Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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



A I	or th	e 2018 calendar year, or tax year beginning 09/01, 20	18, and end	ing	· · ·	08/3	l, 20 19	
_		C Name of organization			D Employer ide	ntıfication	number	
В	Check if a	CHARLOTTE CURLING ASSOCIATION			27-205	6711		
	Addre							
	7	change Number and street (or P O box if mail is not delivered to street address)	Room/sui	te	E Telephone nu	mber		
	Initial	return 5009 BEATIES FORD ROAD	107-	242	(803) 83	1-6838	3	
	Final	City or town, state or province, country, and ZIP or foreign postal code						_
	Amen	ded CHARLOTTE, NC 28216			G Gross receipt	\$ \$	408,48	3
	Applic	F Name and address of principal officer STEPHEN MCKEE			H(a) Is this a gro		Yes X	No
_	pendi	5009 BEATIES FORD ROAD107-242, CHARLOTTE,	NC 2821	6 m	Subordinates H(b) Are all subord		Yes	No
$\overline{}$	Tax-ex	empt status X 501(c)(3) 501(c) () ◀ (Insert no) 4947(a)		533			ee instructions)	
<u>-</u>		te > WWW.CHARLOTTECURLING.COM	M.7 S.	9507	H(c) Group exem			
_		of organization X Corporation Trust Association Other	1 Ye	ar of format	ion 2010 M			1C
_	art I	Summary	1 2	<u> </u>		0.000	93. 00	
			ASSOCIA	TION'S	MISSION	TS TO	PROMOTE	
6 1	'		RTH CARO				11.01.012	
Governance		SOUTHERN UNITED STATES.	TTII CIITO	241111	1110			_
ırna	2			15-250/	of the net people		 	_
ŏ	l	Check this box I if the organization discontinued its operations or disp				3	(9
	-	Number of voting members of the governing body (Part VI, line 1a)				4		9
es	l _					5		<u> </u>
ctivities &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a).				6	100	
Act	6	Total number of volunteers (estimate if necessary)						<u> </u>
•		Total unrelated business revenue from Part VIII, column (C), line 12				7a)).
	b	Net unrelated business taxable income from Form 990-T, line 38	<u></u>	· · · · ·		7b		.
	l _				Prior Year	·	Current Year 171,50	
e	l	Contributions and grants (Part VIII, line 1h)			138,075.			
Revenue	9	Program service revenue (Part VIII, line 2g)			120,53		150,55	
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			26.25	0.		<u>0.</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			36,37		32,90	_
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 13	<u>2)</u> .	-	294,98		354,96	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0.	8,56	_
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0.		<u>0.</u>
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1				0.		0.
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)	_	• -		0.		0.
×	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	_				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			275,38		248,06	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) .			275,38		256,63	
	19	Revenue less expenses Subtract line 8 from the 42 F.V			19,59		98,33	<u> </u>
ts or		2000		Begin	ning of Current		End of Year	
Net Assets Fund Balan	20	Total assets (Part X, line 16)	<i></i>		1,999,32		2,009,30	
A B	21	Total liabilities (Part X, line 26)	<i></i> .	· •	1,613,35		1,525,00	
		Net assets or fund balances Subtract ine 21 from line 20		<u>. </u>	385,96	8.	484,29	<u>9 .</u>
	irt II	Signature Block OGDEN, UT						_
Uni	der per	nalties of perjury, I declare that I have examined this return, including accompanying scient, and complete. Declaration of preparer (other than officer) is based on all information of	hedules and st	atements, a	and to the best o	f my knowl	ledge and belief, i	l ıs
	., 00110		тиноп ресроис	. nao any m	j			_
C:		1/4 CM				4/2020)	_
Sig		Signature Wolfficer/			Date			
He	re	STEPHEN MCKEE PRES	IDENT					
		Type or print name and title				, ,		
D		Print/Type preparer's name Preparer's floating Pr	Date		Check	if PTIN		
Paid		VICTOR V DITOMMASO CPA	07/	14/202			01379394	
	parer Only	Firm's name PEPPING AND ASSOCIATES, CPAS, PA			Firm's EIN ▶ 1	1-3670	0968	
- 56	Unity	Firm's address ▶PO BOX 410106 CHARLOTTE, NC 28241-010) 6			03-83		
Ma	y the	IRS discuss this return with the preparer shown above? (see instruction	ns)			>	Yes	No
For	Pape	rwork Reduction Act Notice, see the separate instructions					Form 990 (20	

