	•				47	433	208 033 0
•	. 99	n	Return of Organization Exe	empt From I	Income Tax	L	OMB No 1545-0047
For	n J J	U		•			2017
			Under section 501(c), 527, or 4947(a)(1) of the Internation Do not enter social security numbers on				Open to Public
	artment of the		► Go to www.irs.gov/Form990 for instru			0(1)	Inspection
A			ndar year, or tax year beginning September 1	, 2017, and en		31 .	20 18
В	Check if a		C Name of organization Charlotte Curling Association				dentification number
	Address c	hange	Doing business as			2	7-2056711
	Name cha	nge	Number and street (or P O box if mail is not delivered to stree	t address) Room	n/suite E	Telephone n	umber
	Initial retu	rn	5009 Beatties Ford Road		107-242	80	3-831-6838
님		/terminated	City or town, state or province, country, and ZIP or foreign pos	star code	٥	Cross rossi	-t- ¢ 220.001
	Amended		Charlotte, NC 28216 F Name and address of principal officer			Gross receip	ots \$ 338,881 rdinates? Yes No
Ш	Application	n penaing	Stephen McKee, 4582 Sunprince Drive, Harrisburg, N	C 28075			cluded? Yes No
_	Tax-exem	ot status	✓ 501(c)(3)				(see instructions)
ij	Website.		charlottecurling com	, "	H(c) Group ex	emption nur	nber ▶
K	Form of or	ganization	Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of fo	rmation 2010	M State of I	egal domicile. NC
P	art I	Summ		7			
		-	scribe the organization's mission or most significa		Association's mis	sion is to	promote and grow
Ş	<u>t</u>	he sport	of curling in Charlotte, North Carolina and the southe	rn United States.			
Activities & Governance	٠, ١	Chook th	s box ▶ ☐ if the organization discontinued its ope	rations or disposi	ad of more than 2	5% of its	net assets
o ve			of voting members of the governing body (Part VI,		so of more than 2	3	9
ত ক			of independent voting members of the governing b		1b)	4	9
es			ber of individuals employed in calendar year 2017			5	0
švit	1					6	150
Acl	7a 1	Total unr	elated business revenue from Part VIII, column (C),	line 12		7a	0
	l d	Net unre	ated business taxable income from Form 990-T, lir	ne 34		7b	0
					Prior Year		Current Year
ā	1		ions and grants (Part VIII, line 1h)			52,819	138,075
Revenue	1	-	service revenue (Part VIII, line 2g)		<u> </u>	50,624	120,532
Re			nt income (Part VIII, column (A), lines 3, 4, and 7d) enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c			28,356	26 272
			nue-add lines 8 through 11 (must equal Part VIII, c			31,799	36,373 294,980
_			id similar amounts paid (Part IX, column (A), lines			,51,755	234,300
	I		paid to or for members (Part IX, column (A), line 4)				,
v			other compensation, employee benefits (Part IX, colu	mn (A), lines 5–10)			
nses	16a F		nal fundraising fees (Part IX, column (A), line 11e)				
Expe	ь ⁻		draising expenses (Part IX, column (D), line 25)				
ш	111		penses (Part IX, column (A), lines 11a-11	MED ₂₅₎		62,686	275,382
			enses. Add lines 13-17 (must equal Part IX confut			262,686	275,382
 .		Revenue	less expenses. Subtract line 18 from ine 12	8 2019 S	Beginning of Curre	69,113	19,598 End of Year
ts or	20 -	Total agr	ets (Part X, line 16)	(0)		339,859	1,999,320
Net Assets or	20 21		Ideas (Dark V. June OC)	≅		173,489	1,613,352
Set	22 1		inities (Part X, line 26) s or fund balances. Subtract line 21 from line 26	N. UT		366,370	385,968
_			ure Block				
			y, I declare that I have examined this return, including accompa	nying schedules and	statements, and to the	best of my	knowledge and belief, it is
tn	true, correct, and complete. Declaration of prepared other than officer) is based on all information of which preparer has any knowledge						
	3	1	XXX V/m			7/10	7/19
	gn 🚻	Sign	ature of officer	, An	Date		
He	ere	lack	STEPHEN A.MYE	n july	SIDGNT		·
_		<u> </u>	or print name and titlé pe preparer's name Preparer's signature		Date		PTIN
Pá	aid 🕤	L CHINA)	pe proparer a name reparer a signature			Check self-employ	i7

Preparer

Use Offily

Firm's address ▶

May the HS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Yes No Form **990** (2017)

Firm's EIN ▶

Phone no.

