EXTENDED TO FEBRUARY 15, 2017

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

and ending JUN 30, 2016 A For the 2015 calendar year, or tax year beginning JUL 1, 2015 D Employer identification number C Name of organization Check if applicable Address change CABARRUS COUNTY TOURISM AUTHORITY 26-2726341 Name change CABARRUS COUNTY CONVENTION AND V Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 102 (800)848 - 374010099 WEDDINGTON RD 5,444,428. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return H(a) Is this a group return CONCORD, NC 28027 Applica-tion for subordinates? Yes X No F Name and address of principal officer: JOHN MILLS pending H(b) Are all subordinates included? Yes 10099 WEDDINGTON RD, CONCORD, NC 28027 4947(a)(1) or If "No," attach a list, (see instructions) H(c) Group exemption number ▶ J Website: ➤ WWW. CABARRUSCVB.COM K Form of organization: X Corporation Year of formation: 2008 M State of legal domicile: NC Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: DRIVE VISITATION TO CABARRUS Activities & Governance COUNTY TO GENERATE THE MAXIMUM IMPACT THROUGH HOTEL STAYS AND if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 24 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 20 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7b 0. b Net unrelated business taxable income from Form 990-T, line 34 Current Year 0. 0. Contributions and grants (Part VIII, line 1h) 8 Revenue 4,905,223 5,387,075. Program service revenue (Part VIII, line 2g) 3,202. 3,068 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 54,151. ο. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,908,291. 5,444,428. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 Benefits paid to or for members (Part IX, column (A), line 4) 1,322,811. 1,307,091. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 2,864,913 3,277,455. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,584,546. 4,187,724 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 720,567. 859,882. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 3,833,090. 2,984,284. 20 Total assets (Part X, line 16) 294,684. 170,127. 21 Total liabilities (Part X, line 26) 3,538,406. 2,814,157. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11/9/2016 Signature of officer Sign EXECUTIVE VICE PRESIDENT JOHN MILLS, Type or print name and title Here Preparer's signature Print/Type preparer's name P00485633 SAMUAL M. LEDER, CPA Paid 56-1220683 Firm's EIN Firm's name POTTER & COMPANY Preparer Firm's address 434 COPPERFIELD BLVD NE STE A Use Only Phone no. 704-786-8189 CONCORD, NC 28025

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

X Yes

Form 990 (2015) CABARRUS COUNTY TOURISM AUTHORITY
Part IV Checklist of Required Schedules

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	the supplied in the state of CO1/-1/O1 and CO1/-1/O1 and CO1/-1/O1 (either there a pulsate foundation)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		х
_	If "Yes," complete Schedule A	2		X
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			-21
3	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			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ŭ		
0	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	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		X
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	.11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
	complete Schedule G, Part III	19	990	(2015)

Form 990 (2015) CABARRUS COUNTY TOURISM AUTHORITY

Part IV | Checklist of Required Schedules (continued)

	The second secon		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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		X
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 27 If "Yes," complete Schedule I, Parts I and III	22		_X_
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		X
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		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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,"			77
	complete Schedule L, Part II	26		X
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	07		x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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 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		X
	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	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
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			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	Α_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	300	-	
36		36		
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	Х	
			000	