8E1010 1 000

CHARLOTTE CURLING ASSOCIATION

For	m 990 (2018) Page
P	art III Statement of Program Service Accomplishments
•	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	THE MISSION OF THE ASSOCIATION IS TO PROMOTE THE SPORT OF CURLING IN
	CHARLOTTE, NORTH CAROLINA 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.
2	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
4	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	the total expenses, and revenue, if any, for each program service reported.
_	
4a	(Code) (Expenses \$196,508 Including grants of \$8,565 (Revenue \$)
	ATTACHMENT 1
_	
4b	(Code:) (Expenses \$28,454 including grants of \$) (Revenue \$68,292)
	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, 2019. TOURNAMENT
	SIZES AND LENGTHS VARIED. THE ASSOCIATION'S LARGEST TOURNAMENT
	INCLUDES 32 TEAMS OF FOUR COMPETITORS 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 BELL ABIORIES IN TROOTER BALBROSS MEASURE.
4 -	/Ondo. \/\(\(\text{\mathcal{P}}\) \/\(\text{\mathcal{P}}\)
4C	(Code:) (Expenses \$ including grants of \$) (Revenue \$ 82,260)
	THE CHARLOTTE CURLING ASSOCIATION CONDUCTS A NUMBER OF TRAINING
	PROGRAMS INCLUDING CLASSES TITLED "LEARN TO CURL" WHERE THE
	GENERAL PUBLIC CAN COME AND LEARN TO PLAY THE SPORT OF CURLING.
	THE CLASSES ARE OFFERED IN SEPTEMBER AND JANUARY AND PROVIDE
	INDIVIDUALS THE OPPORTUNITY TO TRY THEIR HAND AT CURLING.
	ADDITIONALLY, LARGER GROUPS CAN SCHEDULED A LEARN TO CURL
	THROUGHOUT THE CURLING SEASON. 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.
	Other program convece (Decembe in Schodule O.)
40	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 224,962.

Form 990 (2018)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		Х
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		Х
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		X
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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		Х
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		Х
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		Х
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	Х	
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		Х
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		Х
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		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
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		X
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Χ
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		Х
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		Х
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		Х
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		Х
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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
		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		Х

_	A
⊃ane	4

Par	Checklist of Required Schedules (continued)		Yes	No
	The state of the s		res	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	Х	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Λ	
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	23		Х
•	employees? If "Yes," complete Schedule J	23		 -
24 a	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	24a		Х
	through 24d and complete Schedule K If "No," go to line 25a	24b		
	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	240		
С	· · · · · · · · · · · · · · · · · · ·	24c		
	to defease any tax-exempt bonds?	24d		\vdash
		240		_
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	ZJa		
D	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	235		
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			<u> </u>
21	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	<u> </u>		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31_		X
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		X
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		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			.,
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		х	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	^	<u> </u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	Effect the fluitibet reported in box of form rood. Effect of most applicable 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
	Enter the number of Forms W-20 included in line to Lines -0- in not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c		
	reportable gaming (gambling) winnings to prize winners?		990	(2018)
ICV				, · - /

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year and no with an within the year sovered by this return.			
	Statements, filed for the calendar year ending with or within the year covered by this return.	2b		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		Х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	70		
D	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		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	-50		
оa		6a		Х
L	solicit any contributions that were not tax deductible as charitable contributions?	-		
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		
А	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		ļ	
C	Enter the amount of reserves on hand	4.6		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ا ۔ ا	ļ	v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O		990	(2012
		roπn	330	(2018

1a Enter the number of voting members of the governing body at the end of the taxyear. 1 If there are maintenail differences in voting rights among members of the governing body. 2 If there are maintenail differences in voting rights among members of the governing body. 3 If there are maintenail differences in voting rights among members of the governing body. 4 If there are maintenail differences in voting rights among members of the governing body. 5 In the number of voting members michaeld in line 1a, above, who are independent. 5 In the number of voting members michaeld in line 1a, above, who are independent. 5 Did the organization of voting members michaeld in line 1a, above, who are independent. 5 Did the organization of the site of the voting and the voting an	Part	•	Governance, Management, and Disclosure For each "Yes" response to lines 2 thiresponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Charles it School also Occasions a response or pote to any line in this Part VI.	ın Schedule O	See ın	struc	
The Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body or if the governing body delegated broad authority to an executive committer or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1b	Sect			<u> </u>		<u></u>	
if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Effect free humber of voting members included in line 1a, above, who are independent 1b	<u> </u>		OOTOTIMIS BODY and Managomone			Yes	No
if there are material differences in voting rights among members of the governing body, or of the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Errier the number of voting delegated broad authority to an executive committee or similar committee, explain in Schedule O Errier the number of voting view of the process for the process or the pr	1a	Enter	he number of voting members of the governing body at the end of the tax year	1a <u> </u>			
be committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent		If ther	e are material differences in voting rights among members of the governing body, or				
b Enter the number of voting members included in line 1a, above, who are independent		of the	governing body delegated broad authority to an executive committee or similar tee explain in Schedule O				
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Form **990** (2018)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII **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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	neck ss pe	more more erson	than of the both ust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)STEPHEN MCKEE	10.00									
PRESIDENT	0.	х		х				0.	0.	0.
(2)OMAR VAN ROOYEN	10.00		H			-				
VICE PRESIDENT	0.	Х		х				0.	0.	0.
(3)RONDA HARLOW	10.00		Н							-
SECRETARY	0.	х		х				0.	0.	0.
(4)PETER STRICKLAND	5.00		П							
BOARD MEMBER	0.	х						0.	0.	0.
(5)MATHEW BROUGHTON	5.00									
BOARD MEMBER	Ô.	Х						0.	0.	0.
(6)MELISSA FILANOWICZ	5.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(7)JIM HACKL	5.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(8)JOHN FROEB	5.00								-	
BOARD MEMBER	0.	Х						0.	0.	
(9)ZACHARY CHADIM	10.00									
TREASURER	0.	Х		Х				0.	0.	0.
(10)MISTY MORRIS	10.00									
TREASURER	0.	Х		Х				0.	0.	0.
(11)NEIL PIFER	10.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(12)LACEY BYERS	5.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(13)										
(14)			$\mid \cdot \mid$							