Cat No 11282Y

0	-0 (2.		- Faye -
Part	M		
		Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1		riefly describe the organization's mission:	
	Th	he mission of the Association is to promote the sport of curling in Charlotte, NC and the southern United States.	
2	Dir	old the organization undertake any significant program services during the year which were not listed on the	
_			☑ No
		"Yes," describe these new services on Schedule O.	٠.٠٠ ب
3		did the organization cease conducting, or make significant changes in how it conducts, any program	
			✓ No
	lf "	"Yes," describe these changes on Schedule O.	
4		escribe the organization's program service accomplishments for each of its three largest program services, as mea	
		xpenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	to others,
	the	ne total expenses, and revenue, if any, for each program service reported.	
4a		Code. (Expenses \$ 241,126 including grants of \$) (Revenue \$	0)
		he Charlotte Curling Association sponsored curling leagues most nights of the week during the year ended August 31, 2018	
		romote the sport of curling in the local market. The curling season began in September 2017 and remained active until early	
		lay 2018 when the ice in the facility was taken down for the summer months. It is not practical to split the program service e	
		etween programs because the expenses are primarily the operation of the dedicated ice facility which is used for all programs in the control of the dedicated ice facility which is used for all programs are primarily and the control of the dedicated ice facility which is used for all programs are primarily and the control of the dedicated ice facility which is used for all programs are primarily the operation of the dedicated ice facility which is used for all programs are primarily the operation of the dedicated ice facility which is used for all programs are primarily the operation of the dedicated ice facility which is used for all programs are primarily the operation of the dedicated ice facility which is used for all programs are primarily the operation of the dedicated ice facility which is used for all programs are primarily the operation of the dedicated ice facility which is used for all programs are primarily the operation of the dedicated ice facility which is used for all programs are primarily the operation of the operation of the dedicated ice facility which is used to be a superior of the operation of the operation of the dedicated ice facility which is used to be all the operation of the operatio	
		rogram service expenses have been reported under the curling leagues since they comprise the substantial majority of the tilization. Membership dues are not included in program service revenues. This is why the largest program has the smallest	
	:55	evenue.	
4b		Code) (Expenses \$10,529 including grants of \$) (Revenue \$39,4	'
		he Charlotte Curling Association ran multiple curling tournaments (bonspiels) to promote the sport of curling in the local ar	<u>nd</u>
		egional market during the year ended August 31, 2018. Tournment sizes and lengths varied. The Association's largest	
		ournament include 32 teams of four each and was conducted over a four-day period. As explained under 4a, most of the pro ervice expenses have been reported under the curling leagues since they comprise the substantial majority of the facility	ogram
		tilization. Only expenses specific to the curling tournaments have been reported as program expenses herein.	
	.411	unitation only expenses specific to the curring tournaments have been expenses brogging expenses herein.	

4c		Code: (Expenses \$ 0 including grants of \$) (Revenue \$ 81,0	
		he Charlotte Curling Association conducts a number of training programs including classes titled "Learn to Curl" where the	
		eneral public can come and learn to play the sport of curling. The classes are offered in September and January and provid	
		idividuals the opportunity to try their hand at curling. Additionally, larger groups can schedule a group Learn to Curl. As en Inder 4a, most of the program service expenses have been reported under the curling leagues since they comprise the subs	
			Lanual
	IIId	ajority of the facility utilization.	
4d		ther program services (Describe in Schedule O)	
		xpenses \$ including grants of \$) (Revenue \$)	
4e	Tο	otal program service expenses > 251 654	

Part	Checklist of Required Schedules	1		
			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)?	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		✓
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		/
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		✓
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	-		<u> </u>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	•	-
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>,</u>
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		<u> </u>
	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		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		7
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		√
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	-	<u>·</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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
			n 99 0	(2017)

Part	V Checklist of Required Schedules (continued)			
-		-	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		✓
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۷,	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		✓
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		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		✓
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 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	✓	✓
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		<u>·</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
		F	aar	(2017)

