# UNITED STATES CURLING ASSOCIATION

RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

FOR THE TAX YEAR ENDED JUNE 30, 2010

# PUBLIC DISCLOSURE COPY

THIS COPY MAY BE USED TO SATISFY THE PUBLIC DISCLOSURE RULES OF CODE SECTION 6104(d)

#### Form **990**

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 black lung benefit trust or private foundation)

2009

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A</u>	For t	he 2009 calendar year, or tax year beginning JUL 1, 2009 and end	ling J	UN 30, 201	0
В	Check applica	if Please C Name of organization		D Employer identi	
_	jAdd	use IRS label or labe			
-	lchar Nam	nge print of UNITED STATES CURLING ASSOCIATION			
늗	cnar   Initia	al Doing Business As		36-6	<u> 506</u> 6248
F	retur Term	See Number and street (or P.O. box if mail is not delivered to street address) Root	m/suite	E Telephone numb	er
-	ated	Instruction DOZO CLIEM S WAY		715-	-344-1199
<u> </u>	lretur Appl	m City or town, state or country, and ZIP + 4		G Gross receipts \$	1,646,898.
	tion pend	STEVENS POINT, WI 54482-8841		H(a) Is this a group	
		F Name and address of principal officer: JACK BERNAUER		for affiliates?	Yes X No
	<del></del>	SAME AS C ABOVE   xempt status: X 501(c) ( 3		H(b) Are all affiliates in	
		xempt status: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527 site: ▶ WWW.USACURL.ORG			a list. (see instructions)
				H(c) Group exemption	
	art I		L Year o	f formation: 1958	M State of legal domicile; WI
_	$\top$		· · ·		
Governance	'	Briefly describe the organization's mission or most significant activities: TO PROM	10'1'E	THE SPORT	OF CURLING
nar	2	Check this hav			
š	3	Check this box if the organization discontinued its operations or disposed on Number of voting members of the governing body (Part VI, line 1a)			
	4	Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)	· · · · · · · · · · · · · · · · · · ·	3	29
ون دن	5	Total number of employees (Part V. line 2a)	•••••	4	29
iţie	6	Total number of employees (Part V, line 2a)  Total number of volunteers (estimate if necessary)		5	T 470
Activities	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		6	5472
¥	b	Net unrelated business taxable income from Form 990-T, line 34		<u>7a</u>	12,531.
		The second secon			
G)	8	Contributions and grants (Part VIII, line 1h)	-	Prior Year 1,351,354.	Current Year 1,501,485.
Ĕ	9	Program service revenue (Part VIII, line 2g)		105,185.	
Revenue	10	Investment income (Part Viii, column (A), lines 3, 4, and 7d)		4,807.	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	.	5,451.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,466,797.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		122,441.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	122, 111.	15,414.	
ç	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·	397,161.	353,139.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	•	<u> </u>	333,133.
ф	b	Total fundraising expenses (Part IX, column (D), line 25)	·		
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-	905,349.	1,189,320.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,424,951.	1,617,731.
	19	Revenue less expenses. Subtract line 18 from line 12		41,846.	29,167.
Net Assets or Fund Balances			Begi	nning of Current Year	End of Year
aset Baret	20	Total assets (Part X, line 16)	1	815,099.	952,444.
	21	Total liabilities (Part X, line 26)		543,178.	691,156.
		Net assets or fund balances. Subtract line 21 from line 20		271,921.	261,288.
Pε	art II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and states and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any known	ments, and	d to the best of my knowled	ge and belief, it is true, correct,
		$\Lambda$			
Sign		Ja Domawe		1/4/11	
ler	e	Siggature of officer		Date	
		JACK BERNAUER, TREASURER			
		Type or print name and title	16:		
aid		Preparer's signature Date	Check self-		er's identifying number structions)
rep	arer's	3/13/1	emple	<del></del>	
Jse	Only	yoursif REIDLY, PENNER & BENTON, LLP		EIN >	· · · · · · · · · · · · · · · · · · ·
		address, and 1233 W. MAIPAIR RD., SUITE 302			
Mev	the IE	RS discuss this return with the preparer shown above? (see instructions)		Phone no. ► 4.	14-271-7800
e. V		TO STOUGHT AND TELLINE WITH THE DIRECTION SHOWN SHOWER (SOA INSTRUCTIONAL			1 V 1 V 1 1 1 1