Form 990 (2018)

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Part VII Secti	<u>ion A. Officers, Directors, Tru</u>	ustees, Ke	y En	nplo	oye	es,	and I	Hig	hest Compensat	ed Employ	rees (d	ontinue	ed)	
·	(A) Name and title	(B) Average hours per week (list any hours for related	box,	unle:	Pos heck ss pe	erson	e than o	an tee)	(D) Reportable compensation from the	(E) Reporta compensation related organizat (W-2/1099-	on from d ions	com	(F) stimated nount of other pensat from the	of
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1055-	WIISC)	org an	anizatio d relate anizatio	on ed
								<u> </u>						
								_						
		- 												
												_		
c Total from co	ntinuation sheets to Part VII, So	ection A .						▼ ▼ ▼	0. 0. 0.		0. 0.			0. 0.
	of individuals (including but not npensation from the organization		nose I 0.		d al	bove	e) who	re	ceived more than	\$100,000 c	f			
	inization list any former officine 1a? If "Yes," complete Schedu											3	Yes	No X
organization	dual listed on line 1a, is the sand related organizations gre	eater than	\$15	0,0	00?	If	"Yes	," (complete Schedul	e J for s	uch			
5 Did any perso	on listed on line 1a receive or ndered to the organization? If "Ye	accrue coi	mpen	satio	on f	rom	any	uni	related organizatio	n or individ	tual	5		x
	endent Contractors	,		-				<i>p</i> 0 1 1		· · · · · · · · · · · · · · · · · · ·	••			
	table for your five highest com from the organization. Report of													
	(A) Name and business add	ress	_						(B) Description of se	rvices	С	(C) ompens		
					-									<u> </u>
	of independent contractors (in				itec	to 0		e li	sted above) who	received				

		Check if Schedule O co	zinanis a respoi	ise or note to all				
:					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns Membership dues		103,552.		-		
ar Am	С	Fundraising events	1c					
S, G		Related organizations						
tion	e f	Government grants (contributions, gifts,						
ibu	'	and similar amounts not included		67,955.				
d ct	g	Noncash contributions included	-					
	h	Total. Add lines 1a-1f			171,507.			
nue		-		Business Code				
eve	2a	BONSPIELS			68,292	68,292		
Ř	Ь	LEARN TO CURLS			82,260	82,260		
ξ	c							
Se	d							
ram	е							
Program Service Revenue	f	All other program service rev						<u> </u>
	9	Total. Add lines 2a-2f			150,552			T
	3	Investment income (inc	-	1	0.			
	١.	and other similar amounts).			0.			
	4 5	Income from investment of Royalties	· · · · · · · · · · · · · · · · · · ·		0			
		royanes	(ı) Real	(II) Personal				
		Gross rents	512.					
	6a b	Less rental expenses						
	C	Rental income or (loss)	512.					
	ď	Net rental income or (loss).			512			
	7a	Gross amount from sales of	(ı) Secunties	(II) Other				
		assets other than inventory						
	ь	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		· · · · · · · •	0			
ne	8a	Gross income from fundra	using					
ven		events (not including \$						
Re		of contributions reported on	•	0	.			
Other Reven		See Part IV, line 18						
ŏ	b C	Less direct expenses Net income or (loss) from fu		<u> </u>	0			-
		Gross income from gaming						
	Ja	See Part IV, line 19		0				
	ь	Less direct expenses						
	c	Net income or (loss) from g	aming activities		0			
	10a	Gross sales of invent						
		returns and allowances	a	85,912.				
	b	Less cost of goods sold	b					
	С	Net income or (loss) from sa			32,391.			
		Miscellaneous Revenu	<u> </u>	Business Code				
	11a				-			
	ь							-
	С			-				
	d	All other revenue			0.			1
	42	Total Add lines 11a-11d .		· · · · · · · · 【	354,962	150,552.		+

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). (C) Management and general expenses (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, Program service 8b, 9b, and 10b of Part VIII. expenses expenses 1 Grants and other assistance to domestic organizations 0. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 8,565. 8,565. individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members 0. 5 Compensation of current officers, directors, 0. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 0. 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 0. 0. 11 Fees for services (non-employees) 0. 100. 100. 0. c Accounting 0. 0. e Professional fundraising services See Part IV, line 17. 0. f Investment management fees 9 Other (If line 11g amount exceeds 10% of line 25, column 0. (A) amount, list line 11g expenses on Schedule O). 3,190. 3,190. 879. 879. $4,\overline{106}$ 4,106. 14 Information technology...... 0. **15** Royalties....... 87,544. 87,544. 16 Occupancy 0. 17 Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 0 Conferences, conventions, and meetings 19 52,215. 52,215. 0. 31,572. 31,572. 22 Depreciation, depletion, and amortization $8,\overline{108}$ 8,108. 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) aBANK FEES 528 528. 28,454. BONSPIEL EXPENSES 28,454. cEQUIPMENT PURCHASE 4,100 4,100 dREGISTRATION FEES 1,989. 1,989 25,281. 9,322. 15,959 e All other expenses 256,631. 224,962. 31,669. 25 Total functional expenses Add lines 1 through 24e 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

0

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following SOP 98-2 (ASC 958-720)