Form 990 (2015) CABARRUS COUNTY TOURISM AUTHORITY
Part V Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 111 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11a 11b 11b 11a 11b 11a 11b 11a 11b 11a 11b 11a 11b 11a 11a		Check if Schedule O contains a response or note to any line in this Part V	*******		Ш
b Enter the number of Forms W &G included in line 1a. Enter 9-4 finct applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (ganthling) winnings to prize withers? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 1b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b of the organization have unrelated business gross income of \$1,000 or more during the year? 3c if Yes, 1s at filed a form 900 Tray the year if Ym0, 1s the 8b, provide an explanation in Schedule O 3c if Yes, 1s at filed a form 900 Tray the year if Ym0, 1s the 8b, provide an explanation in Schedule O 3c if Yes, 1s and 1s filed a form 900 Tray the year if Ym0, 1s the 8b, provide an explanation in Schedule O 3c if Yes, 1s and 1s filed a form 900 Tray the year if Ym0, 1s the 8b, provided an explanation in Schedule O 3c if Yes, 1s and 1s filed a form 900 Tray the year if Ym0, 1s the 8b, provided an explanation in Schedule O 3c if Yes, 1s and 1s filed a filed a form 900 Tray the year if Ym0, 1s the 9b, provided an explanation in Schedule O 3c if Yes, 1s and 1s filed a filed a filed a filed year if Ym0, 1s the 9b, provided an explanation in Schedule O 3c if Yes, 1s and 1s filed a filed a filed year if Ym0, 1s the 9b, provided an explanation in Schedule O 3c if Yes, 1s and 1s filed a filed year if Ym0, 1s the 9b, provided an explanation in Schedule O 3c if Yes, 1s and 1s filed a filed year if Ym0, 1s the 9b, provided an explanation of Ym0, 1s and 1		î î		Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamening) winnings to prize winners? 24 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 25 If all the set on its reported on line 22, did the organization file all required federal employment tax returns? 26 X 27 Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 38 Did the organization have unrelated business gross income of \$1,000 or more during the year? 38 If Yes, "has it filed a form 990-T for this year? If Yes," to fire 32, provide an explanation in Schedule O 40 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 bridge country (such as a bank account, securities account, or other financial accountry or the financial accountry or the properties of the properties of the properties accountry or the financial accountry or a prohibitor or properties accountry or the financial accountry or a prohibitor or properties accountry or the financial accountry or a prohibitor or properties accountry or a signature or other authority over, a financial accountry or a prohibitor or a prohibitor of the say or a prohibitor or a signature or other authority over, a financial accountry or a prohibitor or a prohibitor of the say or a prohibitor or a signature or other authority over, a financial accountry or a prohibitor or a prohibitor of the say or a prohibitor or a signature or other authority over, a financial accountry or a prohibitor or a prohibitor or a signature or other authority over, a financial accountry or a prohibitor or a prohibitor or a signature or other authority over, a financial accountry or a prohibitor or a prohibitor or a signature or other authority or a prohibitor or a signature or other authority or a prohibit	1a	Enter the field of the first part of the first p			
a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statuments. ### Title of the calendar year ending with or within the year covered by this return ### Title as one is reported on line 2a, did the organization lie all required federal employment tax returns? ### And It all least one is reported on line 2a, did the organization lie all required federal employment tax returns? ### And It all least one is reported on line 2a, did the organization lie all required federal employment tax returns? ### And It any time during the calendar year, did the organization file all required federal employment tax returns? ### Any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a firansical secount in a foreign country. ### Any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a firansical secount in a foreign country. ### Any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a firansical secount in a foreign country. ### Any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a firansical account in a foreign country. ### Any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a firansical account is (FBAR). ### Any time during the calendar year, did the organization that it was or is a party to a prohibled tax shelter transaction? ### Did any taxable party notify the organization that it was or is a party to a prohibled tax shelter transaction? ### A Did any taxable party notify the organization that it was or is a party to a prohibled tax shelter transaction? ### A Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deduction that was a contribution of a contribution of	b	Effect the flutible of Forths W-2-d included in line 1a. Effect -0- in not applicable			
24 Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, Bed for the calendary sere anding with or within the year covered by this return. 15 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 15 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 16 Did the organization have unrelated business gross income of \$1,000 or more during the year? 16 If Yes, 1 has it filed a Form 980-1 for this year? If W6, 15 Into 2b, provide an explanation in Schedule O. 16 If Yes, 2 Interest the name of the fore foreign country, Seuds has a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account)? 16 If Yes, 2 Interest the name of the foreign country. 17 See Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 18 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 19 Did any taxable party notify the organization file Form 8886 if? 20 Des the organization and gross receives that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibile as charitable contributions? 10 If Yes, 2 did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 17 Organizations that may receive deductible contributions and party for goods and services provided to the payor? 18 If Yes, 3 did the organization nucled with every solicitation an express statement that such contributions or grifts were not tax deductible? 19 Organizations that may receive deductible contributions of the goods or services provided? 10 If the organization receive a payment in excess of \$7 is nade party as a contribution and party for goods and services provided to the payor? 18 If Yes, 3 did the	C				
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b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A any time at form 990-T for this year? If *No,* (*o line 3b, provide an explanation in Schedule O 3b If *Yes,* has it filed a Form 990-T for this year? If *No,* (*o line 3b, provide an explanation in Schedule O 3c If *Yes,* (*o line the name of the foreign country; *▶ 3c If *Yes,* (*o line the name of the foreign country; *▶ 3c If *Yes,* (*o line the name of the foreign country; *▶ 3c If *Yes,* (*o line the name of the foreign country; *▶ 3c If *Yes,* (*o line the name of the foreign country; *▶ 3c If *Yes,* (*o line the name of the foreign CEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 3c If *Yes,* (*o line Sa or 5b, did the organization had it was or is a party to a prohibited tax shelter transaction? 3c If *Yes,* (*o line Sa or 5b, did the organization file Form 88861? 3c If *Yes,* (*o line Sa or 5b, did the organization file Form 88861? 3d Does the organization include with every solicitation an express statement that such centributions or grits were not tax deductible? 3d If *Yes,* (*o line deductible on the vice of the vice of the solicitation of the solicitation of the solicitation and party for goods and services provided to the payor? 3d If *Yes,* (*old the organization notify the donor of the value of the goods or services provided? 4d If *Yes,* (*old the organization sealers) appeared in excess of \$75 made party seals contribution and party for goods and services provided to the payor? 3d If the organization receive a payment in excess of \$75 made party seals contribution of contract? 4d If *Yes,* (*old the organization had the solicitation of the value of the goods or services provided? 4d If *Yes,* (*old the organization had the solicitation of the value	2 a				
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3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b fr Yes, "has it field a Form 990-T for this year? if 'No," to line 3b, provide an explanation in Schedule O 4c 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 accounts? 5c fr Yes," to line the name of the foreign country: ► 5c Enstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5c Was the organization that it was or is a party to a prohibited tax shelter transaction? 5c fr Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c fr Yes," to line 5a or 5b, did the organization file Form 8886-17 6d Does the organization share annual gross receipts that are normally greater than \$100,000, and did the organization soficit any contributions that were not tax deductible as charitable contributions? 6d fr Yes," to lid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Did the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d fr Yes," indicate the number of Forms 8282 filed during the year 1c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d fr Yes," indicate the number of Forms 8282 filed during the year 1d fr Yes," indicate the number of Forms 8282 filed during the year 2d fr Yes," indicate the number of Forms 8282 filed during the year 2d fr Yes," indicate the number of Forms 8282 filed during the year 2d fr Yes," indicate the number of Forms 8282 filed during the year 2d fr the organization received a contribution of cars, boats, airplanes, or ot	b		2b	_X_	
b If "Yes," has it filled a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a form of the control of the state of the sta					
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111 Section 501(c)(12) organizations. Enter: a 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.) 112a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X					
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 15 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 15 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 15 Enter the amount of reserves on hand 16 Did the organization receive any payments for indoor tanning services during the tax year? 18 X		1927			
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X			IZa		
a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13a 13b 13b 13c					
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 c Enter the amount of reserves on hand 13b 13c 14a X			13a		
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X	h				
c Enter the amount of reserves on hand	IJ				
14a Did the organization receive any payments for indoor tanning services during the tax year?	c	o gamenta de la companya de la compa			
			14a		X
			14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	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.	-		
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			2000
	officer, director, trustee, or key employee?	2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	ł		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			ĺ
	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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X_	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	_
13	Did the organization have a written whistleblower policy?	13	X	_
14	Did the organization have a written document retention and destruction policy?	14	X	_
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?		.,	
	The organization's CEO, Executive Director, or top management official	15a	<u>X</u>	v
b	Other officers or key employees of the organization	15b	-	X
	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			777
	taxable entity during the year?	16a		X
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 organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE	ualle L		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vallab	e	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)	flm	sial.	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	rinand	ciai	
	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 records:			
	JOHN MILLS - (704)456-7962			
	10099 WEDDINGTON RD SUITE 102, CONCORD, NC 28027	_	000	(0045)