Form 886	88 (Rev. 1-2011)					Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II and check this	box		► X
Note. Or	ly complete Part II if you have already been granted a	an automatic	3-month extension on a previously file	ed Forn	n 8868.	
	are filing for an Automatic 3-Month Extension, com	plete only P	art I (on page 1).			
Part II	Additional (Not Automatic) 3-Month	Extension	on of Time. Only file the original (no	copies	needed).	
Type or	Name of exempt organization		Em	ification number		
print	UNITED STATES CURLING ASSO		36-6066	: O A Q		
File by the extended	Number, street, and room or suite no. If a P.O. box				<u> </u>	7440
due date for filing your	5525 CLEM'S WAY	,				
return. See	City, town or post office, state, and ZIP code. For					
instructions.	STEVENS POINT, WI 54482-8	841				
Enter the	Return code for the return that this application is for	(file a separa	ate application for each return)	· · · · · · · · · · · · · · · · · · ·		0 1
Applicati	0.0		<b>[</b>			
Is For	uii	Return	Application			Return
Form 990		Code 01	Is For			Code_
Form 990	-BL	02	Form 1041-A			
Form 990	EZ	03	Form 4720			08
Form 990	PF	04	Form 5227			10
Form 990	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	T (trust other than above)	06	Form 8870			12
STOP! Do	not complete Part II if you were not already grant	ed an autor	natic 3-month extension on a previo	usly fil	ed Form 886	i8.
	oks are in the care of   5525 CLEM'S W.	<u> AY - S'</u>	TEVENS POINT, WI 54	482		
	one No. ▶ 715-344-1199		FAX No. ▶			
• If the c	rganization does not have an office or place of busine	ess in the Ur	nited States, check this box			▶ 🚨
	s for a Group Return, enter the organization's four dig					
box. <u>►                                    </u>	If it is for part of the group, check this box		ch a list with the names and EINs of a	li meml	pers the exte	nsion is for.
	uest an additional 3-month extension of time until_calendar year, or other tax year beginning		15, 2011	TTTN	ת אמי	010
	e tax year entered in line 5 is for less than 12 months,			7	I <u>30, ∠</u> return	010
	Change in accounting period	, oneck reas	on miliar return	] Filla:	return	
7 Stat	e in detail why you need the extension					
AD	DITIONAL TIME IS NECESSARY	TO COL	MPILE THE INFORMATION	r nc	O COMP	LETE
	COMPLETE AND ACCURATE RETUR					
	s application is for Form 990-BL, 990-PF, 990-T, 4720	), or 6069, ei	nter the tentative tax, less any			
	efundable credits. See instructions.			8a	\$	0.
	s application is for Form 990-PF, 990-T, 4720, or 606					
	payments made. Include any prior year overpayment :	allowed as a	credit and any amount paid			
	viously with Form 8868.			8b	\$	0.
	nce due. Subtract line 8b from line 8a. Include your p		n this form, if required, by using			
EFII	PS (Electronic Federal Tax Payment System). See ins		d Vorification	8c	\$	0.
Jnder pena	ties of perjury, I declare that I have examined this form, inclu-	udino accomn	d Verification anving schedules and statements, and to th	ne hest d	of my knowledd	ge and belief
t is true, co	rrect, and complete, and that I am authorized to prepare this	form.	and satisfied, and to the		my iki to wiedę	io aria pelieli
Signature 🕽	<u> </u>	CPA		Date	<b>&gt;</b>	
						969 (Dov. 1.2011)

Form 8868 (Rev. 1-2011)

ETMAINCE,	WIND MEM HUMDER VECKATITING.		
			<del></del>
	rvices. (Describe in Schedule O.)		
(Expenses \$	25,149. including grants of \$	) (Revenue \$	)
	rides expenses \$ 1 /3/ 908		

#### Part IV 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			-
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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	i i	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; 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	İ	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		1	
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.		1	
•	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.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		1	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		-	
•	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.	ļ		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	İ		
•	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? If "Yes," complete Schedule D, Part X.	İ		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A 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		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ĺ	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
40	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
47	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u> _
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18		<u>X</u>
10		,	1	<b>v</b>
20	complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19		<u>X</u>
	2.2 and a second of the or more morphisms : ii Tee, complete objective ()	20		Δ.

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# Form 990 (2009) UNITED STATES CURLING ASSOCIATION Part IV Checklist of Required Schedules (continued)

0.4	Did the same in the word was the did one of		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
22	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ļ	X
2.2.	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		Ì	
23	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	-
20	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			
		Ì	ĺ	İ
240	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		X
z. Tü	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		i	
		ſ		
b	Schedule K. If "No", go to line 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	!	ĺ
_	any tax-exempt bonds?	0.4		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	OFo		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		- 21
	person outstanding as of the end of the organization's tax year? If "Yes," 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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
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):			
а	, and the state of	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) 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	ĺ	ı	
	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			
22	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		Ì	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity?	33		X
34			1	~-
35	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u> </u>
00	If "Yes," complete Schedule R, Part V, line 2			37
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35		X
	If "Yes," complete Schedule R, Part V, line 2	20		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u>X</u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ĺ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	5,		44_
	Note. All Form 990 filers are required to complete Schedule O.	<b>3</b> 8	$\mathbf{x}$	

Form **990** (2009)

#### 009) UNITED STATES CURLING ASSOCIATION Statements Regarding Other IRS Filings and Tax Compliance Part V

-	2. Entay the number was stadil. D. O. (5)		Yes	No
•	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of  U.S. Information Returns. Enter -0- if not applicable			
	D.S. Information Returns. Enter -0- if not applicable  D. Enter the number of Forms W-2G included in line 1c. Enter 0. if not applicable	22		
	1h	<u> </u>	1	
	The standard with folding fules for reportable payments to vendors and reportable garning		-	-
2	(gambling) winnings to prize winners?	<u>1c</u>	X	
	filed for the calendar year ending with or within the year and the second of the calendar year ending with or within the year.	_[	}	
ı	2 If at least one is reported on line 2a did the organization file all required to death.	<u>.7</u>		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	. 2b	X	ļ
3	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			
ŧ	) If "Yes " has it filed a Form 990.T for this year? If "Ma " provide an automatic of the state	. 3a	X	
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b	X	_
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
k	If "Yes," enter the name of the foreign country:	. <u>4a</u> .		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	.		
	Financial Accounts.	-		ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			37
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a	<del> </del>	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	5b	-	X
	Tax Shelter Transaction?  Does the organization have applied group receipts that are a small to the control of			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		
	any contributions that were not tax deductible?	6-		Х
b	in res," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
	were not tax deductible?  Organizations that may receive deductible contributions and the second deductible contributions.	6b	] [	
7	organizations that may receive deductible contributions under section 170(c).	00	<del>  </del>	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a	ĺ	X
b	The lost, and the organization hotily the donor of the value of the goods or services provided?			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<u> </u>		
	to file Form 8282?	7c		X
d	if "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
r	benefit contract?	7e		X
f	bid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	1 1		
9	at any time during the year?  Sponsoring organizations maintaining donor advised funds.	8		
a	Did the organization make any tayable distributions under eaching 40000			
b	Did the organization make any taxable distributions under section 4966?	<b>9</b> a		
0	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included an East VIII II.		1	
b	Gross receipts included on Form 000 De-1700 B. 40 C. 18	-	-	
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or phareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	,	Ī	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
-	Table 1 and	1 1		

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.

Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	3	165	140
b	Enter the number of voting members that are independent			ŀ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	4		
	officer, director, trustee, or key employee?	2	i	Х
3	bid the organization delegate control over management duties customarily performed by or under the direct supervision		<del> </del> -	**
	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 organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	<del></del>	X
6	Does the organization have members or stockholders?	6	X	<b></b>
7a	boes the organization have members, stockholders, or other persons who may elect one or more members of the		<del> </del>	-
	governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			ļ
а	The governing body?	8a	Х	
b	each committee with authority to act on benair 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			
C	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Desether annual of the first state of the first sta		Yes	No
1Ua	Does the organization have local chapters, branches, or affiliates?	10a		X
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	i		
	and branches to ensure their operations are consistent with those of the organization?	<b>10</b> b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	_11		X
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		İ	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
_	to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	X	
·				
		12c	_ <u>X</u>	
14	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?	13	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	_X	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official		~	
b	Other officers or key employees of the organization	15a	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	15b	X	
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	40-	ĺ	v
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a		<u>X</u>
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
<u>sect</u>	ion C. Disclosure	IOD I		
	List the states with which a copy of this Form 990 is required to be filed ►WI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	or		
	public inspection. Indicate how you make these available. Check all that apply.			
	X Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, an	d finar	icia!	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizati	on: ►		
	SANDY ROBINSON - 715-344-1199			
	5525 CLEM'S WAY, STEVENS POINT, WI 54482			
		Form \$	<b>990</b> (2	009)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did no		ny cu	ırrer			, dire	ecto			
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	~			Position (check all that apply)			Reportable compensation	Reportable	Estimated
	per	_	Individual trustee or director Institutional trustee Officer Key employee Highest compensated employee Former		liat apply)			from	compensation from related	amount of other
	week	Individual trustee or directo			Officer Key employee Highest compensated employee		Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
ANDY ANDERSON										
DIRECTOR	2.00	X						0.	0.	0.
JACK BERNAUER										
TREASURER	2.00	Х		Х				0.	0.	0.
JAMES PLEASANTS										
DIRECTOR	2.00	Х						0.	0.	0.
CHRIS SJUE										
DIRECTOR	2.00	X			<u> </u>			0.	0.	0.
GEORGIA WEST										
PAST PRESIDENT	2.00	X	<u></u>					0.	0.	0.
PAUL BADGERO										
DIRECTOR	2.00	X			ļ			0.	0.	0.
KENT BEADLE										
DIRECTOR	2.00	Х						0.	0.	0.
JOHN BENTON										
DIRECTOR	2.00	X						0.	0.	0.
GEOFFREY BROADHURST										
DIRECTOR	2.00	Х						0.	0.	0.
MAUREEN BRUNT										
DIRECTOR	2.00	X				ļ		0.	0.	0.
KATHY HARLOW										
DIRECTOR	2.00	X						0.	0.	0.
PEGGY HATCH								_	_	_
DIRECTOR	2.00	X				<u> </u>		0.	0.	0.
NICOLE JORAANSTAD									_	_
DIRECTOR	2.00	X						0.	0.	0.
JAN LEGACIE										
DIRECTOR	2.00	X						0.	0.	0.
RICHARD MASKEL										^
DIRECTOR	2.00	X				-		0.	0.	0.
BOB PELLETIER	1 2 22	٦,							_	•
DIRECTOR	2.00	X		$\vdash \vdash$				0.	0.	0.
LELAND RICH	2 00	Х		х				0.	_	^
PRESIDENT	2.00	A		Λ				<u> </u>	0.	0.

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Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

rt	VIII	Statement of Revenue		(4)	(B)	(C)	(D)
	-			(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
_	1 a F	ederated campaigns 1a					
		Membership dues 1b	356,505.		i		
	c F	fundraising events 1c		ŀ			
		Related organizations 1d					
	e (	Government grants (contributions) 1e		·			
	f A	All other contributions, gifts, grants, and	1 4 4 0 0 0				
		Million Barrer	144,980. 26,013.				
	g N	Noncash contributions included in lines 1a-1f: \$		1,501,485.	<u> </u>		
<u>;</u>	<u>h</u>	Total. Add lines 1a-1f	Business Code	<u> </u>			
	,	ENTRY FEES	711300	60,230.	60,230.		
שמעוומס	2 a .	CLUB INSURANCE PROGRAM	524298	26,543.			
ار 2	ַ מ	FIELD OF PLAY	711300	18,063.	18,063.	- 450	
5	C .	ADVERTISING	541800	7,525.	1,075	<u>6,450</u> .	
		TIS CURLING NEWS	541800	<u>6,081.</u>	0.45	_6,081.	
	f	All other program service revenue	900099	217.	217.		
	a '	Total, Add lines 2a.2f		118,659.			<u> </u>
1	3	Investment income (including dividends, inter	est, and	533.			533.
		other similar amounts)		233.	,		
	4	Income from investment of tax-exempt bond p	proceeds				
	5	Royalties	#2 Daveanol				
		(i) Real	(ii) Personal				
1		Gross Rents	<del>                                     </del>	-			
1		Less: rental expenses	<del>                                     </del>	-	•		
	¢	Rental income or (loss)  Net rental income or (loss)	<b></b>	1			
-		Gross amount from sales of (i) Securities	(ii) Other				
l	7 a	assets other than inventory					
	la.	Less: cost or other basis					
Ì	D	and sales expenses					
l	c	Gain or (loss)		_			
	d	Net gain or (loss)	<u></u>				
4	8 a	Gross income from fundraising events (not					
ğ	1	including \$ of					
eve		contributions reported on line 1c). See					
Other Revenue		Part IV, line 18		-			
Ť	b	Less: direct expenses	b	-			
_	С	Net income or (loss) from fundraising events	<u></u>				
	9 a	Gross income from gaming activities. See				!	
		Part IV, line 19	h				
	b	Less: direct expenses  Net income or (loss) from gaming activities	- L			ļ	_
	0	Ret income or (loss) from garning activities  Gross sales of inventory, less returns					
	10 a	and allowances	a 309				}
		Less: cost of goods sold	b			l	
	"	Net income or (loss) from sales of inventory	<b>)</b>	309	309	•	
	<del>                                     </del>	Miscellaneous Revenue	Business Cod		- 1 10 21 5	ļ	
	11 4	STONE LOAN PROGRAM	900099			-	6,59
		MISCELLANEOUS	900099	6,59	/ •		1 0,35
	,	С	_				
	1 .	d All other revenuee Total. Add lines 11a-11d		25,91	2 -		
				- 1 7.3・34.	4 * L	. 12,53	1. 7,13