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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	<u>. </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0	1 1		1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	. '	4. 7	· i
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			1
•	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 1	1	1
L	Statements, filed for the calendar year ending with or within the year covered by this return 2a	-L4		- 1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		 1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	- 5	المر
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1 1		
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country		~	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	'		[,]
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
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		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		_
D	qifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	- 66	٠,	<u>-</u> 1
·a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1 1	٠.	
	and services provided to the payor?	7a	- 4	•
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		Ĺ
d	If "Yes," indicate the number of Forms 8282 filed during the year		٠,	, ,
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		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	<u> </u>	
0	sponsoring organization have excess business holdings at any time during the year?	8		السـ ٠٠٠
9	Sponsoring organizations maintaining donor advised funds.	-	-	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		المنت
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			,
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	, ,	-= 14	
11	Section 501(c)(12) organizations. Enter		·	•
а	Gross income from members or shareholders		, :	. 1
b	Gross income from other sources (Do not net amounts due or paid to other sources			. 1
40-	against amounts due or received from them)			-3-1
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 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		- !	1 7
ıs a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.			-
b	Enter the amount of reserves the organization is required to maintain by the states in which			•
	the organization is licensed to issue qualified health plans		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		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
		Form	n 990	(2017)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI	CC 1113	eruca	. 🔽
Secti	ion 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			l
	committee, explain in Schedule O.			į
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		1
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? 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	۳		, <u>, , , , , , , , , , , , , , , , , , </u>
	one or more members of the governing body?	7a	✓	
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		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following		,	
a b	The governing body?	8a 8b	<u> </u>	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			1
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.))
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		/
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
•	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
4-	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 similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Conti	organization's exempt status with respect to such arrangements?	16b		
<u>5ecti</u> 17	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, and 990-T (Section	i 501(c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply.	,	/··/-	,
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
00	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords:	•	

•	Form	ggn	(2017)	

Page 7

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See 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 nor any related organization compensated any current officer, director, or trustee.										r, or trustee.	
	450			•	C) ition			(2)			_
(A) Name and Title	(B) Average					than c		(D) Reportable	(E) Reportable	(F) Estimated	
Notife and Title	hours per	box, unless person is both an officer and a director/trustee)						compensation	compensation from	amount of	
	week (list any hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) Stephen McKee	10							}			
President		✓	ļ	✓	_		_	0	0		0
(2) Omar Van Rooyen	10	,		١,							
Vice President		/	\vdash	✓	<u> </u>	<u> </u>		0	0		0
(3) Ronda Harlow	10			١,							
Secretary	 	✓	<u> </u>	✓	_	<u> </u>	ļ	o	0		0
(4) Todd Becker	10	,		١,							
Treasurer		✓	ļ	1	ļ	<u> </u>	<u> </u>	C	0		_0
(5) Peter Strickland	5	,		1			l				
Board member	 	/	┝	<u> </u>	١		┝	ļ	0		_0
(6) Mathew Broughton	5	,					l				
Board member	<u> </u>	1	<u> </u>	<u> </u>			ļ	ļ <u>.</u>	0		_0
(7) Melissa Filanowicz	5	,									
Board member		<u> </u>	┖	\vdash			 	<u></u>	0		0
(8) Jim Hackl	5		1		l		l				
Board member		/	↓_	<u> </u>	╙		╙		0		_0
(9) John Froeb	5						1		i		
Board member		1	_		<u> </u>	└	ļ	ļc	0		0
(10) Zachary Chadim	10		١,						ŀ		
Treasurer		1	'	_	<u> </u>		_	c	0		0
(11) Neil Pifer	10		١,		i						
Secretary		1	✓	<u> </u>	ļ	<u> </u>	<u> </u>		0		_0
(12) Lacey Byers	5								1		
Board Member	ļ	✓	$oxed{igspace}$	L	L	L	<u> </u>	ļ <u>c</u>	0		0
(13)											
(14)							\vdash				
	i	I	I	l l	1	1	ı	1	I	I	

Part			mploy	yees	((nd F C) ition	lighes	st C			ontinuea	•		
	(A) Name and title	(B) Average hours per week (list any	(do not check verage box, unless pe ours per officer and a d					an (ee)	(D) Reportable compensation from	(E) Reportable compensation fro related	from	(F) Estima amour oth	ated nt of er	
		nours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		from organiz and rei organiza	the ation lated	
(15)														
(16)					_									
(17)								-						
(18)													_	
(19)														
(20)														
(21)													·	
(22)														
(23)														
(24)														
(25)								-						
	Sub-total Total from continuation sheets to Part	VII. Sectio	n A	•				▶						
d	Total (add lines 1b and 1c)					<u></u>		<u>></u>						
2	Total number of individuals (including but reportable compensation from the organi		to tr	ose	IIST	eo	above 	e) W	no received m	ore than \$10		ī		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s								bloyee, or high		sated	3	Yes	No ~
4	For any individual listed on line 1a, is the organization and related organizations individual											4		1
5	Did any person listed on line 1a receive of for services rendered to the organization?										vidual	5		7
Section	n B. Independent Contractors													<u> </u>
1	Complete this table for your five highest compensation from the organization Repyear.												ı's ta	x
	(A) Name and business add	ress							(B) Description of s	ervices	Co	(C) mpensat	non	
											- - -			
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who	·		000	·

Par	t VIII					_
		Check if Schedule O contains a response or note to	any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	. (D) Revenue excluded from tax under sections 512-514
ats its	1a	Federated campaigns 1a				
3rar oun	ь	Membership dues 1b 91,483				ו
ts, C Am	С	Fundraising events 1c				1
햙	đ	Related organizations 1d				ı
Sim Sim	e f	Government grants (contributions) 1e All other contributions, gifts, grants,				t
her just	' '	and similar amounts not included above 1f 46,592				
를 를	g	Noncash contributions included in lines 1a-1f. \$				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a–1f ▶	138,075			
		Business Code			·	_ `_
элеп	2a	Bonspiels	39,478	39,478		
ě	ь	Learn to Curls	81,054	81,054		
Jvić	C d					
3 SE	l e				· ··· - · · · ·	<u> </u>
Program Service Revenue	f	All other program service revenue .				
P	g	Total. Add lines 2a-2f	120,532			·
	3	Investment income (including dividends, interest,				
		and other similar amounts)	197			197
	4	Income from investment of tax-exempt bond proceeds				<u> </u>
	5	Royalties	· · · · · · · · · · · · · · · · · · ·			•
	6a	Gross rents 470				
	b	Less: rental expenses	j			
	С	Rental income or (loss)	_ [.
	d	Net rental income or (loss)	470			470
	7a	Gross amount from sales of (i) Securities (ii) Other assets other than inventory				
	ь	Less: cost or other basis and sales expenses .				
	С	Gain or (loss) .				
	d	Net gain or (loss)				
e ne		Gross income from fundraising				
evenue		events (not including \$]
		of contributions reported on line 1c)		,		ļ
Other R		See Part IV, line 18 a				
ō		Less: direct expenses b	1			A _==- !
		Net income or (loss) from fundraising events . Gross income from gaming activities				<u> </u>
	"	See Part IV, line 19 a				٠ . ١
	ь	Less: direct expenses b				,
	С	Net income or (loss) from gaming activities .				
		Gross sales of inventory, less returns and allowances a 79,607				- # - # - # - # - # - # - # - # - # - #
	b	Less: cost of goods sold . b 43,901		٠.		_
	С	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	35,706	35,706		
	11a					-
	b					
	c					
	d	All other revenue				
	е	Total. Add lines 11a–11d				
	12	Total revenue. See instructions	294,980	156,238		667 5 990 (2017)
						Form 990 (2017)

, Part IX	Statement	of F	unctional	Expenses
THE COLUMN	Statement	0111	uncuonai	FYDEIISE

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete co	lumn (A).				
Check if Schedule O contains a response or note to any line in this Part IX									
	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			VI					
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) ⁻			İ					
а	Management								
b	Legal								
C	Accounting				····				
d	Lobbying								
0	Professional fundraising services See Part IV, line 17	<u> </u>							
f g	Investment management fees			····					
12	Advertising and promotion	13,331	13,331						
13	Office expenses	70,001							
14	Information technology								
15	Royalties								
16	Occupancy	9,500	9,500						
17	Travel								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest	48,088	48,088						
21	Payments to affiliates								
22 23	Depreciation, depletion, and amortization .	69,308	69,308	0.514					
	Other expenses Itemize expenses not covered	9,514		9,514	-\ 7				
24	above (List miscellaneous expenses in line 24e If				, ,				
•	line 24e amount exceeds 10% of line 25, column			•	'				
	(A) amount, list line 24e expenses on Schedule O.)		- {		1				
а									
b									
С									
d									
е	All other expenses Total functional expenses. Add lines 1 through 24e	125,641	111,427	14,214					
25		275,382	251,654	23,728					
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 Infollowing SOP 98-2 (ASC 958-720)								

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . (A) (B) Beginning of year End of year Cash-non-interest-bearing 1 2 2 Savings and temporary cash investments . . . 142,937 99,800 3 3 Pledges and grants receivable, net 4 Accounts receivable, net . 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Assets 7 7 Notes and loans receivable, net 8 Inventories for sale or use 5.120 8 8,744 Prepaid expenses and deferred charges Land, buildings, and equipment, cost or . other basis. Complete Part VI of Schedule D 10a 10b Less accumulated depreciation 10c 195,132 691,802 1.890.776 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 14 Intangible assets 15 15 Other assets. See Part IV, line 11 . . . 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 839.859 1,999,320 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue . . . 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 239,070 200,000 23 23 Secured mortgages and notes payable to unrelated third parties . . . 1,213,475 24 Unsecured notes and loans payable to unrelated third parties . . . 24 234,397 200,014 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . 25 Total liabilities. Add lines 17 through 25 26 26 473,489 1,613,352 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 Temporarily restricted net assets 28 28 29 29 Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 366,370 385,968 33 33 366,370 385,968 Total liabilities and net assets/fund balances . 839.859 1,999,320 Form 990 (2017)

Form 99	0 (2017)		Page 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)	1	294,980
2	Total expenses (must equal Part IX, column (A), line 25)	2	275,382
3	Revenue less expenses Subtract line 2 from line 1	3	19,598
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	366,370
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	<u> </u>
9	Other changes in net assets or fund balances (explain in Schedule 0)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	10	385,968
Part	XII Financial Statements and Reporting		_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>
			Yes No
1	Accounting method used to prepare the Form 990. Cash Accrual Other	1	; 4: ; - ; -
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain in	
	Schedule O		اشر است است
2 a	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 comp	nieu or	
	reviewed on a separate basis, consolidated basis, or both:		', ' '
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		2b - 7
þ	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.	don a	
	separate basis, consolidated basis, or both	u on a	
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersinht	
C	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c
	If the organization changed either its oversight process or selection process during the tax year, ex		
	Schedule O		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	1
Ja	the Single Audit Act and OMB Circular A-133?		' 3a
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not unde	rgo the	
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at	ıdıts	3b
			Form 990 (2017)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

		Curling Association				 		56711
Pai		Reason for Public Cha						ns
_		ization is not a private founda						\mathcal{L}
1								
2							. ,	y
3		A hospital or a cooperative how A medical research organization						iiii) Enter the
4		ospital's name, city, and state	•	onjunction with a nost	Jilai uesu	insed in s	section from (I)(A)	inj. Emer me
5								
6 7								
		lescribed in section 170(b)(1)						
8	_	community trust described i						
9	o u	In agricultural research organ or university or a non-land-gra oniversity	nt college of agr	culture (see instruction	ons) Ente	r the nan	ne, city, and state of	the college or
10	r	on organization that normally in organization that normally industrial from activities related the proof from gross investment organization and courred by the organization and courred by the organization are set organization.	to its exempt fu tincome and un	nctions—subject to ci related business taxal	ertain exc ble incom	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its
11		an organization organized and	•	•	, , , ,	•	•	
12		an organization organized and	•	•	-			rv out the purposes
		of one or more publicly support						
	C	Check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting o	rganızati	on and complete line	s 12e, 12f, and 12g.
а		Type I. A supporting organ						
		the supported organization supporting organization.	, ,	• • • •			the directors or trust	ees of the
b		Type II. A supporting organ						
	_	control or management of organization(s). You must	complete Part I	V, Sections A and C.	ı			
C		Type III functionally integ	s) (see instructio	ns) You must comp	lete Part	IV, Sect	ions A, D, and E.	-
d	L	Type III non-functionally integrated that is not functionally integrequirement (see instruction)	grated The orga	nization generally mu	st satisfy	a distribi	ution requirement an	
е		Check this box if the organ functionally integrated, or ?						e II, Type III
f		ter the number of supported o						
g	Pro	ovide the following information	about the supp	orted organization(s).				
	(i) Na	ime of supported organization	(ii) EIN	(lii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