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 organizat (A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average hours per	Position (do not check more than o box, unless person is both officer and a director/trust					h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JENNIFER PARSLEY	1.00	х		х				0.	0.	0.
CHAIRMAN	1.00	Δ		Α	-	_		0.		
(2) TIM HAGLER	1.00	х						0.	0.	0.
BOARD MEMBER	1.00	Λ			_					
(3) RAY SOPOROWSKI	1.00	х						0.	0.	0.
BOARD MEMBER (4) PAMELA DUBOIS	1.00									
TREASURER	1.00	х		x				0.	0.	0.
(5) ANGIE BROWN	1.00									
BOARD MEMBER		Х						0:*	0.	0.
(6) SCOTT PADGETT	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	Λ		-				0.	0.	
(7) ELIZABETH POOLE	1.00	х						0.	0.	0.
BOARD MEMBER	1.00	^						•	•	
(8) JOEL GRIFFIN BOARD MEMBER	1.00	x						0.	0.	0.
(9) TAMMY TREXLER WHALEY	1.00									
SECRETARY	1.00	х		x				0.	0.	0.
(10) VINAY PATEL	1.00									
BOARD MEMBER		Х						0.	0 *	0.
(11) PRITESH NAGARJI	1.00									
BOARD MEMBER		X						0.	0 •	0.
(12) TROY TAYLOR	1.00									_
BOARD MEMBER		X						0.	0.	0.
(13) DONNA CARPENTER	40.00									
PRESIDENT/CEO				X	_	X		131,794.	0.	0.
	-									
		-		-						

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	an	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) (C) Average hours per (do not check more than one box, unless person is both an officer and a director/trustee)						one h an	1			on amount of		
		(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	(2)	comp fro orga and	ensat m the nizatio relate	on ed
											_			
									131,794.		0.			0.
	Sub-total Total from continuation sheets to Part V								0.		0.			0.
d	Total (add lines 1b and 1c)								131,794.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bove	e) wh	no re	eceived more than \$100	,000 of reportable	•			1
_	compensation from the organization					-		_			-		Yes	No
3	Did the organization list any former officer,											3	.00	x
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co	mpe	ensa	atior	and	otl	her compensation from	the organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsat	ion f	rom	any	unr	elat	ed organization or indivi	dual for services		5		x
Sec	tion B. Independent Contractors	piete ochedun	007	Or St	1011	pere	orr .					-		
1	Complete this table for your five highest co										oensa	ation fr	om	
,	(A) Name and business								(B) Description of s		C	(C) ompen		1
_	ARLOTTE MOTOR SPEEDWAY BOX 600, CONCORD, NC	28027						- 1	MARKETING/SP PS	ONSORSHI		511	.,19	1.
SIN	MPLEVIEW, 7458 N LA CHO), TUCSON, AZ 85741		/D	SU	JI'	ΓE			MARKETING			243	3,62	25.
WEI	DDINGTON ROAD PARTNERS BOX 40, NEW LONDON, NO	C 28127							RENT			143	3,9	70.
									11					
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se lis 3	sted	d above) who received m	nore than				

26-2726341 Page 9 Form 990 (2015) CABARRUS COUNTY TOURISM AUTHORITY Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a 1b Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$_ h Total. Add lines 1a-1f **Business Code** 5,343,668.5,343,668. 900099 2 a OCCUPANCY TAX Program Service Revenue 36,280. 36,280. 900099 b ADVERTISING FEES 7.127. 7,127 900099 c PROGRAM FEES f All other program service revenue ▶ 5.387.075. Total, Add lines 2a-2f Investment income (including dividends, interest, and 3,202. 3,202. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 42,490. 42,490 900099 11 a DONATED REVENUE

Form 990 (2015)

b MISCELLANEOUS INCOME

Total revenue. See instructions.

d All other revenue

e Total. Add lines 11a-11d

11,661.

54,151

444,428.5,444,428.

900099

11,661.