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) ar All other organizations must complet	(A)			(D) Fundraising
o not	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
	ants and other assistance to governments and				
or	ganizations in the U.S. See Part IV, line 21				
G	rants and other assistance to individuals in				
	ne U.S. See Part IV, line 22	75,272.	75,272.		
	rants and other assistance to governments,				
G	rganizations, and individuals outside the U.S.				
0	ee Part IV, lines 15 and 16				
S	ee Part IV, lines 15 and 16				
l B	tenefits paid to or for members				
5 0	compensation of current officers, directors,	72,644.	54,483.	18,161.	. <u></u> . <u>-</u>
tı	rustees, and key employees	, , , , , , , , , , , , ,			
3 (	compensation not included above, to disqualified				
р	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)	240 E21	224,447.	16,074.	
7 (	Other salaries and wages	240,521.	<u> </u>		
3 F	Pension plan contributions (include section 401(k)				
2	and section 403(b) employer contributions)		10 440	1,785.	
9 (	Other employee benefits	15,233.	13,448.	2,600	
	Payroll taxes	24,741.	22,141.	4,000.	
	ees for services (non-employees):				
	Management				
	Legal				
b	Legal	9,928.		9,928.	
	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
-	Investment management fees				
	Other				
12	Advertising and promotion	29,067.		29,067.	
13	Office expenses	49,007.			
14	Information technology				
15	Royalties			39,882.	
16	Occupancy	39,882.			
17	Travel	12,104	11,420	• 004.	'
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings				
19				<u> </u>	
20	Interest				
21	Payments to affiliates	22,422	7,964	14,458	•
22	Depreciation, depletion, and amortization	31,413	+		
23	Insurance	<u> </u>			
24	Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	547,856	547,856		
а	ELITE PROGRAM	113,773			
þ	COACHING AND COACH DEVE	71,824			
C		65,290			
d	TRANSPORTATION	38,413		3 .	
е		207,348			
f	All other expenses				•
25	Total functional expenses. Add lines 1 through 24f	1,617,731	• 1,434,300		
26	Joint costs. Check here 🕨 🛄 it following				
2	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				Form <b>990</b> (20

art	ХЕ	Balance Sheet		(A) Beginning of year		<b>(B)</b> End of year			
				37,513.	1	40,611.			
	1 0	Cash - non-interest-bearing		229,500.	2	219,337.			
	2 8	Savings and temporary cash investments			3				
	_ 3 F	Pledges and grants receivable, net		98,230.	4	58,787.			
	, ,	Accounts receivable net	ounts receivable net						
	<b>c</b> 5	Receivables from current and former officers, directors, truste		l					
- [	F	employees, and highest compensated employees. Complete	and highest compensated employees. Complete Part II						
	,	of Schedule I		5					
	۵ 1	Beceivables from other disqualified persons (as defined unde							
į		4958(f)(1)) and persons described in section $4958(c)(3)(B)$ . Go	mplete		6				
	1	Part II of Schedule L		295,943.	7	298,062			
0	7	Notes and loans receivable, net		35,296.	8	80,549			
Assers	Ω	Inventories for sale or use		33,220.	9	24,396			
2	9	Prepaid expenses and deferred charges	.,,	33,220.	3				
	tΩa	l and, buildings, and equipment: cost or other							
ļ		hasis Complete Part VI of Schedule D 10a	179,893.	82,404.	10c	123,333			
	h	Less: accumulated depreciation 10b	56,560.	02,404.	11				
	44	Investments - nublicly traded securities			12				
	40	Investments - other securities, See Part IV, line 11		13					
	13	Investments - program-related. See Part IV, line 11		14					
	1/	Intangible assets		2,993.	15	107,369			
	15	Other accets See Part IV line 11		815,099.	16	952,444			
	16	Total assets. Add lines 1 through 15 (must equal line 34)		108,099		124,174			
	17	Accounts payable and accrued expenses		100,033.	18				
	18	Grants navable		82,927	<del></del>	106,605			
	19	Deferred revenue		02,221	20				
	20	Tay exempt bond liabilities			21				
40	21	Fector or custodial account liability. Complete Part IV of Sc	cheane n						
Liabilities	22	Described to current and former officers, directors, trustees,	key employees,						
Pil		highest compensated employees, and disqualified persons	. Complete Part II		22				
ᆵ		of Cohodula I		298,648	1	425,384			
	23	Convey mortgages and notes payable to unrelated third pa	arties		24				
	24	Upscoured notes and loans payable to unrelated third parti	ies	53,504		34,993			
	25	Other liabilities, Complete Part X of Schedule D		543,178		691,150			
	26	- Add lines 17 through 25		343,170	• 20				
	-	Organizations that follow SFAS 117, check here	X and complete						
G	i	lines 27 through 29, and lines 33 and 34.		232,215	. 27	253,59·			
Ce	27	Unrestricted net assets		20 706		7,69			
ajar	28	Temporarily restricted net assets			29				
J.B.	29	Demonantly restricted net assets			-  +				
'n		Organizations that do not follow SFAS 117, check here	and and						
ř T		complete lines 30 through 34.			30				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			31				
se	31	Poid in or capital surplus, or land, building, or equipment to	una ,		32				
Ϋ́	32	Retained earnings, endowment, accumulated income, or o	other tunus	271 021		261,28			
Ne.	33	Total net assets or fund balances		815,099		952,44			
	34	with and pasts flund balances		615,095	• 34	Form <b>990</b> (2)			