Balance Sheet Part X (A) (B) Beginning of year End of year 99,800. 141,058. 1 0. Savings and temporary cash investments 0. 2 0. 0. 3 0. 300. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0. Complete Part II of Schedule L . . 0. 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 Ο. 0. 6 Ō. 0. 7 8,744. 8,744. 8 0. 0. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 2,085,908. other basis Complete Part VI of Schedule D 10a 226,704. 1,890,776. 1,859,204. b Less accumulated depreciation. 10b 10c 0. Investments - publicly traded securities 0. 11 11 0 0. 12 12 Investments - other securities. See Part IV, line 11 Ō. Ō. Investments - program-related. See Part IV, line 11 13 13 O. 0. 14 14 0. 0. 15 Other assets. See Part IV, line 11 15 2,009,306. 1,999,320. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,845. -137. 17 17 0. 0. 18 18 ο. 0. 19 19 0. <u>0.</u> 20 20 0. 0. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 200,000. 200,000. 22 1,159,349. 1,213,475. 23 Secured mortgages and notes payable to unrelated third parties 23 200,014. 161,813. Unsecured notes and loans payable to unrelated third parties..... 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 0 25 Total liabilities. Add lines 17 through 25..... 1,613,352. 1,525,007. 26 26 Organizations that follow SFAS 117 (ASC 958), check here Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 Fund 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 6 ts ا. ٥ 0. 30 30 Paid-in or capital surplus, or land, building, or equipment fund 0. 0. 31 31 Retained earnings, endowment, accumulated income, or other funds 385,968. 484,299. 32 32 Ret

2,009,306. Form 990 (2018)

484,299.

385,968.

1,999,320.

33

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances.........

· CHARLOTTE CURLING ASSOCIATION

Form 99	90 (2018)			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>	<u></u>		لــــــا
1	Total revenue (must equal Part VIII, column (A), line 12)	1_		354,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		256,	
3	Revenue less expenses. Subtract line 2 from line 1	3		98,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		385,	
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0
7	Investment expenses	7 _			0.
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		484,	299.
Part					_
	Check if Schedule O contains a response or note to any line in this Part XII	. <u></u>	<u> </u>	<u></u>	Щ,
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın ı	n		
	Schedule O.			.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were com-				İ
	reviewed on a separate basis, consolidated basis, or both			1	
	Separate basis Consolidated basis Both consolidated and separate basis				l
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х
-	If "Yes," check a box below to indicate whether the financial statements for the year were audi				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versigh	nt		
	of the audit, review, or compilation of its financial statements and selection of an independent acc				
	If the organization changed either its oversight process or selection process during the tax year, e			T	
	Schedule O	·			<u> </u>
3 <i>a</i>	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n		
Ju	the Single Audit Act and OMB Circular A-133?		. 3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo th	ie		
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b		
			Form	990	(2018

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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 ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

	ne of the organization			-		Employer identif	ication number			
CH	ARLOTTE CURLING ASSOCIA	ATION				<u>27</u> -20567	11			
Pa	rt I Reason for Public Cha	rity Status (All o	organizations must o	complet	e this pa	art.) See instructions	S			
The	organization is not a private four	ndation because i	t is: (For lines 1 throu	gh 12, ch	neck only	one box)	0			
1	A church, convention of chu	ırches, or associa	tion of churches desc	ribed ın s	section 1	70(b)(1)(A)(i).	£ 9			
2	A school described in section	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))								
3	A hospital or a cooperative	hospital service of	rganization described	ın sectio	on 170(b))(1)(A)(iii).	•			
4	A medical research organiz	ation operated in	conjunction with a ho	spital de	scribed ii	n section 170(b)(1)(A)(iii). Enter the			
	hospital's name, city, and st	ate								
5	An organization operated f	for the benefit of	a college or universi	ty owne	d or ope	erated by a governme	ental unit described in			
	section 170(b)(1)(A)(iv). (C	omplete Part II.)								
6	A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	tion 170((b)(1)(A)(v).				
7	An organization that norma	ally receives a sub	ostantial part of its su	ipport fr	om a go	vernmental unit or fr	om the general public			
	described in section 170(b)	(1)(A)(vi). (Compl	lete Part II.)							
8	A community trust describe	d in section 170(t	o)(1)(A)(vi). (Complete	e Part II)						
9	An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	f in conjunction with a	land-grant college			
	or university or a non-land-o	grant college of ag	griculture (see instruct	tions). E	nter the	name, city, and state o	f the college or			
	university									
10 11	X An organization that normal receipts from activities related support from gross investment acquired by the organization organized at the control of the co	ted to its exempt frent income and un n after June 30, 1	functions - subject to nrelated business tax 975. See <mark>section 509</mark>	certain e able inco (a)(2). (0	exception ome (less Complete	is, and (2) no more tha s section 511 tax) from e Part III)	ın 331/3 %of its			
12	An organization organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to	carry out the purposes			
	of one or more publicly sup	ported organizati	ons described in sec	tion 509	(a)(1) or	section 509(a)(2). S	See section 509(a)(3)			
	Check the box in lines 12a tl	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g			
a	Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving			
	the supported organizatio	n(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the			
	supporting organization Y	ou must complet	e Part IV, Sections A	and B.						
b		anızatıon supervisi	ed or controlled in co	nnection	with its	supported organizati	on(s), by having			
	control or management of	f the supporting o	rganization vested in	the sam	e persor	ns that control or mar	age the supported			
	organization(s) You must	complete Part IV	, Sections A and C.							
C	Type III functionally integ	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functiona	lly integrated with,			
	its supported organization									
d	,.									
	that is not functionally inte	-	•				d an attentiveness			
	requirement (see instruction	•								
é	Check this box if the orga					- · · · · · · · · · · · · · · · · · · ·	II, Type III			
	functionally integrated, or						[
' ـ	Enter the number of supported	organizations					• • • • • • • • • • • • • • • • • • • •			
y	Provide the following information (i) Name of supported organization	(ii) EIN	(iii) Type of organization	(nd) to the	organization	(v) Amount of monetary	(vi) Amount of			
	(i) Name of supported organization	(II) EII4	(described on lines 1-10		ur governing	support (see	other support (see			
			above (see instructions))	Yes	Ment?	instructions)	instructions)			
				163	,,,,,	·				
(A)										
/D\										
(B)				l						
(C)										
 _										
(D)										
										