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	and in the control of			
	Check if Schedule O contains a respons			(C)	(D)
	not Include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	387,018.	328,965.	58,053.	
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	Other salaries and wages	606,006.	515,105.	90,901.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	88,239.	75,003.	13,236.	
9	Other employee benefits	151,691.	128,937.	22,754.	
10	Payroll taxes	74,137.	63,016.	11,121.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	12,476.	10,605.	1,871.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	702,325.	596,976.	105,349.	
13	Office expenses	53,657.	45,608.	8,049.	
14	Information technology	50,627.	43,033.	7,594.	
15	Royalties				
16	Occupancy	176,521.	150,043.	26,478.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	60,106.	51,090.	9,016.	
23	Insurance	19,148.	16,276.	2,872.	
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 0.)	•			
а	SPONSORSHIP/EVENT EXPEN	1,071,442.	910,726.	160,716.	
a b	OTHER EXPENSES	558,026.	474,324.	83,702.	
D	COLLATERAL PRODUCTION/B	305,944.	260,052.	45,892.	
c d	ADMINISTRATION FEE	267,183.	227,106.	40,077.	
	All other expenses	201,1001	227,1000	20,077	
_	Total functional expenses. Add lines 1 through 24e	4,584,546.	3,896,865.	687,681.	0.
<u>25</u>	Joint costs. Complete this line only if the organization	エノンひェノンせい・	5,050,005.	507,0021	
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
	Officer field I if following SOP 98-2 (ASC 958-720)				Form 990 (2015)

Form 990 (2015)
Part X Balance She

ar	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	line in this Part X		······	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,315,357.	1	3,060,150
- 1	2	Savings and temporary cash investments	1110-01111-00-000-0			2	
	3	Pledges and grants receivable, net				3	
- 1	4	Accounts receivable, net			415,128.	4	451,494
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensations					
- 1		Part II of Schedule L			5		
- 1	6	Loans and other receivables from other disquali					
- 1	-	section 4958(f)(1)), persons described in section					
- 1		employers and sponsoring organizations of sec					
,		employees' beneficiary organizations (see instr).				6	
2222	7	Notes and loans receivable, net		912012A 1		7	
?	8	Inventories for sale or use		SALES AND ADDRESS OF THE PARTY		8	
	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment: cost or other	f f				
	104	basis. Complete Part VI of Schedule D	10a	521,048.		1	
	b	Less: accumulated depreciation		278,801.	253,799.	10c	242,247
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	900000000			13	
	14	Intangible assets		141-1-151		14	
	15	Other assets. See Part IV, line 11			0.	15	79,199
	16	Total assets. Add lines 1 through 15 (must equ			2,984,284.	16	3,833,090
7	17	Accounts payable and accrued expenses			170,127.	17	162,253
- 1	18	Grants payable				18	
	19	Deferred revenue		1		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
- 1	22	Loans and other payables to current and former		2000000 10 -			
1		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
5	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
- 1		parties, and other liabilities not included on lines					
		Schedule D			0.	25	132,431
	26	Total liabilities. Add lines 17 through 25			170,127.	26	294,684
		Organizations that follow SFAS 117 (ASC 958					
,		complete lines 27 through 29, and lines 33 ar					
3	27	Unrestricted net assets		101 (1 10		27	
	28	Temporarily restricted net assets				28	
3	29	WE THE				29	
5		Organizations that do not follow SFAS 117 (A					
;		and complete lines 30 through 34.		,,			
3	30	Capital stock or trust principal, or current funds			0.	30	(
3	31	Paid-in or capital surplus, or land, building, or ed			0.	31	242,24
τ	32	Retained earnings, endowment, accumulated in			2,814,157.	32	3,296,159
	33	Total net assets or fund balances			2,814,157.		3,538,406
	34	Total liabilities and net assets/fund balances			2,984,284.		3,833,090

	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		************		X
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	1 2 3	5,44 4,58	4,4; 4,5; 9,8; 4,1!	28. 46. 82. 57.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	9		ñ 4	ñ.c.
-	column (B))	10	3,53	8,4	16.
Pai	t XII Financial Statements and Reporting				\mathbf{x}
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	i on a	2a 2b	X	X
За	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X 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 oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sid Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	e audit, edule O. ngle Audit	2c 3a		X
b	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2015)

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

OMB No. 1545-1709

X

Do not	complete Part II unless you have already been granted	an automa	itic 3-month extension on a previous	sly filed For	rm 8868.	
	nic filing (e-file) . You can electronically file Form 8868 if y					
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 88	368 to request an e	xtension
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers A	Associated With Ce	rtain
Persona	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	on the elec	tronic filing of this f	orm,
visit ww	w.irs.gov/efile and click on e-file for Charities & Nonprofits	8				
Part	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).		
A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I o	nly	3553535111112				
	r corporations (including 1120-C filers), partnerships, REM come tax returns.	ICs, and t	rusts must use Form 7004 to reques		sion of time er's identifying nun	nber
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer	identification numb	oer (EIN) or
print File by the	CABARRUS COUNTY TOURISM AUT	THORI	ry		26-272634	<u> 1</u>
due date for Street, and room or suite no. If a P.O. box, see instructions. 10099 WEDDTNGTON RD NO. 102					curity number (SSN	i)
return, See instruction			ress, see instructions.			
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
	Ai au	Return	Application			Return
Applica Is For	uon	Code	Is For			Code
	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
The same of the sa	20 (individual)	03	Form 4720 (other than individual)			09
Form 99		04	Form 5227			10
Sec. 500	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	00-T (trust other than above)	06	Form 8870		12	
	JOHN MILLS					-
• The I	books are in the care of > 10099 WEDDINGTO	ON RD	SUITE 102 - CONCO	RD, N	C 28027	
	phone No. ► (704)456-7962		Fax No.			
	organization does not have an office or place of business	s in the Un			racesca recognización de la	
	s is for a Group Return, enter the organization's four digit (check this
	. If it is for part of the group, check this box					
	equest an automatic 3-month (6 months for a corporation					
	FEBRUARY 15, 2017, to file the exemp		·		The extension	
is	for the organization's return for:					
•	calendar year or					
•	X tax year beginning JUL 1, 2015	, an	d ending JUN 30, 2016		=- (*	
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final return	n	
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069.	enter the tentative tax, less any		<u> </u>	
	onrefundable credits. See instructions.			3a	\$	0.
-	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	refundable credits and			
	stimated tax payments made. Include any prior year overp	-		3b	\$	0.
Addition	alance due. Subtract line 3b from line 3a. Include your pa					
	using EFTPS (Electronic Federal Tax Payment System).	-		3с	\$	0.
	. If you are going to make an electronic funds withdrawal			453-EO an	nd Form 8879-EO fo	r payment