orm	990 (2009) UNITED STATES CURLING ASSOCIATION 36-606	<u>6248</u>	Pag	ge 12
Par	rt XI   Financial Statements and Reporting		Yes	No
1	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 O.  Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_x_
2a	Were the organization's financial statements audited by an independent accountant?  Were the organization's financial statements audited by an independent accountant?	_2b	_X_	<del> </del>
b	Were the organization's financial statements audited by an independent development of the audit,  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,  review, or compilation of its financial statements and selection of an independent accountant?	ļ	_ X_	
d	review, or compilation of its financial statements and selection of all modes of all modes of all modes of all modes of all modes of all modes of all modes. If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  X Separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set form in the Single Addit	3a		X
b	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 audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	. 3b		<u> </u>
	or audits, explain why in Schedule O and describe any steps taken to unus go	Form	1990	(2009)

#### **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

2009

Open to Public Inspection

Department of the Treasury Interna: Revenue Service

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection
Employer identification number

Part [	he organization								noyer rue		10
Dart		UNITED S	TATES CURLIN	IG ASS	OCIAT	ION			36-	<u>60662</u>	40
i aiti i	Reason fo	r Public Charit	y Status (All organiza	tions must	complete	this part.)	See instru	ictions.	<del></del>		<del></del>
The organi	ization is not a p	rivate foundation b	ecause it is: (For lines 1	through 11,	check or	ly one box	x.)				
1	A church, conv	ention of churches,	or association of church	nes describ	ed in <b>sec</b> t	tion 170(b	)(1)(A)(i).				
2	A school descri	bed in section 170	(b)(1)(A)(ii). (Attach Sch	edule E.)							
3 🗔			al convice organization de	escribed in :	section 1	70(ь)(1)(А	.)(iii).				
4	A medical resea	arch organization o	perated in conjunction w	ith a hospit	al describ	ed in <b>sec</b> t	tion 170(b	)(1)(A)(iii).	Enter the	hospital's	name,
4	i										
5 🗔	An organization	operated for the b	enefit of a college or uni	versity own	ed or ope	rated by a	governm	ental unit c	escribed	in	
J	section 170(b	)(1)(A)(iv). (Complet	te Part II.)								
6	A KI atata	or local governme	et or governmental unit	described i	n section	170(b)(1)	(A)(v).				
7	An organization	that normally rece	eives a substantial part o	f its suppor	t from a g	.overnmen	tal unit or	from the g	eneral put	olic descri	bed in
,	section 170(b)	(1)(A)(vi). (Complet	e Part II.)								
8 🔲	. 9	معادة وطأنهم والمادون	nation 170(h)(1)(A)(vi) ((	Complete P	art II.)						
9 🗓		. that a secondly roof	siyoo: (1) more than 33.1	/3% of its s	upport fro	m contrib	utions, me	mbership	fees, and	gross rece	eipts from
تعقاد		the the second from	etions - subject to certai	n excention	rs. and (2)	no more i	inan 33 17	370 OF ILS S	ирроптис	nn gross ii	1170001110111
	income and un	related business ta	axable income (less secti	on 511 tax)	from bus	inesses ac	equired by	the organi	zation afte	er June 30	), 1975.
	See section 5	ng/a)(2), (Complete	Part III.)								
10		inad and an	orated exclusively to tes	t for public	safety. Se	ee <b>section</b>	509(a)(4)		_	-	•
11 🗔			arated exclusively for th	e benefit of	, to perfor	m the tun	ctions ot, (	or to carry	out the pu	irposes of	one or
	more publicly:	supported organiza	tions described in section	on 509(a)(1)	or section	n 509(a)(2)	. See <b>sec</b> '	tion 509(a)	( <b>3).</b> Checi	k the box i	tnat
	describes the	type of supporting	organization and comple	ete lines 11e	e through	11h.				ype III - O	
		L	Type II	- L Type	III - Funct	ionally inte	egrated	.,			
е 🗔	بر در خا	nis box, I certify tha	t the organization is not	controlled o	directly or	indirectly	by one or	more aisq	aumed be	-tion EOO	PI LITALI
	foundation ma	nagers and other t	han one or more publicly	/ supported	organiza	tions desc	ribea in se	eoc nonos	a)(1) or se	CHOIL 209	(a)(z).
f	If the organiza	tion received a writ	ten determination from t	he IRS that	itisa Typ	be I, Type	n, or rype	111			_
		anization check th	nis hax								
g	Since August	17, 2006, has the c	organization accepted ar	ny gift or co	ntribution	from any	of the folic	wing perso	) balavu		Yes No
_	(i) A nerson	who directly or ind	iirectly controls, either al	one or toge	ther with	persons a	escribea i				100
	the gove	rning body of the s	upported organization?					i till arra til	, Dolow,	11n(i)	
	(ii) A family	member of a persor		•••••						11g(i)	
	(iii) A 35% c		n described in (i) above?							11g(ii)	1 1
		ontrolled entity of a	n described in (i) above? Lperson described in (i) (	or (ii) above	? ?						1 1
ħ	Provide the to	ontrolled entity of a	n described in (i) above?	or (ii) above	? ?					11g(ii)	1 1
ħ	Provide the fo	ontrolled entity of a	n described in (i) above? I person described in (i) I I about the supported or	or (ii) above ganization(s	?					11g(ii) 11g(iii)	
		ontrolled entity of a	n described in (i) above? I person described in (i) I I about the supported or (iii) Type of	or (ii) above ganization(s	? s). rganization	(v) Did you	ı notify the			11g(ii) 11g(iii) (vii) An	nount of
(i) Nam	ne of supported	ontrolled entity of a Mowing information	n described in (i) above? a person described in (i) a about the supported or  (iii) Type of organization (described on lines 1-9	or (ii) above ganization(s (iv) Is the or	? s). rganization ted in vour	(v) Did you organizat	ı notify the		the n in col.	11g(ii) 11g(iii) (vii) An	
(i) Nam		ontrolled entity of a Mowing information	n described in (i) above? a person described in (i) a about the supported or  (iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization(s (iv) Is the or in col. (i) Iis governing d	? s). rganization ted in your locument?	(v) Did you organizat (i) of your	ı notify the ion in col. r support?	(vi) ls organizatio	the n in col.	11g(ii) 11g(iii) (vii) An	nount of
(i) Nam	ne of supported	ontrolled entity of a Mowing information	n described in (i) above? a person described in (i) a about the supported or  (iii) Type of organization (described on lines 1-9	or (ii) above ganization(s (iv) Is the or	? s). rganization ted in vour	(v) Did you organizat	ı notify the	(vi) ls organizatio (i) organize U.S.	the n in col. d in the	11g(ii) 11g(iii) (vii) An	nount of
(i) Nam	ne of supported	ontrolled entity of a Mowing information	n described in (i) above? a person described in (i) a about the supported or  (iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization(s (iv) Is the or in col. (i) Iis governing d	? s). rganization ted in your locument?	(v) Did you organizat (i) of your	ı notify the ion in col. r support?	(vi) ls organizatio (i) organize U.S.	the n in col. d in the	11g(ii) 11g(iii) (vii) An	nount of
(i) Nam	ne of supported	ontrolled entity of a Mowing information	n described in (i) above? a person described in (i) a about the supported or  (iii) Type of organization (described on lines 1-9 above or IRC section	or (ii) above ganization(s (iv) Is the or in col. (i) Iis governing d	? s). rganization ted in your locument?	(v) Did you organizat (i) of your	ı notify the ion in col. r support?	(vi) ls organizatio (i) organize U.S.	the n in col. d in the	11g(ii) 11g(iii) (vii) An	nount of
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organization meets the "facts-and-circumstances" test. The organization qualities and or 17b, check this box and see instructions	more, and it the organization meets	iro metanaca" +	≥st The Ordanizatiu	ili dugiilles as a ba	ability cupperior		