(E) 										
Tota										

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

Schedule A (Form 990 or 990-EZ) 2018

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⊃age	4

2 3 4 5 5 6 I Secti	In A. Public Support Indar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
2 3 5 5 5 6 I Secti	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
2 3 4 5 5 6 I	membership fees received (Do not include any "unusual grants")						
3	organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (f)						
4 5 6 1 Secti	furnished by a governmental unit to the organization without charge						
5 6 Becti	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Secti	each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (f)						
Secti	Public support. Subtract line 5 from line 4						
	D T-4-10 4		1	<u> </u>		<u> </u>	<u> </u>
∍aien	on B. Total Support	(=) 001 :	T (1) 0015	(2) 2042	(4) 0047	(4) 0040	/D.T.:
_	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
8 (Amounts from line 4						
ā	Net income from unrelated business activities, whether or not the business is regularly carried on						
ŀ	Other income Do not include gain or oss from the sale of capital assets Explain in Part VI)						
1 1	Fotal support. Add lines 7 through 10				_		
2 (Gross receipts from related activities, etc. (s	ee instructions) .				12	
	First five years. If the Form 990 is forganization, check this box and stop here.	· · · · · · · · · · · ·	<u>/ </u>				
	on C. Computation of Public Supp					T I	
	Public support percentage for 2018 (lii						
	Public support percentage from 2017						<u>9</u>
	331/3% support test - 2018. If the org	,					
	pox and stop here. The organization qu						
	331/3% support test - 2017. If the org his box and stop here. The organization						
	10%-facts-and-circumstances test 1/2						
1	10% or more, and if the organization Part VI how the organization meets the	meets the "fa	cts-and-circums	tances" test, che	eck this box a	nd stop here . E	Explain in
b 1	organization	017. If the org	ganization did notes the "facts-and	ot check a box d-circumstances"	on line 13, 16 test, check t		and line op here.
8 B F	supported organization	did not check a	a box on line 13	 , 16a, 16b, 17a,	or 17b, check	this box and see	▶∟
	nstructions	· · · · · · · · · · · ·		<u> </u>		Schedule A (Form 9	

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Schedule A (Form 990 or 990-EZ) 2018

Support Schedule for Organizations Described in Section 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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")	117,503	84,539.	152,819	138,075	171,507	664,443
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	79,713	125,065	212,952	200,139	236,464	854,333
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .	4,338	3,816	2,438	667	512.	11,771
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						. 0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0_
6	Total. Add lines 1 through 5	201,554	213,420	368,209.	338,881.	408,483.	1,530,547.
	Amounts included on lines 1, 2, and 3			-	· -		· · · · · · · · · · · · · · · · · · ·
	received from disqualified persons	51,276	18,910	46,265	28,506.	29,491.	174,448
b	Amounts included on lines 2 and 3			-			
	received from other than disqualified		1				
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c	Add lines 7a and 7b	51,276	18,910	46,265.	28,506	29,491	174,448
8	Public support. (Subtract line 7c from						
-	line 6)						1,356,099
Sec	tion B. Total Support		•				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	201,554	213,420	368,209	338,881.	408,483	1,530,547
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
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						0
12	Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	201,554	213,420	368,209	338,881	408,483	1,530,547
14	First five years. If the Form 990 is for	or the organizat		d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp			-			
15	Public support percentage for 2018 (line 8,			nn (f))		. 15	88.60%
16	Public support percentage from 2017 Sche					16	73.70%
	tion D. Computation of Investmen	_					
 17	Investment income percentage for 2018 (In			3, column (f))		17	%
18	Investment income percentage from 2017	•	•	* * * *		18	%
	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi						
h	331/3% support tests - 2017. If the orga						
J							
	line 18 is not more than 331/3 %, check	this box and st	op here. The org	anization qualifie	s as a publicly	supported organiz	ation ►

Schedule A (Form 990 or 990-EZ) 2018

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I. complete Sections A and D. and complete Part V.)

Section A. A	ΑII	Supporting	Organizations
--------------	-----	------------	----------------------

ecti	on A. All Supporting Organizations		1.7	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below		-	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	 4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		-
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	1	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	- <u>-</u>		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	<u> </u>	_	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	-	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		-	

10b

determine whether the organization had excess business holdings.)