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.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization CABARRUS COUNTY TOURISM AUTHORITY

Employer identification number 26-2726341

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		2402
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year -		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cor	iservation easements during the year
		III	ation accompants during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and emorcing conserva	ation easements during the year
_	Does each conservation easement reported on line 2(d) above	re action the requirements of coation 170	2/h\/4\/P\/i\
8			
•	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	tions imaneial statements that describes	The organization o accounting for
Pa	rt III Organizations Maintaining Collections o	f Art. Historical Treasures, or C	Other Similar Assets.
1 4	Complete if the organization answered "Yes" on Form		
4-	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art
Id	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		and a pasie service; previde; in visit viii,
h	If the organization elected, as permitted under SFAS 116 (AS		at and balance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, e		
		dication, or research in fartherance of pe	abile del vice, provide the renewing 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 tre	acuree or other similar assets for financia	al gain, provide
2	the following amounts required to be reported under SFAS 1		a. ga, provido
_	Revenue included on Form 990, Part VIII, line 1		\$
a	Accepta included in Form 990, Part V		\$

Sche	dule D (Form 990) 2015 CABARRU	S COUNTY T	OURISM AU	THORITY		726341 Page 2
	t III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, or Oth	er Similar Ass	ets(continued)
3	Using the organization's acquisition, access	ion, and other record	ls, check any of the	e following that are a	significant use of it	s collection items
	(check all that apply):		-			
а	Public exhibition	C		change programs		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's c					art XIII
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	asures, or other simil	ar assets	_
	to be sold to raise funds rather than to be m					Yes No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizati	on answered "Yes" c	n Form 990, Part I	V, line 9, or
	reported an amount on Form 990, Pa					
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contributio	ns or other assets no	ot included	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII					
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year					
f	Ending balance					
2a	Did the organization include an amount on F					Yes No
	If "Yes," explain the arrangement in Part XIII					
Par						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bad	ck (e) Four years back
1a	Beginning of year balance			21		
h	Contributions					
	Net investment earnings, gains, and losses					
4	Grants or scholarships					
u	Other expenditures for facilities					
е						
	and programs					
f	Administrative expenses					
g	End of year balance Provide the estimated percentage of the cur	wast very and belong	o /line 1g. column	(a)) hold as:		
2			%	(a)) Held as.		
а	Board designated or quasi-endowment		— ⁷⁰			
b	Permanent endowment					
С	Temporarily restricted endowment	%				
	The percentages on lines 2a, 2b, and 2c sho			1	. the automination	
За	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administered for	the organization	Vac Na
	by:					Yes No
	(i) unrelated organizations					
	(ii) related organizations					
b	If "Yes" on line 3a(ii), are the related organization			?		3b
4	Describe in Part XIII the intended uses of the		owment funds.			
Pai	t VI Land, Buildings, and Equipn					
177	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV, line 11a.	See Form 990, Part	X, line 10.	
	Description of property	(a) Cost or o	1 ' '		Accumulated lepreciation	(d) Book value
1a	Land	0(100)				
b	Buildings					
- 0	Leasehold improvements		910.		55,581.	147,329.
d	Equipment	77.1	256.		63,430.	7,826.
	Other	0.4.5	882.		159,790.	87,092.
	I. Add lines 1a through 1e. (Column (d) must o			1001	•	242,247.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 CABARRUS CO	UNTY TOURIS	M AUTHORITY	26-272	6341 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV,	ine 11b. See Form 990, Pa	rt X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	ation: Cost or end-of-year	market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"		line 11c. See Form 990, Pa	rt X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valu	ation: Cost or end-of-year	market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.			.7000	
Complete if the organization answered "Yes"		line 11d. See Form 990, Pa		. Dook value
(a)	Description		(b)	Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	CO-M-OR			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)			
Part X Other Liabilities.	5 000 D. I.W		00 Dort Viling 05	
Complete if the organization answered "Yes"	on Form 990, Part IV,	(b) Book value	90, Part X, IIIIe 25.	
1. (a) Description of liability		(b) BOOK VAIUE		
(1) Federal income taxes		02 701		
(2) NET PENSION LIABILITY	Dana	83,701.		
(3) DEFERRED INFLOWS OF RESOUR	RCES	48,730.		
(4)				
(5)				

132,431. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

(7) (8)

