Explain in
b	10%-facts-and-circumstances test—2/ 15 is 10% or more, and if the organization resupported organization is supported organization.	ation meets the meets the "fac	ne "facts-and- ts-and-circum	circumstances istances" test.	s" test, check The organizat	this box and	stop here. s a publicly
18/	Private foundation. If the organization di instructions	d not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, che	ck this box and	d see
7							90 or 990-EZ) 2016

Part III	Support Schedule for Organiz	zations Described in Section	on 509(a)(2)

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

C4:	A Dublic Support	under the tes	is iisted beto	w, piease co	inpiete i dit ii	·/	
	on A. Public Support	(1)0040	(1) 0010	1 2 2 2 1	48.0045	4 2 2 2 4 2	(D. T.) - 1
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees			I			
2	received. (Do not include any "unusual grants") Gross receipts from admissions, merchandise	52,160	238,895	117,503	84,539	152,819	645,916
2	sold or services performed, or facilities			İ		İ	
	furnished in any activity that is related to the			1			
	organization's tax-exempt purpose	57,543	47,394	79,713	125,065	212,952	522,667
3	Gross receipts from activities that are not an					1	
	unrelated trade or business under section 513	279	7,518	4,338	3,816	2,438	18,389
4	Tax revenues levied for the		-				
	organization's benefit and either paid						
	to or expended on its behalf		1	Ļ	1	İ	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				Ì	1	
6	Total. Add lines 1 through 5	109,982	293,807	201,554	213,420	368,209	1,186,972
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	59,581	227,580	51,276	18,910	46,265	403,612
b	Amounts included on lines 2 and 3				,	,	
_	received from other than disqualified		İ				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	}	1				
С	Add lines 7a and 7b	59,581	227,580	51,276	18,910	46,265	403,612
8	Public support. (Subtract line 7c from	33/201		0.,,2.0	,	19,230	100,012
	line 6.)					ļ	783,360
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	109,982	293,807	201,554	213,420	368,209	1,186,972
10a	Gross income from interest, dividends,				•		
	payments received on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				1		
	acquired after June 30, 1975			,	ļ		
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether	ľ				l l	
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets					ĺ	
	(Explain in Part VI.)	1					
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	109,982	293,807	201,554	213,420	368,420	1,186,972
14	First five years. If the Form 990 is for the			d, third, fourth		ear as a section	
	organization, check this box and stop her	re	<u> </u>				<u> </u>
Secti	on C. Computation of Public Suppor	t Percentage	<u> </u>				
15	Public support percentage for 2016 (line 8					15	66.0 %
16	Public support percentage from 2015 Sch			<u> </u>	<u> </u>	16	58.2 %
Secti	on D. Computation of Investment Inc	come Percer	ntage				
17	Investment income percentage for 2016 (I	ine 10c, colum	n (f) divided b	y li <mark>ne 13, col</mark> ur	nn (f))	17	
18	Investment income percentage from 2015		-			18	%
19a	331/3% support tests—2016. If the organi						
	17 is not more than 331/2%, check this box					•	
b	331/n% support tests - 2015. If the organiz						
	line 18 is not more than 331/3%, check this t		-	' - '	· · · · · · ·		
20	Private foundation. If the organization di	d_not check a t	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🔲

SCHEDULE D (Form 990)

Department of the Treasury Internal Rovenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name o	f the organization		Employer identification number
Charlo	tte Curling Association		27-2056711
Par	t l Organizations Maintaining Donor Ad	vised Funds or Other Similar Fur	
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (dunng 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 the		
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or f	or any other purpose
	conferring impermissible private benefit? .		Yes No
Par	Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	· _	* *
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	ield a qualified conservation contribution	· · · · · · · · · · · · · · · · · · ·
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified		. 2c
d	Number of conservation easements included in historic structure listed in the National Register	(c) acquired aπer 8/1//06, and not	1 1
3	Number of conservation easements modified, tran		
J	tax year ►	isterred, released, extinguished, or ten	minated by the organization during the
4	Number of states where property subject to conse	envation easement is located	
5	Does the organization have a written policy re		spection handling of
_	violations, and enforcement of the conservation en		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	
_	>	rung, nanamig or moralions, and omoraling	Tomos values observed the state of the state
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
	▶\$	ng, namenng er mountein, and enjereng	one of the second secon
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements o	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	
	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem	ents.	
Part	III Organizations Maintaining Collection		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SI	FAS 116 (ASC 958), not to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other similar	·	
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under \$	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar	ir assets held for public exhibition, e	ducation, or research in furtherance of
	public service, provide the following amounts rela		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of an	t, historical treasures, or other simila	r assets for financial gain, provide the
	following amounts required to be reported under		
а	Revenue included on Form 990, Part VIII, line 1		> \$
ь	Assets included in Form 990, Part X		> ¢