27-2056711 CHARLOTTE CURLING ASSOCIATION Page 5 Schedule A (Form 990 or 990-EZ) 2018 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 11b b A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing documents in effect on the date of notification, to the extent not previously 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) C Yes No 2 Activities Test Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these

activities but for the organization's involvement

Parent of Supported Organizations Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

2b

3a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	IS	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov 20, 1970 (expla	ın ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organization	ations	must complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	<u> </u>	
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	-		
instructions for short tax year or assets held for part of year)			<u> </u>
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	. <u>.</u>	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	··············	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	, integr	ated Type III supporting	g organization (see
instructions)	-		

Schedule A (Form 990 or 990-EZ) 2018

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CHARLOTTE CURLING ASSOCIATION

Schedule A (Form 990 or 990-EZ) 2018

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets		<u> </u>	
5	Qualified set-aside amounts (prior IRS approval required)			<u> </u>
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions	- <u></u>		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)	•		
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from			
	Section D, line 7 \$			
a	Applied to underdistributions of prior years	-		
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
•	and 4c			
8	Breakdown of line 7.			
	Excess from 2014			
<u>a</u> b	Excess from 2015			
	Excess from 2016			
<u>d</u>	Excess from 2017			
62	CAUGSS HUHLZVIO	ı		1

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Open to Public Inspection

Employer identification number Name of the organization 27-2056711 CHARLOTTE CURLING ASSOCIATION 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 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . . 3 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 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 **Conservation Easements.** 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 a historically important land area Preservation of land for public use (e.g., recreation or education) 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 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) 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 3 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 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)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 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: 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 **▶**\$.

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

Pa	rt III Organizations Maintaini											
. 3	Using the organization's acquisition	n, acces	ssion, and	other recor	ds, chec	k any o	f the	follow	ing that a	ire a sigi	nificant use	of its
	collection items (check all that app	ly).		_	_							
а	Public exhibition			d		or excha						
b	Scholarly research			e	_ Other	_						
С	Preservation for future gene											
4	Provide a description of the organ	nızatıon's	collection	s and expla	ain how	they fur	ther	the or	ganizatıon'	s exemp	t purpose i	n Part
	XIII											
5	During the year, did the organization											–
	assets to be sold to raise funds rath			ained as pa	rt of the	organiza	ation'	's collec	ction?	<u> </u>	Yes	No
	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
1a	Is the organization an agent, truste	e, custo	dian or oth	er intermed	liary for c	ontribut	ions	or othe	r assets no	t		_
	included on Form 990, Part X?									L	Yes _	No
b	If "Yes," explain the arrangement i	n Part XI	II and com	plete the fo	llowing tal	ole į						
										Amount	·	
С	Beginning balance										_	
d	Additions during the year						1d					
е	Distributions during the year											
f	Ending balance					[1f					
	Did the organization include an am										Yes _	No
_	If "Yes," explain the arrangement is	n Part XI	II Check h	ere if the e	xplanation	has be	en pr	ovided	on Part XII			
Pa	rt V Endowment Funds.		1.007		000 [54 D./	P	40				
	Complete if the organiza					-						
		(a) Cu	rrent year	(b) Prio	r year	(c) Two	o year	s back	(d) Three y	ears back	(e) Four yea	rs back
1a	Beginning of year balance			-		<u> </u>						
b	Contributions			_		ļ						
C	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships					-						
е	Other expenditures for facilities					Ì						
	and programs	_										
f	Administrative expenses								<u>.</u>			
g	End of year balance											
2	Provide the estimated percentage		rrent year		e (line 1g,	column	(a))	held as	•			
a	,			_%								
b	Permanent endowment		%									
С	Temporarily restricted endowment			1000/								
2-	The percentages on lines 2a, 2b, a Are there endowment funds not in				tion that	ara bak	d one	d admir	uctored for	the		
sa		tile poss	COSIUII UI L	ne organiza	ונוטוו נוומנ	are ner	י מוונ	a auiiili	11315160 101	u IC	Yes	s No
	organization by. (i) unrelated organizations										3a(i)	1
	(ii) related organizations										3a(ii)	+
h	If "Yes" on line 3a(ii), are the relate										3b	+
4	Describe in Part XIII the intended u	-		-			•				<u> </u>	
_	2 VI Land Buildings, and Equ	ipment.										
Га	Complete if the organization	ation ans	swered "Y	es" on For				11a. S	See Form	990, Pa	art X, line 1	0
	Description of property			r other basis stment)	(b) Cost		ISIS		cumulated eciation	(d	l) Book value	
12	Land	-	(IIIVE:	sunency		ther) 350,00	00.1	aehi	COIGUOIT		350.	000.
1a h	Buildings					528,71	\rightarrow	1	89,696.		1,439,	
b	•				-/\	,	- +		,			
C	Leasehold improvements					07,19	3.		37,008.		70	185.
d	Equipment						- 					
e Tota	Other	(d) mus	t equal For	m 990 Part	X colum	n (B) Im	e 10	c)	•		1,859,	204.
TOTA	i. Add lines to through te. [Column	(d) musi	. oquar i Uli	ooo, rait	, , <u>Joiuini</u>	· (2), III	J , U	-/		Schad	ule D (Form 9	