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990 EZ) 2009 UNITED STATES CURLING ASSOCIATION Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (f) Total (d) 2008 (e) 2009 (c) 2007 Calendar year (or fiscal year beginning in) (b) 2006 (a) 2005 1 Gifts, grants, contributions, and membership fees received. (Do not 6108226. 1501485. 1351354. 1005590. 991,953. 1257844. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 125,752. 505,765. 94,927. 107,144. 103,160. 74,782. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6613991. 1627237. 1112734. 1446281. 1095113. 1332626. 6 Total. Add lines 1 through 5 ....... 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that 0. exceed the greater of \$5,000 or 1% of the Ο. amount on line 13 for the year 6613991. c Add lines 7a and 7b ..... 8 Public support (Subtract line 7c from line 6.) Section B. Total Support (f) Total (d) 2008 (e) 2009 (c) 2007 (b) 2006 Calendar year (or fiscal year beginning in) (a) 20056613991. 1627237. 1446281 1112734 1095113 1332626. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on 533 18,552. 4,807 securities loans, rents, royalties 6,684 5,314 1,214. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 18,552. 533. 6,684. 4,807. 1,214 5,314. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain 64,076. 12,880. 4,839. 31,121. 10.062. or loss from the sale of capital 5,174. 6696619. 1455927. 1640650. assets (Explain in Part IV.) ..... 1129480. 1131548. 1339014. 13 Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.77% 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 92.36 % 16 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage .28 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .30 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

➤ Attach to Form 990, 990-EZ, or 990-PF.

UNITED STATES CURLING ASSOCIATION

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

36-6066248

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Organization type (check one): Section: Filers of: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009) of of Part III Name of organization Employer identification number UNITED STATES CURLING ASSOCIATION 36-6066248 Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(e) Transfer of gift

(c) Use of gift

(d) Description of how gift is held

(a) No. from

Part I

(b) Purpose of gift

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

UNITED STATES CURLING ASSOCIATION

Employer identification number 36-6066248

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ 1 Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? \_\_\_\_\_\_ Yes In Part XIV, 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, 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 (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		STATES CUR					36-	<u>-6066</u>	248	Page 2
Pa	rt III   Organizations Maintaining C									
3	Using the organization's acquisition, accessi	ion, and other record	ds, chec	ck any of the	following that	at are a s	ignificant use d	of its coll	ection it	ems
	(check all that apply):									
а	Public exhibition	c	a 🗀	Loan or exc	change progr	ams				
b	Scholarly research	e	• 🗔	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how t	hey further t	the organizati	ion's exe	mpt purpose ir	Part XI	J.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma							. П у	es	No
Pai	rt IV Escrow and Custodial Arran	gements. Compl	ete if or	ganization a	nswered "Ye	s" to For	m 990. Part IV.	line 9. o		
	reported an amount on Form 990, Pa		`	•				, -		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	included			
	on Form 990, Part X?							v	es [	No
b	If "Yes," explain the arrangement in Part XIV							'	35 L	140
	Too, oxplain the arrangement in real vivi	and complete the le	,ow.ig	table.				Λn	nount	
С	Beginning balance						do	<u> </u>	IOUTE	
· ·	Additions during the year									
	Distributions during the year									
n_ ,	Ending balance	num 000 Doub V Ena					1f			
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •			. — Y	es l	No
	If "Yes," explain the arrangement in Part XIV.  † V Endowment Funds. Complete in		nuorad	"Veg# to Fe	um 000 Dart	IV C Binson of	0			
1 41	Endowment ands. Complete									
		(a) Current year	(b) F	rior year	(c) Two year	rs dack	(d) Three years I	Dack (e)	Four year	ars back
_	Beginning of year balance									
b	Contributions									<del></del>
С	Net investment earnings, gains, and losses									
	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 of the year	r end balance held a	ıs:							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	ınd administe	red for th	he organization	I		
	by:								Ye	s No
	(i) unrelated organizations							3	a(i)	
	(ii) related organizations								a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Investments - Land, Building				, Part X, line	10.			-	<del></del>
·	Description of investment	(a) Cost or o			or other		ccumulated	(4)	Book va	alue
		basis (investr		, ,	(other)		oreciation	(5,		
12	Land	· · · · · · · · · · · · · · · · · · ·			• •					
	Buildings									
	Leasehold improvements			7	4,099.		6,695.	İ	17	404.
	Equipment				5,794.		49,865.			929.
	Other				<u> </u>		22,000.		-00,	• • •
	. Add lines 1a through 1e. (Column (d) must e		X colum	nn (R) Jine 1	10/cl )		<u> </u>		123	333.
TOTAL	. Add titled te strough te, (Column ju/ Must e	quari onn 330, 1°ait	My COIUI.	$m(\mu_{l}, m_{l})$	(VIV)				<u> </u>	<u> </u>