Part XI Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return. Competed it the organization anxelemed 'ves' on Form 990, Part V, line 12a. 1 Total revenue, gains, and other support per audited financial statements 2a	_	dule D (Form 990) 2015 CABARRUS COUNTY TOURISM A	AUTHORITY		2726341 Page 4
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 3 Not unrealized gains (losses) on investments 2 b	Par			nue per Return	
2 A Noture included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (sosses) or investments Donated services and use of facilities C Recoveries of prior year grants 2	_		2a		E 444 420
a Net unrealized gains (losses) on investments 2b		contains			5,444,420.
b Donated services and use of facilities c Recoveries of prior year grants d Other (Coscribe in Part XIII) e Add lines 2a through 2d 3 Subtract level sepanses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b C Add lines 4a and 4b c Add lines 3 and 4c, (This must equal Form 990, Part I, line 12) 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 Total expenses and use of facilities b Piror year adjustments 2 Cother losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2a from line 1 a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII) a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII) c Add lines 2d from line 1 b Other (Describe in Part XIII) c Add lines 2d from line 1 b Other (Describe in Part XIII) c Add lines 2d from line 1 c Add lines 4a and 4b c Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18) c Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part II, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b c Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part II, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b c Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18) c Total expenses. Add lines 3 and 4c, and Form 990, Part II, lines 7b b Other (Describe in Part XIII) c Add lines 4a and 4b c Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18) c Total expenses. Add lines 4a and 4b c Total expenses 4a and 4b c Total expens	2		L of		
Complete if the organization answered "Yes" on Form 990, Part I, line 12. Defend lines 2 through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Total revenue, Add lines 3 and 4e. (This must equal Form 990, Part, line 12) Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part I, line 12a. 1 1 4, 584, 546. A mounts included on fine 1 but not on Form 990, Part IX, line 25: a Conated services and uses of facilities Prior year adjustments Complete if the organization answered "Yes" on Form 990, Part IX, line 25: a Conated services and use of facilities Prior year adjustments Complete in Part XIII, e Add lines 2a through 2d 3 4, 584, 546. A mounts included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a line 2t IX	а				
d Other (Describe in Part XIII.) e Add lines 2st through 2d 3 Subtract line 2e from line 1 3 \$ 5,444,428. Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) Total expenses and losses per audited in Amounts in Internation of Expenses per Audited Financial Statements With Expenses per Return. Competer it the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 2 Amounts included on in in 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities b Prior year adjustments 2 Cother losses d Other (Describe in Part XIII.) 2 Add lines 2a through 2d 2 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IV, line 25; but not on line 1: a Investment expenses not included on Form 990, Part IVIII, line 7b b Other (Describe in Part XIII.) 4 Amounts included on Form 990, Part IVIII, line 7b b Other (Describe in Part XIII.) 4 Amounts included on Form 990, Part IVIII, line 7b b Other (Describe in Part XIII.) 4 Amounts included on Form 990, Part IVIII, line 7b b Other (Describe in Part XIII.) C Add lines 3 and 4e. (This must equal Form 990, Part IVIII ines 1b and 2b; Part IV, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XI, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS ADOPTED ASC 740 – 10, EFFECTIVE FOR AUDIT YEARS ENDING AFTER DECEMBER 15, 2009, AS IT RELATES TO UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED JUNE 30, 2016 AND HAS EVALUATED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS. THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACT	b				
e Add lines 2a through 2d 3 Subtract tine 2e from line 1 4 Amounts included on Form 990, Part VIII, line 7b 4 Investment expenses not included on Form 990, Part VIII, line 7b 4 Investment expenses not included on Form 990, Part VIII, line 7b 4 Investment expenses not included on Form 990, Part VIII, line 7b 4 Investment expenses not included on Form 990, Part VIII, line 7b 4 Investment expenses not included on Form 990, Part VIII, line 7b 4 Investment expenses and 1b Investment expenses per Audited Financial Statements Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and loses per audited financial statements Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and loses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 D Cother losses d Other (Describe in Part XIII.) 2 D Cother (Describe in Part XIII.) 2 D Cother (Describe in Part XIII.) 2 D Cother (Describe in Part XIII.) 4 D Cother (Describe in Part XIII.) 5 Total expenses And Inne 3 and 4e. (This must equal Form 990, Part I, line 18) 5 Total expenses And Inne 3 and 4e. (This must equal Form 990, Part I, line 18) 5 Total expenses And Inne 3 and 4e. (This must equal Form 990, Part III.) 4 D Cother (Describe in Part XIII.) 5 Cother (Describe in Part XIII.) 6 Cother (Describe in Part XIII.)	С				
3 Subtract kine 2e from line 1 4 Amounts included on Form 990, Part VIII, line 72, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12.) 5 5 5, 444, 428. Part XII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Compete if the organization answered Yes* on Form 990. Part II, line 12. 1 Total expenses and losses per audited financial statements Compete if the organization answered Yes* on Form 990. Part IV, line 12. 1 Total expenses and losses per audited financial statements 2 Amounts included on into 1 but not on Form 990, Part IV, line 25: a Conated services and use of facilities 2 Part VIII State Part XIII. 2 Part XIII State Part XIII. 2 Part XIII State Part XIII. 2 Part XIII State Part XIII. 3 A 1,584,546. 2 Part XIII State Part XIII. 4 Part XIII State Part XIII. 5 Total expenses. Add lines 3 and 4e. (This must equal Form 990, 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. Part XIII Supplemental Information. Part XIII Supplemental Information III State Part XIII Part XIII State Part XIII Part XIIII Part XIII Part XIII Part XIIII Part XIIIII Part XIIII Pa	d		Land Land Land		0