	•••••	 		
edule D (F	Form 990) 2018			
rt VII	Investments - Other Securities			

Schedule D (F	Form 990) 2018			Page 3
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part	X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market valu	
(1) Financia	al derivatives			
	-held equity interests			
(A)				
<u>(B)</u>	<u> </u>			
(C)		, ,,		
(D)				
(E)				
(F)				
(G)				
(H)	n (b) must equal Form 990, Part X, col (B) line 12)			····
Part VIII			<u> </u>	
Part VIII	Complete if the organization answered	"Yes" on Form 990	Part IV. line 11c. See Form 990. Part	X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	(a) Description of investment	(5) 2001 14:00	Cost or end-of-year market valu	e
(1)				
(2)				
(3)				
_(4)				
_(5)				
_(6)				
_(7)				
(8)		<u>. </u>		
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)		<u> </u>	!
Part IX	Other Assets. Complete if the organization answered	"Ves" on Form 990	Part IV line 11d See Form 990 Part	X line 15
		scription) Book value
(1)	(a) Dec	3CTIPRIOT		of Dook takes
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			•	
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col (B) li	ne 15)	<u>,.</u> ▶	
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f See Form 99	0, Part X,
1.	(a) Description of liability	(b) Book valu	е	
(1) Feder	al income taxes			
(2)				
(3)				j
(4)				
(5)				
(6)				
(7)				i
(8)				
(9)				}
Lotal (Colum	on (h) must equal Form 000. Part X col. (R) line 25.1		1	

2 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

JSA 8E1270 1 000

CHARLOTTE CURLING ASSOCIATION 27-2056711 Schedule D (Form 990) 2018 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2b 2c c Recoveries of prior year grants........... 3 Amounts included on Form 990. Part VIII, line 12, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2b 2c 2d 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

JSA 8E1271 1 000 Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22

OMB No 1545-0047 2018

Donortmo	nt of the Treasury			►A	ttach to Form 990)			open to rubile
	evenue Service		▶Go	to www irs gov		Inspection			
Name of I	he organization							Employer identificati	on number
CHARL	OTTE CURL	ING ASSOCIATION						27-205671	.1
Part I	General I	nformation on Grants an	d Assistanc	е					
1 D	es the organi	zation maintain records to s	ubstantiate th	ne amount of the	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and	
the	selection crit	eria used to award the gran	its or assistance	:67					🗙 Yes 🔲 No
		IV the organization's proce							
Part II		nd Other Assistance to I					anlote of the ereaniz	ation answered "V	'es" on Form 990
Part									es on rollingso,
	Part IV, III	ne 21, for any recipient t	mat received	more than \$5		e duplicated if			·
	1 (a) Name an or	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)									
(2)								=	
(3)			4						
(4)									
(5)			ļ			<u> </u>			
_(3)									
(6)			╣			i			
(7)									
(8)									
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(9)			┨						
(10)			_						
(11)		_						· · · · · ·	
(12)		-	_						
			1	L		<u> </u>			<u> </u>
2 En	ter total numb	er of section 501(c)(3) and	government (organizations lis	itea in the line 1 tal	DIO			

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For Paperwork Reduction Act Notice, see the Instructions for Form 990

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Schedule I (Form 990) (2018)

27-2056711

CHARLOTTE CURLING ASSOCIATION

Schedule I (Form 990) (2018)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance

(b) Number of (c) Amount of (d) Amoun

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV appraisal other)	(f) Description of non-cash assistance
FEES TO ATTEND BONSPIELS	12	8,565			· <u>-</u>
3					
<u> </u>					
· 					
,					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

SCHEDULE I PART I LINE 2

CHARLOTTE CURLING ASSOCIATION AWARDS SCHOLARSHIPS TO CURLERS WITH LESS
THAN FIVE YEARS OF EXPERIENCE TO ENCOURAGE THEM TO PARTICIPATE IN
BONSPIELS HELD AT CHARLOTTE CURLING ASSOCIATION AND AT OTHER CURLING
CLUBS. THE SCHOLARSHIP FUNDS ARE USED TO PAY FOR THE BONSPIELS ENTRANCE
FEES AND TRAVEL COSTS. THE INTENT OF THIS SCHOLARSHIP PROGRAM IS TO
PROVIDE SUPPORT TO NEWER CURLERS WITH ADDITIONAL COMPETITION AND PROVIDE
THEM AN EDUCATION OPPORTUNITY ON THE CULTURE OF CURLING, LEARNING CURLING
AND BONSPIEL TRADITIONS, AS WELL AS THEIR SKILL OR TALENTS THROUGH
DIVERSIFIED COMPETITION. SCHOLARSHIP WINNERS WILL LEARN THAT CURLING IN

Schedule I (Form 990) (2018)

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27-2056711

CHARLOTTE CURLING ASSOCIATION

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal other)	(f) Description of non-cash assistance
<u>.</u>					<u> </u>
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			İ		

AN INCLUSIVE SPORT WHERE ANYONE CAN EXCEL, SPORTSMANSHIP, SOCIABILITY,

AND THAT EVERY TEAM MEMBER IS ESSENTIAL. TRAVELING AND PARTICIPATING IN BONSPIELS WILL BUILD CONFIDENCE, DEVELOP LEADERSHIP SKILLS, AND TEAMWORK SKILLS. IN ADDITION IT PROVIDES CURLERS WITH THE OPPORTUNITY TO EXPAND THEIR SKILLS OR TALENTS BY INTERACTING WITH CURLERS FROM OTHER CLUBS IN OTHER PARTS OF THE WORLD.