Schedul	e D (Form 990) 2016								F	age 2
Part	III Organizations Maintaining	Collection	ons of Art, Hi	storical	Treasures,	or Ot	her Similar A	ssets (continu	ied)
3	Using the organization's acquisition, collection items (check all that apply):		, and other rec	ords, che	ck any of the	follov	ving that are a	significa	ant use	of its
а	☐ Public exhibition		d	☐ Loar	or exchange	e proa	rams			
b	☐ Scholarly research		e		_					
	☐ Preservation for future generations	3	•							
4	Provide a description of the organizat		ections and exp	laın how	they further t	he org	ganization's exe	mpt pu	rpose in	Part
5	During the year, did the organization									_
	assets to be sold to raise funds rather			part of the	ne organizatio	on's co	ollection? .		Yes [] No
Part						_			_	
	Complete if the organization 990, Part X, line 21.								on For	m
1a	Is the organization an agent, trustee included on Form 990, Part X?			mediary	for contributi	ons o	r other assets r	_	Yes [] No
b	If "Yes," explain the arrangement in P.	art XIII and	d complete the	ollowing	table [.]	_				
								Amount		
c	Beginning balance					10	;			
đ	Additions during the year					10	1			
6	Distributions during the year .					16	3			
f	Ending balance					11				
2a	Did the organization include an amou	nt on Form	n 990, Part X, lir	ne 21, for	escrow or cu	istodia	l account liabili	ty? 🔲	Yes [No
þ	If "Yes," explain the arrangement in P									
	t V Endowment Funds.									
	Complete if the organization	answere	ed "Yes" on Fo	orm 990,	Part IV, line	10.				
		(a) Curre	nt year (b) F	rior year	(c) Two years	s back	(d) Three years ba	ck (e) i	Four years	back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and									
	losses						ļ.			
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs	1						- 1		
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of	the curren	t vear end balar	ce (line 1	la, column (a)) held	as			
a	Board designated or quasi-endowme	nt 🕨	%	(9,	,,				
ь	Permanent endowment ▶	%								
c	Temporarily restricted endowment		%							
•	The percentages on lines 2a, 2b, and	2c should	Legual 100%							
3a	Are there endowment funds not in th			nization t	hat are held	and a	dministered for	the		
	organization by.								Yes	No
	(i) unrelated organizations							3:	a(i)	1
	(ii) related organizations			• •		•			a(ii)	
									3b	+
ь 4	Describe in Part XIII the intended use								, , , , , , , , , , , , , , , , , , ,	<u></u>
	t VI Land, Buildings, and Equip		<u></u>							
	Complete if the organization		ed "Yes" on F	orm 990	, Part IV, line	e 11a.	See Form 99	0, Part	X, line	10
	Description of property		Cost or other basis (Investment)		t or other basis (other)	(c)	Accumulated depreciation		Book valu	

Land

Other .

b

Buildings

Leasehold improvements

Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)