,	_
Page	٠,

. Schedule A (Form 990 or 990-EZ) 2017

Part	(Complete only if you checked the	he box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	
Casti	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201,7	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(a) 2013	(0) 2014	(6) 2013	(4) 2010	(e) 201).	(i) rotai
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)		ر ا	<i>J.</i> .			
6	Public support. Subtract line 5 from line 4				·		
	on B. Total Support					 	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	<u></u>					
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						
C4:	organization, check this box and stop he			<u>· </u>		<u> </u>	· • U
14	on C. Computation of Public Support Public support percentage for 2017 (line to			1 column (fi)		14	%
15	Public support percentage from 2016 Sci				<i>.</i> .	15	
	33 ¹ / ₃ % support test—2017. If the organi				 nd line 14 is 3:		
	box and stop here. The organization qua						
b	331/3% support test 2016. If the organithis box and stop here. The organization	zation did not	check a box o	on line 13 or 16		is 331/3% or m	
17a	10%-facts-and-circumstances test—2010% or more, and if the organization me Part VI how the organization meets the "organization	eets the "facts	-and-circumst	ances" test, ch	neck this box	and stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization	ition meets th	e "facts-and-	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization di	d not check a				k this box and	see
	instructions	· · ·				hedule A (Form 99	0 or 990 E71 2047

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

• •	•				
(Complete only if you	checked the box or	n line 10 of Part I	or if the organization	failed to qualify under I	Part II
If the organization fail	s to qualify under th	ne tests listed bel	ow, please complete	Part II.)	

	if the organization fails to quality	under the tes	sis listed per	w, piease cu	impiete rait i	1./	
	on A. Public Support						
Calen	idar year (or fiscal year beginning in) 🕨 🏻	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	238,895	117,503	84,539	152,819	138,075	731,831
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	47,394	79,713	125,065	212,952	200,139	665,263
3	Gross receipts from activities that are not an			•			
	unrelated trade or business under section 513	7,518	4,338	3,816	2,438	667	18,777
4	Tax revenues levied for the		.,,,,,,			- 557	
•	organization's benefit and either paid to				ļ		
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the				ļ		
	organization without charge					1	
•	<u>-</u>						
6	Total. Add lines 1 through 5	293,807	201,554	213,420	368,209	338,881	1,415,871
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons				ļ		
	· · · · · ·	227,580	51,276	18,910	46,265	28,506	372,537
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	227,580	51,276	18,910	46,265	28,506	372,537
8	Public support. (Subtract line 7c from						
	line 6.)						1,043,334
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	293,807	201,554	213,420	368,209	338,881	1,415,871
10a	Gross income from interest, dividends,						
	payments received on secunties loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less		-				
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets					3	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		-				
	and 12)	293,807	201,554	213,420	269 200	220 001	4 415 071
14	First five years. If the Form 990 is for th				368,209	338,881	1,415,871 n 501(c)(3)
	organization, check this box and stop her				, or mar tax ye	cai as a section	·· 30 1(c)(b)
Socti	on C. Computation of Public Suppor		<u> </u>		<u> </u>	· · ·	<u> </u>
	Public support percentage for 2017 (line 8			2 ookuma (fi)		15	70.7.0/
15							73.7 %
16	Public support percentage from 2016 Sch			<u> </u>		16	660 %
	on D. Computation of Investment Inc				(0)	1491	
17	Investment income percentage for 2017 (I		• • • • • • • • • • • • • • • • • • • •		nn (i))	17	
18	Investment income percentage from 2016					18	<u>%</u>
19a	331/3% support tests—2017. If the organi						
	17 is not more than 331/3%, check this box a					-	_
b	331/3% support tests—2016. If the organization						
	line 18 is not more than 3312%, check this b	-	_		· · · · · ·		=
20	Private foundation. If the organization did	t not check a b	nox on line 14	19a, or 19h, c	theck this box	and see instruc	ctions 🕨 🗍

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements . Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? ☐ Yes ☐ No . In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 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 assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 . \$_____ b Assets included in Form 990, Part X

Schedu	18 D (Form 990) 2017							Page Z
Part								
3	Using the organization's acquisition, a	accession, and of	ther reco	ds, chec	k any of the	e follow	ing that are a si	gnificant use of its
	collection items (check all that apply)							
а	Public exhibition				or exchang			
b	Scholarly research		e	U Other	r 			
C	Preservation for future generations							
4	Provide a description of the organizat	ion's collections	and expla	ain how t	hey further	the org	anization's exem	npt purpose in Part
_	XIII.				h			
5	During the year, did the organization assets to be sold to raise funds rather							
			- ameu as p	Jail Oi tii	e organizati	5 00	ilection? .	Yes No
Part	Escrow and Custodial Arra Complete if the organization		" on For	~ 000 t	Port IV line	0 or	ranadad an am	ount on Form
	990, Part X, line 21.	answered res	UITOI	111 990, 1	raitiv, iiile	5 9, OF	reported an an	iount on Form
12	Is the organization an agent, trustee,	custodian or oth	er intern	nediany fo	or contribut	ions or	other assets no	<u>, , , , , , , , , , , , , , , , , , , </u>
10	included on Form 990, Part X?							Yes 🗌 No
b	If "Yes," explain the arrangement in Pa							
D	in res, explain the arrangement in re	art Am and compi		nowing a	ubic.		Á	mount
С	Beginning balance					10	·	
ď	Additions during the year					1d	 	
e	Distributions during the year				• • • •	1e	 	
f	Ending balance		•			1f	+	
	Did the organization include an amoun		art X. line	21. for e	scrow or cu			? Yes No
	If "Yes," explain the arrangement in Pa							
	t V Endowment Funds.							
	Complete if the organization	answered "Yes	on For	m 990, i	Part IV, line	e 10.		
		(a) Current year		or year	(c) Two year		(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
C	Net investment earnings, gains, and							
	losses							
ď	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							<u> </u>
9	End of year balance [<u> </u>		L			1
2	Provide the estimated percentage of the			e (line 1g	g, column (a)) held a	as:	
а	Board designated or quasi-endowmen	nt ▶	%					
b	Permanent endowment ▶							
С	Temporarily restricted endowment		000/					
20	The percentages on lines 2a, 2b, and 2 Are there endowment funds not in the			aation th	at are hold	224 24	ministered for th	•
Sa	organization by:	e possession or ti	ne organi	zation th	at are rielu i	and adi	illillistered for th	,
	(i) unrelated organizations							Yes No
	- <u>11.</u>							3a(ii)
ь	If "Yes" on line 3a(ii), are the related or		· · · ·	red on Si	rhadula 82		• • • •	3b
4	Describe in Part XIII the intended uses							
Part					- :		- 100	
	Complete if the organization		" on For	m 990. l	Part IV. line	e 11a. :	See Form 990.	Part X. line 10.
	Description of property	(a) Cost or o			or other basis		Accumulated	(d) Book value
		(investm	nent)	(c	other)		preciation	• • • • • • • • • • • • • • • • • • • •
1a	Land				350,000			350,000
b	Buildings		-		1,628,715		158,124	1,470,591
c	Leasehold improvements							
ď	Equipment				107,193		37,008	70,185
е	Other							
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 9	90, Part)	(, columi	n (B), line 10)c.)	▶	1,890,776

. SCHEDULE L

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

Transactions With Interested Persons

(Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Name	of the organization							Emplo	yer ide	ntıficat	ion nu	mber		
Charl	otte Curling Association	on								27-	20567	11		
Par	Excess Bene Complete if the	fit Transaction e organization	ns (section 501 answered "Ye	(c)(3), s s" on F	section : orm 99	501(c)(4), a 0, Part IV, I	nd 50 ine 25	1(c)(29) organi a or 25b, or Fo	ations rm 99	only 0-EZ,) Part	V, line	406	
1	(a) Name of disqualified	person	(b) Relationship be			person and		(c) Description	on of trai	nsactio	n		(d) Con	rected?
	(a) Marine or disquarines	person		organiza	ition			(5) 5 5 5 5 5 5					Yes	No
(1)														
(2)								·-						
(3)													<u> </u>	<u> </u>
(4)														Ĺ
(5)														
(6)							L.,	 						<u> </u>
2	Enter the amount		-						_					
_	under section 4958									• •	•	<u>.</u>		
3	Enter the amount o	if tax, if any, on	line 2, above,	reimbi	ursed by	the organ	ization	١	•	• •	▶ \$	·		
					 									