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 75 b Other Obsenble in Part XIII) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c, (This must equal Form 990, Part I, line 12) 5 5 5, 444, 428. Part XII 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 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities 2 Part XIII Part XIII. 2 C did lines 2a through 2d 3 Subtract line 2e from line 1 2 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses and 4b 5 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, Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS ADOPTED ASC 740 – 10, EFFECTIVE FOR AUDIT YEARS ENDING AFTER DECEMBER 15, 2009, AS IT RELATES TO UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED JUNE 30, 2016 AND HAS EVALUATED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS. THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY THE INTERNAL REVENUE SERVICE.	е				
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 11: b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part, line 18) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE ORGANIZATION HAS ADOPTED ASC 740−10, EFFECTIVE FOR AUDIT YEARS ENDING AFTER DECEMBER 15, 2009, AS IT RELATES TO UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED JUNE 30, 2016 AND HAS EVALUATED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS. THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY THE INTERNAL REVENUE SERVICE.	3			3	5,444,420.
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c, (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Prior year adjustments 2 Describe in Part XIII.) 2 October (Describe in Part XIII.) 4 Amounts included on Form 990, Part IX, line 25. b Other (Describe in Part XIII.) 5 Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 5 Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) 5 A 4, 584, 546. Part XIII Supplemental Information. Part XIII Supplemental Information. PART X, LINE 2: THE ORGANIZATION HAS ADOPTED ASC 740-10, EFFECTIVE FOR AUDIT YEARS ENDING AFTER DECEMBER 15, 2009, AS IT RELATES TO UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED JUNE 30, 2016 AND HAS EVALUATED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS. THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY THE INTERNAL REVENUE SERVICE.	4		f f		
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THE ORGANIZATION HAS ADOPTED ASC 740-10, EFFECTIVE FOR AUDIT YEARS ENDING AFTER DECEMBER 15, 2009, AS IT RELATES TO UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED JUNE 30, 2016 AND HAS EVALUATED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS. THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY THE INTERNAL REVENUE SERVICE. BASED ON THE EVALUATION OF THE ORGANIZATIONOS TAX POSITIONS, MANAGEMENT	lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional information.		
THE ORGANIZATION HAS ADOPTED ASC 740-10, EFFECTIVE FOR AUDIT YEARS ENDING AFTER DECEMBER 15, 2009, AS IT RELATES TO UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED JUNE 30, 2016 AND HAS EVALUATED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS. THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY THE INTERNAL REVENUE SERVICE. BASED ON THE EVALUATION OF THE ORGANIZATIONOS TAX POSITIONS, MANAGEMENT	-				
AFTER DECEMBER 15, 2009, AS IT RELATES TO UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED JUNE 30, 2016 AND HAS EVALUATED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS. THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY THE INTERNAL REVENUE SERVICE. BASED ON THE EVALUATION OF THE ORGANIZATIONOS TAX POSITIONS, MANAGEMENT	PAI	T X, LINE 2:			
AFTER DECEMBER 15, 2009, AS IT RELATES TO UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED JUNE 30, 2016 AND HAS EVALUATED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS. THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY THE INTERNAL REVENUE SERVICE. BASED ON THE EVALUATION OF THE ORGANIZATIONOS TAX POSITIONS, MANAGEMENT	тит	CORGANIZATION HAS ADOPTED ASC 740-10. EI	FFECTIVE FO	R AUDIT YEA	ARS ENDING
YEARS ENDED JUNE 30, 2016 AND HAS EVALUATED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS. THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY THE INTERNAL REVENUE SERVICE. BASED ON THE EVALUATION OF THE ORGANIZATION STAX POSITIONS, MANAGEMENT	1111	OROITE LITTER TO THE TENT OF T			· · · · · · · · · · · · · · · · · · ·
TAX YEARS. THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY THE INTERNAL REVENUE SERVICE. BASED ON THE EVALUATION OF THE ORGANIZATIONOS TAX POSITIONS, MANAGEMENT	AF	ER DECEMBER 15, 2009, AS IT RELATES TO U	UNCERTAIN T	AX POSITION	NS FOR THE
TAX YEARS. THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY THE INTERNAL REVENUE SERVICE. BASED ON THE EVALUATION OF THE ORGANIZATIONOS TAX POSITIONS, MANAGEMENT	VEZ	DC ENDED JUNE 30 2016 AND HAS EVALUATED	D TTS TAX P	OSTTIONS FO	OR ALL OPEN
ORGANIZATION BEEN CONTACTED BY THE INTERNAL REVENUE SERVICE. BASED ON THE EVALUATION OF THE ORGANIZATIONOS TAX POSITIONS, MANAGEMENT	1 106	IND HADED COME SO, HOTO THE INIO EVINEDITE	2 2 2 2 2 2 2 2		
BASED ON THE EVALUATION OF THE ORGANIZATIONOS TAX POSITIONS, MANAGEMENT	TAX	YEARS. THE ORGANIZATION IS NOT CURRENT	LY UNDER AU	DIT NOR HAS	THE
BASED ON THE EVALUATION OF THE ORGANIZATIONOS TAX POSITIONS, MANAGEMENT	ORC	ANIZATION BEEN CONTACTED BY THE INTERNAL	L REVENUE S	ERVICE.	
	OILL				
	-				
BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD UNDER AN EXAMINATION.	BAS	ED ON THE EVALUATION OF THE ORGANIZATION	NOS TAX POS	ITIONS, MAI	NAGEMENT
	BEI	IEVES ALL POSITIONS TAKEN WOULD BE UPHE	LD UNDER AN	EXAMINATION OF THE PROPERTY OF	ON.

THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAVE

BEEN RECORDED FOR THE YEARS ENDED JUNE 30, 2016

Schedule D) (Form 990) 2015	CABARRUS COUNTY	TOURISM AUTHORITY	26-2726341 Page 5
Part XIII	Supplemental Info	rmation (continued)	TOURISM AUTHORITY	
2				
-				
_				

SCHEDULE L

Transactions With Interested Persons

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

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

Department of the Treasury Internal Revenue Service 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

2015

Open To Public Inspection

Employer identification number Name of the organization CABARRUS COUNTY TOURISM AUTHORITY 26-2726341 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 (d) Corrected? (b) Relationship between disqualified (c) Description of transaction (a) Name of disqualified person person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 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 h) Approved (i) Written (e) Original (d) Loan to or (f) Balance due (b) Relationship (c) Purpose (g) In (a) Name of by board or from the agreement? default? with organization of loan principal amount interested person organization? committee? To From Yes No Yes No Yes No Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (e) Purpose of (c) Amount of (a) Name of interested person (d) Type of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2015

Complete if the organization answered	"Yes" on For	m 990	, Part IV, line	28a,	28	b, or 28c.				
(a) Name of interested person			etween inte ne organizati		t	(c) Amount of transaction	(d) Description of transaction		(e) Sharing of organization's revenues?	
					_				Yes	No
JENNIFER PARSLEY	MEMBER							ORGANIZ		X
TIM HAGLER	MEMBER					500,000.				Х
RAY SOPOROWSKI	MEMBER	OF	BOARD	&	G	20,000.	THE	ORGANIZ		Х
Part V Supplemental Information Provide additional information for response	onses to ques	stions	on Schedule	e L (se	ee ir	nstructions).				
SCH L, PART IV, BUSINESS T	'RANSAC'	rioi	NS INV	OLV	IN	IG INTEREST	CED	PERSONS:		
(A) NAME OF PERSON: JENNIF	ER PAR	SLE	Υ							
(B) RELATIONSHIP BETWEEN I	NTERES'	red	PERSO	1 A	ND	ORGANIZAT	NOI	:		
MEMBER OF BOARD & OWNER OF	ADVEN'	rur.	ES IN 1	TON	OR	RSPORTS				
(C) AMOUNT OF TRANSACTION	\$ 1,80	0.			_					
(D) DESCRIPTION OF TRANSAC	TION:	THE	ORGAN	IZA	ŢΙ	ON PAID AI	OVEN'	TURES IN		
MOTORSPORTS \$1,800 DURING	THE YE	AR I	ENDED .	NUL	E	30, 2016 H	FOR .	ASSISTAN	CE	
WITH DESTINATION TOURS.										
(E) SHARING OF ORGANIZATIO	N REVE	NUE	S? = N0)						
(A) NAME OF PERSON: TIM HA	GLER									
(B) RELATIONSHIP BETWEEN I	NTERES'	red	PERSO	A N	NE	ORGANIZA	MOLT	:		
MEMBER OF BOARD & VP OF CO	MMUNIT	Y R	ELATIO	NS	-	CHARLOTTE	MOT	OR SPEED	WAY	
(C) AMOUNT OF TRANSACTION	\$ 500,	000	•							
(D) DESCRIPTION OF TRANSAC	TION:	THE	ORGAN	IZA	ΤI	ON HAS A 1	1ARK	ETING		
AGREEMENT WITH CHARLOTTE M	OTOR S	PEE	DWAY A	ND	ΤH	IE ORGANIZA	ATIO	N PAID		
CHARLOTTE MOTOR SPEEDWAY \$	500,00	ום 0	URING '	THE	Y	EAR ENDED	JUN	E 30, 20	16.	
(E) SHARING OF ORGANIZATIO	N REVE	NUE	S? = N	O						

Schedule L (Form 990 or 990-EZ) CABARRUS COUNTY TOURISM AUTHORITY Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see ins	26-2726341 Page 2
	ON:
MEMBER OF BOARD & GENERAL MANAGER - CONCORD MILLS	
(C) AMOUNT OF TRANSACTION \$ 20,000.	
(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION HAS A MAI	RKETING
AGREEMENT WITH CONCORD MILLS AND THE ORGANIZATION PAID CO	NCORD MILLS
\$20,000 DURING THE YEAR ENDED JUNE 30, 2016.	
(E) SHARING OF ORGANIZATION REVENUES? = 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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

CABARRUS COUNTY TOURISM AUTHORITY	26-2726341
FORM 990, PART I, DOING BUSINESS AS:	
CABARRUS COUNTY CONVENTION AND VISITORS BUREAU	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SSION:
VISITOR SPENDING.	
FORM 990, PART VI, SECTION B, LINE 11:	
A DRAFT COPY OF THE 990 RETURN WAS PRESENTED TO THE BOARD	O OF DIRECTORS AT
THEIR REGULARLY SCHEDULED MEETING FOR REVIEW AND APPROVA	L.
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY WAS DISTRIBUTED ANNUALLY	TO THE BOARD OF
DIRECTORS AND THE EMPLOYEES. WITHIN THE POLICY THERE AR	E PROCEDURES FOR
COMMUNICATING CONCERNS TO SUPERVISORS AND THE BOARD OF D	IRECTORS.
FORM 990, PART VI, SECTION B, LINE 15A:	
SALARY OF THE CEO IS DETERMINED BY THE BOARD OF DIRECTOR	
USED COMPARABLE DATA FROM OTHER RESOURCES SUCH AS DESTIN	ATION MARKEING
ASSOCIATION INTERNATIONAL FOR CEO COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTE	REST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION	AT THE
ORGANIZATION'S OFFICE UPON REQUEST. ORGANIZATIONS STAFF	ARE AVAILABLE TO
PROVIDE SUPERVISION AND ANSWER ANY QUESTIONS THE INQUIRE	NG PARTY MAY HAVE.