Schedule I (Form 990) (2018)

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SCHEDULE L

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.

OMB No 1545-0047

► Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization CHARLOTTE CURLING ASSOCIATION Employer identification number 27-2056711

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and 1 (c) Description of transaction (a) Name of disqualified person organization Yes No (1) (2)(3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person ATTACHMENT 1	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Onginal principal amount	(f) Balance due	(g) In o	default?	(h) Ap by bo comm	ard or	(ı) W agreei	
			То	From		_	Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
10)												
otal			•			\$ 200,000						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

Schedule L (Form 990 or 990-EZ) 2018

Schedule L (Form 990 or 990-EZ) 2018

Page 2

Part IV	Business Transactions Involving Interested Persons.
	Complete if the organization answered "Yes" 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 zation's tues?
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR #2	MEMBER	441,875	PERSONAL GUARANTY OF ASSN LOAN		х
(2) SUBSTANTIAL CONTRIBUTOR #3	MEMBER	441,875	PERSONAL GUARANTY OF ASSN LOAN	_	х
(3) SUBSTANTIAL CONTRIBUTOR #4	BOARD MEMBER	120,000	PERSONAL GUARANTY OF ASSN LOAN		х
(4) SUBSTANTIAL CONTRIBUTOR #5	BOARD MEMBER	25,000	PERSONAL GUARANTY OF ASSN LOAN		х
(5) SUBSTANTIAL CONTRIBUTOR #6	MEMBER	220,938	PERSONAL GUARANTY OF ASSN LOAN		х
(6) SUBSTANTIAL CONTRIBUTOR #7	OFFICER	220,938	PERSONAL GUARANTY OF ASSN LOAN		х
(7) SUBSTANTIAL CONTRIBUTOR #8	MEMBER	220,938	PERSONAL GUARANTY OF ASSN LOAN		х
(8) SUBSTANTIAL CONTRIBUTOR #9	MEMBER	220,938	PERSONAL GUARANTY OF ASSN LOAN		х
(9)					

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 TO AS REPAYMENT OF LEASEHOLD IMPROVEMENT FUNDS ADVANCED BY AN ORGANIZATION AFFILIATED WITH SUBSTANTIAL CONTRIBUTOR #2. IN 2017 THE BUILDING WITH THE LEASEHOLD IMPROVEMENTS WAS PURCHASED BY THE ASSOCIATION AND THE LEASEHOLD IMPROVEMENTS ARE NOW REPORTED AS PART OF THE BUILDING COST.

Schedule L (Form 990 or 990-EZ) 2018

Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" 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	(e) Sharing of organization's revenues?	
				Yes	No
(1)					<u> </u>
(2)					<u> </u>
(3)					
(4)					<u> </u>
(5)					<u> </u>
(6)					<u> </u>
(7)				<u> </u>	<u></u>
(8)				<u> </u>	
(9)					
(10)					

Part V Supplemental Information

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

ATTACHMENT 1

SCHEDULE L, PART II

NAME SUBSTANTIAL CONTRIBUTOR #1

RELATIONSHIP WITH ORGANIZATION SUBSTANTIAL CONTRIBUTOR

PURPOSE OF LOAN LEASEHOLD IMP
LOAN TO OR FROM THE ORG.? X TO FROM

ORIGINAL PRINCIPAL AMOUNT 200,000.
BALANCE DUE 200,000.

IN DEFAULT? YES X NO APPROVED BY BOARD OR COMMITTEE X YES NO

WRITTEN AGREEMENT? X YES NO

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CHARLOTTE CURLING ASSOCIATION

Employer identification number 27-2056711

PART VI LINE 7

THE ASSOCIATION'S BOARD OF DIRECTORS MEMBERS SERVE A THREE-YEAR TERM.

EACH YEAR THE FULL ASSOCIATION MEMBERSHIP VOTES TO ELECT THREE NEW BOARD

MEMBERS TO REPLACE THE BOARD MEMBERS WHOSE TERMS HAVE EXPIRED.

THE BOARD OF DIRECTORS VOTES ANNUALLY ON THE ELECTION OF OFFICERS.

PART VI LINE LINE 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 APPROVAL BY A MAJORITY OF THE BOARD AT A BOARD MEETING.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE CHARLOTTE CURLING ASSOCIATION SPONSORED CURLING LEAGUES MOST NIGHTS OF THE WEEK DURING THE YEAR ENDED AUGUST 31, 2019 TO PROMOTE THE SPORT OF CURLING IN THE LOCAL MARKET. THE CURLING SEASON BEGAN IN SEPTEMBER 2018 AND REMAINED ACTIVE UNTIL EARLY MAY 2019 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

Name of the organization
CHARLOTTE CURLING ASSOCIATION

Employer identification number 27-2056711

ATTACHMENT 1 (CONT'D)

OF THE DEDICATED ICE FACILITY WHICH IS USED FOR ALL PROGRAMS. MOST PROGRAM SERVICE EXPENSES HAVE BEEN REPORTED UNDER THE CURLING LEAGUES SINCE THEY 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.