Par		/or From Inter le organization			- - -	0 E7 Boot	\/ line	200 or Form C	00 0	-+ I\/	line 0	6	e sha	
	organization r	ie organization eported an am	answered te	S 011 F	art X lini	0~EZ, Fart e 5 6 or 2:	v, iiie 2	Soa or Form s	90, Pa	ırı ıv,	iiie 2	o, or	n the	
—			T-	T					т					
(a) N	lame of interested person	(b) Relationship	(c) Purpose of		an to or	(e) Ongir		(f) Balance due	(g) In (default?	(h) Ap			ntten
		with organization	loan		m the nzation?	principal an	nount					oard or nittee?	agree	ment?
		ľ	1	<u> </u>					 	T			 	- -
(1)		 		To	From				Yes	No	Yes	No	Yes	No
	substantial con #1	substantial co		√	 		00,000	200,00	_	1	1	-	1	
	substantial con #2	substantial co	leasehold imp	 	┼	- 65	50,000		0	├	├ ✓	-	/	├─-
(3)					 				+	├	-		ļ	
(5)				 	 				+	 	┼	 	 	-
(6)		 			 				+	 	1		 	
(7)		 			 				+	\vdash	 			
(8)				 	 				\top	 	 	 	\vdash	
(9)		 			1					<u> </u>				
(10)	-	 			1				1	<u> </u>	_			
Total		 -		<u> </u>			•	\$ 200,00	0 -		,	·	Τ,	-
Part		sistance Bene							-,				<u></u>	
		ie organization				0, Part IV, I	line 27	7.						
—) Name of interested person	(b) Relation	ship between inter	ested ((c) Amount	of assistance	(d) Type of assistar	ce	(6	e) Purpo	ose of a	ssistan	ice
			and the organization				Į ,							
(1)														
(2)														
(3)														
(4)							Ĺ							
(3) (4) (5) (6)											_			
(6)					·									
(7)														
(8) (9)							L			<u> </u>				
(9)														
(10)									_					

Schedule L (Form 990 or 990-EZ) 2017

Cat No 50056A

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" of	on Form 990. Part	IV, line 28a, 28b,	or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		anng of cation's nues?	
				Yes	No	
(1) substantial contributor #2	Member	441,875	Personal guaranty of Assn loans		✓	
(2) substantial contributor #3	Member	441,875	Personal guaranty of Assn loans		✓	
(3) substantial contributor #4	Board member	120,000	Personal guaranty of Assn loans		✓	
(4) substantial contributor #5	Board member	25,000	Personal guaranty of Assn loan		1	
(5) substantial contributor #6	Member	220,938	Personal guaranty of Assn loans		✓	
(6) substantial contributor #7	Officer	220,938	Personal guaranty of Assn loans	<u> </u>	✓	
(7) substantial contributor #8	Member	220,938	Personal guaranty of Assn loans		✓	
(8) substantial contributor #9	Member	220,938	Personal guaranty of Assn loans		✓	
(9) substantial contributor #2	Member	1,260,000	Sale of building to Association		T 🗸	
(10)						

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Part II. On March 14, 2014 substantial contributor #1 loaned \$200,000 to the Charlotte Curling Association as a non-interest bearing loan to be
repaid in 84 equal monthly installments of \$2,380.95 commencing November 1, 2024. The loan proceeds were used as repayment of
leasehold improvement funds advanced by an organization affiliated with substantial contributor #2.
During calendar 2014, an affiliate of substantial contributor #2 constructed a building intended to serve as the long-term curling facility for
the Association The Association agreed to assume responsibility for \$650,000 of leasehold improvements relating to improvements unique
to a curling facility The affiliate entity advanced funding for the improvements concurrent with building the facility. The loan was paid
off through donations, the loan described above from contributor #1 and the proceeds of a \$200,000 loan from a third party.
The loan was secured by a bank certificate of deposit owned by substantial contributor #2 and interest was payable at the rate of 6% APR.
Part IV: As of November 1, 2014, the Association executed a ten-year lease agreement with substantial contributor #2's affiliated entity at a
monthly rate of \$5,500 The lease agreement included an Association option to purchase the building at any time within the ten-year lease
term. Both the Board of Directors of the Association and substantial contributor #2 believe that the lease rate, financing rate and purchase
option were all executed on terms very favorable to the Association. On November 3, 2017, the Association purchased the building from the
affiliate of substantial contributor #2 pursuant to the purchase option described above for \$1,260,000. Financing for the purchase was
provided by a third party lender in the form of a building mortgage of \$1,062,500 and an equipment loan of \$200,000. As a condition of the
loans, substantial contributor #2 agreed to provide a guaranty of up to \$441,875 on the combined loan principal plus accrued interest and
related fees. The third party lender also obtained loan guarantees from other members of the Association as a condition of the loans. These
members and the amounts of their guarantees are listed in Part IV.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

0MB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 27-2056711 **Charlotte Curling Association** 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 filling. 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 Expenses Community events during Winter Olympics \$7,394 Sponsorship banners \$1,395 Bonspiel expenses \$10,529 Juniors program \$269 Building and retention pond maintenance \$1,909 Cleaning \$760 Equipment rental and maintenance \$17,692 Equipment and small tools \$5,894 Landscaping \$640 Pest control \$150 Utilities \$40,163 Ice-making and other supplies \$9,968 Outside services \$779 Property tax \$13,885

Total Other Program Expenses

\$111,427

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