Schedule D (Form 990) 2009

2. FIN 48 Footnote. In Part XIV, 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.

932053 02-01-10

	rt XI Reconciliation of Change in Net Assets from Form 990				6066248 Page <b>4</b> Fe
1	Total revenue (Form 990, Part VIII, column (A), line 12)			Cilicin	1,646,898.
2	Total expenses (Form 990, Part IX, column (A), line 25)				1,617,731.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				29,167.
4	Net unrealized gains (losses) on investments				27,107.
5	Donated services and use of facilities				
6					
	Investment expenses				20 000
7	Prior period adjustments  Other (Papariha in Port VIII.)			<del>_</del>	-39,800.
8	Other (Describe in Part XIV.)				20 000
9	Total adjustments (net). Add lines 4 through 8				<u>-39,800.</u>
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines rt XII Reconciliation of Revenue per Audited Financial State	3 and 9 ments With	10	Paturn	-10,633.
1			Trovonac per		1,722,359.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		***************************************	<del>                                     </del>	1,122,333.
	Net unrealized gains on investments	2a			
b			75,461	1	
			73,401	<b>-</b>	
C	Recoveries of prior year grants			-	
d	· · · · · · · · · · · · · · · · · · ·		<del></del>	-	77 161
	Add lines 2a through 2d				75,461.
3	Subtract line 2e from line 1			3	1,646,898.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		1	
а	Investment expenses not included on Form 990, Part VIII, line 7b			_	
b	* *************************************			-	
_	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		L P*	5	1,646,898.
	rt XIII Reconciliation of Expenses per Audited Financial Stat				
1	Total expenses and losses per audited financial statements		***************************************	1	1,693,192.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	***************************************		75,461	<u>•</u>	
b	Prior year adjustments	2b		_	
C	Other losses	2c		_	
d	Other (Describe in Part XIV.)	2d		_	
е	Add lines 2a through 2d			2e	75,461.
3	Subtract line 2e from line 1		,	3	1,617,731.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	*************		5	1,617,731.
Pa	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, and 9; Part III, line	art III, lines 1a a	nd 4; Part IV, lines	1b and 2	2b; Part V, line 4; Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also c	omplete this pa	urt to provide any ac	ditional	information.
PAI	RT IV, LINE 2B: THE AMERICAN CURLING FOU	NDATION	AND MUSEUM	4 TRA	ANSFERRED
ALI	OF ITS ASSETS AND LIABILITIES TO THE U	S CURLIN	G ASSOCIA	rion.	. THE
FII	NDS, WHILE IN THE POSSESSION OF THE ASSO	CIATION.	CAN ONLY	BE S	SPENT BY
ANI	O FOR THE AMERICAN CURLING FOUNDATION AND	D MUSEUM			
			······		

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Part

Part II

ž Employer identification number 36-6066248 Open to Public OMB No. 1545-0047 2009 Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (f) Method of cash organization (b) EIN (c) IRC section if applicable cash grant or government or government assistance or government or Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Attach to Form 990. CURLING ASSOCIATION General Information on Grants and Assistance criteria used to award the grants or assistance? STATES 1 (a) Name and address of organization UNITHED

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations

Enter total number of section 501(c)(3) and government organizations

24

Schedule 1 (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 (f) Description of non-cash assistance 36-6066248 N/A (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. O.FMV (d) Amount of non-cash assistance UNITED STATES CURLING ASSOCIATION 75,272. (c) Amount of cash grant 25 (b) Number of recipients (a) Type of grant or assistance STIPENDS & APPEARANCE FEES Schedule I (Form 990) 2009 932102 02-02-10 Part IV Part III

#### SCHEDULE J-2

(Form 990)

#### **Continuation Sheet for Form 990**

OMB,No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See the Instructions for Form 990.

Inspection

Name of the Organization UNITED STATES CURLING ASSOCIATION Employer Identification number 36-6066248

UNITED S	TATES C	UK.	للنا	ИĠ	<u> A</u>	550	<u>JU.</u>	TATION	36-606	6248
Part I Continuation of Officers, D	irectors, Ti	rus	tee	s, K	(ey	En	<u>ıple</u>	oyees, and Highes	t Compensated I	Employees
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Position				Reportable	Reportable	Estimated
	hours	l (c	heck				(vlc	compensation	compensation	amount of
	per	<u> </u>	T	Ţ		1	Ţ,	from	from related	other
	week		1			93		the	organizations	compensation
		ndividual trustee or director			ĺ	Highest compensated employee		organization	(W-2/1099-MISC)	from the
		l e				100		(W-2/1099-MISC)	,	organization
		fee 0	ustee			eusal		,		and related
		Ē	Institutional trustee		Key employee	d III d				organizations
		Ned us	蠹	<sub>55</sub>	emp	est	Je.			
		<u>=</u>	Inst	Officer	Key	ΞĒ	<b>Former</b>			
CHRISSY HAASE					†		1			
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KELLIE KRAKE	2.00	-22			<u> </u>			0 • 1	U •	0.
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DIRECTOR	2.00	X	<u> </u>		<u> </u>	_		0.	0.	0.
SEAN SILVER							}			
DIRECTOR	2.00	X		L				0.	0.	0.
RICK PATZKE										
EXECUTIVE DIRECTOR	40.00			X				72,644.	0.	0.
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

#### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Inspection

Name of the organization

Attach to Form 990.