27,769 79,424 . . **>** 691,802

98,056

710,434

107,193

612,378

SCHEDULE L

Transactions With Interested Persons

OMB No 1545-0047 2016

	EDULE L			ansaction								ОМ	B No	1545-0	047
(Form	1 990 or 990-EZ)	► Comp	lete if the o	rganization ans	wered	"Yes" or	Form 990,	Part I	V, line 25a, 25b, 2	6, 27,	28a,	9	20	16	
	ment of the Treasury				ch to F	Form 990	or Form 990)-EZ.				Ö	pen I	o Pul	olic
	Revenue Service of the organization	<u>► Inforn</u>	nation about	Schedule L (For	n 990	or 990-EZ)	and its instr	uction	s is at www.irs.go				spec	tion	
	•								Employ	er ider					
Par	otte Curling Assoc		rongostion	na (apation EO1	/a\/3\	cootion	E01/-)///	-d F0	1(=)(00) ======			20567	11		
r ai	Complete	if the or	ransaction	answered "Ye:	(C)(3), s" on	Form 99	ວບ ((c)(4), a: 0. Part (V):	na 50 ine 25	1(c)(29) organiza a or 25b, or For	ations m 990	ONIY) 1-Fブ	Part \	V. line	40b	
		1	(b) Relationship be				1	0. 200, 0. 10.						rected?	
1	1 (a) Name of disqualified person				organiz		personana		(c) Description	of tran	saction	ר		Yes	No
(1)						· · · · · · · · · · · · · · · · · · ·							-		
(2)															
(3)															
(4)															
(5)															
(6)			<u>.</u> L.					<u> </u>							
2			ax incurred	by the organ	vzatio	n manag	gers or dis	qualifi	ed persons du	ring ti	ne ye	ar			
_	under section 4							• •		• •		▶ \$			
3	Enter the amou	int of tax	k, if any, on	line 2, above,	reimb	oursed by	the organi	zation)			▶ \$	<u> </u>		
Dow	1			- 4 1 5			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Par	Loans to			ested Person		Form 99	0.EZ Part	V line	38a or Form 99	ם חנ	+ I\/	lina 2	6 or	if tha	
	organizati	on repor	rted an am	ount on Form 9	390. P	art X. line	e 5. 6. or 2	v, iii ic 2.	OUA OF FORM SE	, i a	at iv,	III IÇ Z	0, 01	ii iiiG	
			····				1			l .				γ	
(a) N	lame of interested per		Relationship organization	(c) Purpose of loan		oan to or om the	(e) Ongir principal an		(f) Balance due	(g) in c	lefault?	(h) Ap	proved pard or		ritlen ment?
		""	. C. gariization	l lour.		nization?	principal all						nittee?	agree	ingial r
					То	From	1			Yes	No	Yes	No	Yes	No
(1)	substantial con #1	t sub	ostantial co	leasehold imp	7	 	20	0,000	200,000	 	1	1		1	
(2)	substantial con #2			leasehold imp	✓			0,000	39,070		1	1		1	İ
(3)									•						
(4)															
(5)											<u> </u>		L		<u> </u>
(6)										ļ		ļ			
_(7)										ļ	ļ	<u> </u>		<u> </u>	
(8)										ļ		↓		ļ	
(9)							ļ			ļ		ļ	<u> </u>	 	<u> </u>
(10)				1	L		<u> </u>		6		<u> </u>	<u> </u>	L	 -	<u> </u>
Total Pari		Anciet	nee Bene	fiting Interest			•	.▶	\$ 239,070	L		<u> </u>		L	
				answered "Ye			0. Part IV. I	ine 27	,						
) Name of interested p		<u> </u>					т—				\ D			
ļa) Marine or interested b	DeiSon		ship between inter and the organization		(c) Amoun	i oi assistance	'	d) Type of assistance	e	, (e) Purpo	oşe di e	ISSISTA	100
(1)															
(2)															
(3)							····								
(4)															
(5)															
(6) (7)															
									· · · · · · · · · · · · · · · · · · ·						
(8)	-														
(9)															
(10)			<u> </u>								<u> </u>				
	ananiani Dadiiati	4-4 1	-41 41	ha laatmiatiana	4 F -				. N- 50056A	0-4-		4			

Schedule L (Form 990 or 990-EZ) 2016					Page 2
Part IV Business Transactions Invo	Iving Interested Persons. answered "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	anng of zation's nues?
				Yes	No
(1) Substantial contributor #2	substantial contributor	\$5,500/month	Facility lease agreement		1
(2)					
(3)					<u> </u>
(4)					├
(5)					├
(6) (7)		 			
(8)					├
(9)		 			
(10)					
Part V Supplemental Information			1,		
leasehold improvement funds advanced by During calendar 2014, an affiliate of substant Association. The Association agreed to associating facility. The affiliate entity advanced reduced to its current level through donation from a third party. The loan by the third party.	itial contributor #2 constructe ume responsibility for \$650,0 I funding for the improvement	d a building intended 00 of leasehold impro s concurrent with bu from substantial con	to serve as the long-term curling overnents relating to improvement ilding the facility. The initial loar tributor #1 and proceeds of a \$20	its uniqu has bee	e to a
on the \$650,000 loan is at the rate of 6% API					
As of November 1, 2014, the Association ex	ecuted a ten-year lease agreer	ment with substantia	contributor #2's affiliated entity	at a mon	thly
rental rate of \$5,500. The lease agreement i	ncludes an Association option	n to purchase the bui	lding at any time within the ten-y	ear lease	term
Both the Board of Directors of the Associate	on and substantial contribute	or #2 believe that the	ease rate, financing rate and pur	chase of	otion
were all executed on terms very favorable to	the Association, at or below	market rates for an o	rganization without a substantia	financia	ı <u>l</u>
history.					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2016

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

Employer identification number

Charlotte Curling Association			27-2056711		
Form 990 Part VI Question 11b	·····				
A complete draft of the Form 990 and all supporting schedules is provided to the Board of Directors for review before filing. 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 who 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)-All Other E	xpenses				
Other Program Expenses:			•		
Equipment rental and maintenance	\$9,920				
Equipment and small tools	\$6,393				
Ice-making and other supplies	\$7,144				
Utilities	\$40,010	•			
Bonspiel expenses	\$10,479				
Skill camp expenses	\$23,081				
Juniors program	\$443				
Sponsorship banners	\$1,592		,,		
Community awareness campaign	\$4,453				
Property tax	\$13,885				
Supplies	\$7,819	····			
Pest control	\$75				
Total Other Program Expenses	\$125,294	·····			

Schedule O (Form 990 or 990-EZ) (2016)		Page 2
Name of the organization		Employer identification number
Charlotte Curling Association		27-2056711
Other Management and General Expenses:		
Postage and mailing expense \$656		
Printing and copying \$65	······	
Registration fees \$2,045		
Security \$915	•••••	
Subscriptions \$365		
Telephone \$1,412		
Membership and dues \$8,292		
Bank fees \$379		
Other \$229	•••••••••••••••••••••••••••••••••••••••	
Total Other Management		
and General Expenses \$14,358		