Employer identification number

De	UNITED STATE	S CURL	ING ASSOC	CIATION	36-	<u>60662</u>	48	
Pa	rt I Types of Property	(-)		· · · · · · · · · · · · · · · · · · ·		<del>-</del>		
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1	Method of		g	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities · Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
<b>1</b> 5	Real estate - Residential							
16	Real estate · Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
<b>2</b> 5	Other (UNIFORMS AND)	X	1	26,013.	FAIR MARKE	T VAL	UE	
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	zation during	the tax year for o	contributions				
	for which the organization completed Form 82	83, Part IV, D	onee Acknowled	gment 29				
						_ Y	es	No
30a	During the year, did the organization receive by	y contributio	n any property re	ported in Part I, lines 1-28 ti	hat it must hold for			
	at least three years from the date of the initial	contribution,	and which is not	required to be used for exe	mpt purposes for			
	the entire holding period?					30a	_	<u>X</u> _
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	quires the review	of any non-standard contri	butions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to sol	icit, process, or sell noncas	h			
	contributions?				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report revenues in c	olumn (c) for	a type of propert	y for which column (a) is ch	ecked,			
	describe in Part II.							
LHA	For Privacy Act and Paperwork Reduction	Act Notice,	see the Instruct	ions for Form 990.	Schedule	M (Form 9	990) :	2009

#### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Employer identification number Name of the organization UNITED STATES CURLING ASSOCIATION 36-6066248 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SUPPORTS TEAM SELECTION, TRAINING, AND TRAVEL FOR VARIOUS NATIONAL AND INTERNATIONAL CHAMPIONSHIPS. SUPPORTS HOST SITES FOR NATIONAL CHAMPIONSHIPS. EXPENSES \$ 25149. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERS OF THE US CURLING ASSOCIATION ARE THOSE REGIONAL CURLING ASSOCIATIONS IN THE UNITED STATES WHO ELECT MEMBERSHIP. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS HAVE THE ABILITY TO ELECT ONE OR MORE MEMBERS OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: MEMBERS ARE PERMITTED UPON A 2/3 VOTE TO AMEND EITHER THE BY-LAWS OR ARTICLES THUS OVER RIDING A BOARD DECISION. THE BY-LAWS ALSO PERMIT THE MEMBERS TO VETO AN EXECUTIVE COMMITTE DECISION TO ELECT A NEW MEMBER TO THE USCA. FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PRESENTED TO THE TREASURER OF THE BOARD FOR APPROVAL PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: ALL EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND SIGN A FORM INDICATING THAT THEY HAVE RECEIVED AND UNDERSTAND THE USCA STATEMENT OF PRINCIPLES ON ETHICAL BEHAVIOR AND CONFLICT OF INTEREST.

#### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Supplemental Information to Form 990

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

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Employer identification number

UNITED STATES CURLING ASSOCIATION 36-6066248 FORM 990, PART VI, SECTION B, LINE 15: FOR WAGES NOT FUNDED WITH USOC GRANTS (GRANT SETS PARAMETERS), THE USCA HAS A HUMAN RESOURCE COMMITTEE RESPONSIBLE FOR DETERMING COMPENSATION OF OFFICERS AND KEY EMPLOYEES. ALL WAGES ARE APPROVED BY THE CHIEF OPERATING OFFICER, TREASURER, OPERATING COMMITTEE AND EXECUTIVE COMMITTEE FOR APPROVAL. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART VI, SECTION C - QUESTION 19 ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE FOR VIEWING BY ANY MEMBER OF THE ASSOCIATION AT THE USCA HEADQUARTERS UPON REQUEST.

# FORM 990 PAGE 10

Current Year Deduction		0	0.	0	0	0	0	0	0	0	0	0		0	0	0.		
Current Sec 179							·					0			0	0		
Accumulated Depreciation		11,716.		9,735.	1,693.	7,150.		952.	14,230.	. 797.	2,139.	48,412.	<del></del>	2,678	2,678.	51,090.		
Basis For Depreciation		17,675.		15,603.	4,742.	14,317.		5,440.	21,643.	7,975.	22,000.	109,395.		24,099.	24,099.	133,494.		
Reduction In Basis				• ,								0		•	0	0		
Bus % Excl					.,												* *** * ****	
Unadjusted Cost Or Basis		17,675.		15,603.	4,742.	14,317.		5,440.	21,643.	7,975.	22,000.	109,395.		24,099.	24,099.	133,494.		
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Date Acquired		VARIESSL	VARIESSL	VARIESSL	VARIESSL	VARIESSL	VARIESSL	VARIESSL	VARIESSE	VARIESSL	VARIESSL			VARIESSL				
Description	MACHINERY & EQUIPMENT	1TIME CLOCKS	ZVIDEO EQUIPMENT	COMPUTER HARDWARE 3AND SOFTWARE	4TELEPHONE SYSTEM	SOFFICE EQUIPMENT	ICE MAKEK S GEQUIPMENT	8BOULEVARD STONES	9SENSOR HANDLES	14SCOREBOARD	15WEBSITE	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM MANAGEMENT AND		SIMPROVEMENTS	NAGEMENT AND	* GRAND TOTAL 990 PAGE 10 DEPR		
Asset No.		₩	_	('')	7	<b>u</b> )		ω	U1	1,	<del>[</del> ]			16.				

928102 06-24-09

(D) - Asset disposed

\*ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction