	990-T		xempt Organization Bus (and proxy tax und	er sec	ction 6033(e))				OMB No. 1545-0687 <b>20 10</b> Open to Public Inspection for
Interna	I Revenue Service	For c	alendar year 2010 or other tax year beginning $$	, 20	10 , and ending	JUN	30,		Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed		Name of organization ( Check box if name c	hanged :	and see instructions	.)		(Emp	oyer identification number loyees' trust, see actions.)
<u>в</u> Ех	empt under section	Print	UNITED STATES CURLING	ASSC	CIATION			3	6-6066248
	501(c)(3)	_ or	Number, street, and room or suite no. If a P.O. box	x, see ins	structions.		-		ated business activity codes nstructions.)
	408(e) 220(e)	Туре	5525 CLEM'S WAY						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	]408A530(a)		City or town, state, and ZIP code						
	529(a)		STEVENS POINT, WI 544	82-8	3841			524	<u>298 541800</u>
			exemption number (See instructions.)	<u> </u>			_		
at e	end of year	<b>G</b> Chec	k organization type 🕨 🔃 🗶 501(c) corporation	n L	501(c) trust		」401(a) ti	rust L	Other trust
	911,044.	L							
			ary unrelated business activity. $ ightharpoonup$ ${f ADVERTI}$						
			poration a subsidiary in an affiliated group or a pare	nt-subsid	diary controlled grou	p?		► Ye	es X No
			tifying number of the parent corporation.					715	244 1100
			SANDY ROBINSON de or Business Income		(A) Income	epnone i	number P (B) Expe		344-1199 (C) Net
Pa			de or Business income	T	(A) Illicollic	-	(D) EXP		(O) NOT
	Gross receipts or sal		c Balance	4.					
-	Less returns and allo			1c 2				***	
2			e A, line 7)rom line 1c	3					
3			ch Schedule D)	4a				· · · · · · · · · · · · · · · · · · ·	
			Part II, line 17) (attach Form 4797)	4b					
C	•		sts	4c					
5			nips and S corporations (attach statement)	5					
6				6					
7			me (Schedule E)	7					
8			and rents from controlled organizations (Sch. F)	8					
9		-	on 501(c)(7), (9), or (17) organization						
v				9					
10			ome (Schedule I)	10					
11			e J)	11	16,42	2.			16,422.
12			ns; attach schedule.)	12					
13			igh 12		16,42				16,422.
Pa	rt II Deduction	ons N	ot Taken Elsewhere (See instructions for	or limita	tions on deduction	ns.)	,		
	(Except for	contrib	utions, deductions must be directly connecte	d with t	he unrelated busi	ness inc	come.)		
14	Compensation of o	fficers, d	irectors, and trustees (Schedule K)						3,034.
15									-
16								I	
17									
18									
19									
20			e instructions for limitation rules.)						
21	Depreciation (aπacr	1 Form 4 Jaimed e	562) n Schedule A and elsewhere on return	.,,	229			22b	
22									
23			monocation plans						
24			empensation plans						-
25 26			chedule I)						
26 27			chedule J)					· · · · · · · · · · · · · · · · · · ·	
28			hedule)						
29			nes 14 through 28						3,034.
30			ncome before net operating loss deduction. Subtra						13,388.
31			n (limited to the amount on line 30)					- 1	993.
32			ncome before specific deduction. Subtract line 31 f						12,395.
33	Specific deduction	(General	ly \$1,000, but see instructions for exceptions.)						1,000.
34			able income. Subtract line 33 from line 32. If line					24	11 395

#### Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

### Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

File a separate application for each return. If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Employer identification number Name of exempt organization print UNITED STATES CURLING ASSOCIATION 36-6066248 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date fo filing your 5525 CLEM'S WAY return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. STEVENS POINT, WI 54482-8841 Enter the Return code for the return that this application is for (file a separate application for each return) Return Application Return **Application** Code Code Is For ls For 01 Form 990-T (corporation) 07 Form 990 08 Form 990-BL 02 Form 1041-A 03 Form 4720 09 Form 990-EZ Form 5227 10 Form 990-PF 11 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 Form 990-T (trust other than above) 06 SANDY ROBINSON - STEVENS POINT, WI 54482 The books are in the care of ► 5525 CLEM'S WAY Telephone No. ► 715-344-1199 FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_\_. If this is for the whole group, check this box | If it is for part of the group, check this box | and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MAY 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or and ending JUN 30, 2011, ► X tax year beginning JUL 1, 2010 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 1,753. nonrefundable credits. See instructions. За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 247. estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, 1,506. by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. Form 8868 (Rev. 1-2011) For Paperwork Reduction Act Notice, see Instructions.

LHA

Part I	II 7	ax Computation									
35	Organ	nizations Taxable as Corpora	tions. See instru	actions for tax o	omputation	•					
	Contr	olled group members (section	is 1561 and 156	3) check here		ee instruction	s and:				
3	Enter	your share of the \$50,000, \$2	.5,000, and \$9,9	25,000 taxable	income bra	ckets (in that o	order):				
	(1)	\$	(2)  \$		(3	3)  \$					
b		organization's share of: (1) A				\$					
		dditional 3% tax (not more tha		•	-			<u> </u>			
r.		ne tax on the amount on line 3							<b>→</b> 35c	1.	709.
36	Trusts	s Taxable at Trust Rates. See	instructions for	tax computation	n. Income t	ax on the amo	unt on line S	34 from:		1	
		Tax rate schedule or		•					▶ 36		
37		tax. See instructions									
38	-	ative minimum tax							I		
		. Add lines 37 and 38 to line 3								1.	709.
Part I		Tax and Payments								•	
		n tax credit (corporations atta	ich Form 1118:	trusts attach Fo	rm 1116)		40a				
		• •									
		al business credit. Attach Fori									
		t for prior year minimum tax (a						*			
		credits. Add lines 40a throug							40e		
41		act line 40e from line 39								1.	709.
42	Other	taxes. Check if from: Fo	rm 4255	Form 8611	Form 86	97 Forn	n 8866	Other (attach schedu	le) 42		
43										1.	709.
		ents: A 2009 overpayment cr									
		estimated tax payments						24	7.		
		eposited with Form 8868						1,50			
		gn organizations: Tax paid or v							<u> </u>		
		up withholding (see instruction									
		t for small employer health ins									
		credits and payments:		orm 2439							
y		Form 4136		hor		Total	▶ 44g				
45		payments. Add lines 44a thro							45	1	753.
46		ated tax penalty (see instruction								7	44.
47		ue. If line 45 is less than the te									0.
48		payment. If line 45 is larger th							48		0.
	-	the amount of line 48 you war				ir otorpaid ,,		Refunded	49		
Part \		Statements Regardii				er Inform	ation (se		,		
L		e during the 2010 calendar ye							account	Ye	s No
	-	urities, or other) in a foreign o									
								po o o. o.g., = 0			Х
2 Durii	ng the t	Accounts. If YES, enter the nar ax year, did the organization receive nstructions for other forms the orga	a distribution from	n, or was it the gra	intor of, or tran	nsferor to, a forei	gn trust?				X
		amount of tax-exempt interest									
		A - Cost of Goods S					I/A			1	
		at beginning of year	1		т -				6	1	
	chases		2		7	t of goods sol					
_		oor	3		7	n line 5. Enter			7		
		section 263A costs	4a		-			with respect to		Ye	s No
		ts (attach schedule)	4b		7		-	d for resale) apply to		· · ·	
_		d lines 1 through 4b	5		· · ·	organization?	a or aoquirat	a for roddio, apply to			X
5 Tota	Un	der penalties of periury. I declare th	at I have examined	I this return, includ	ling accompar	rving schedules	and statement	ts, and to the best of my	knowledge a	and belief, it is true	
Sign	COL	rrect, and complete. Declaration of	oreparer (other than	n taxpayer) İs base	ed on all inform	nation of which p	reparer has an	ny knowledge.			
Here		//////		14/4	1/12	TREAS	TIRER			S discuss this retu er shown below (se	
		Signature of officer		Date	/ -	Title	OKBK			ıs)? X Yes	No
-		Print/Type preparer's name		Preparer's sig	nature	1 ,,	Date	Check	if PT		
		гтинутура ргеранег 5 папне		Treharers sig	Maille M		, /	self- employ			
Paid		DAVID A. GROT	KIN		A 4	MIK	<del>  4/3</del> ,	//2  aeus employ		0024047	'n
Prepa	ıı er	Firm's name ► REILL		ER & BE	MOTINE	LLP		Firm's EIN		9-07474	
Use C	nly		3 N. MA			UITE 3	0.2	TOTAL		<i></i>	
		Firm's address <b>MTT</b> .			•	·	-	Phone no	414	-271-78	0.0

Schedule C - Rent Inc	<u>D_STATI</u> come (Fro	ES_CUR om Real F	roper In ING	ASS ty and	OCTATIO   Personal I	N Propert	y Lease	ed Wi	36−60 th Real Pi	662 rope	<b>ty)</b> (see instructions)	
. Description of property	2. Rest: processor or account or account or account or account or property   1 (in proper											
(1)	Commonweal   Property   See instructions											
(2)												
(3)												
(4)												
	2.	Rent received	or accrue	d								
` ' rent for personal prope	rent for pa	ersonal property exc	ceeds 50% o	entage or if	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)							
(1)												
(2)												
(3)												
(4)												
Total		0.	Total				0.					
•			er <b>&gt;</b>				_	Enter he	re and on page 1		0.	
Schedule E - Unrelate	ed Debt-F	inanced	Incom	<b>e</b> (see i	nstructions)							
-								3. Ded				
1. Description	d property			or allocable to debt-		(a)	Straight line depreciation		(b) Other deductions			
				•						-		
(1)												
(2)												
(3)										_		
(4)										-		
<ol> <li>Amount of average acquisit debt on or allocable to debt-final property (attach schedule)</li> </ol>	nced	of or allocable to debt-financed property						reportable (column			(column 6 x total of columns	
(1)						%	0					
(2)		-				%	,					
(3)						9/						
(4)	···											
· · · · · · · · · · · · · · · · · · ·	<u> </u>	- ···		<del></del>	J		E		7, column (A).	2	Part I, line 7, column (B).	
							<b>-</b>			<u> </u>		
Total dividends-received dedu	ictions include	ed in column	8 <u></u>	10	· 0		10		<u></u>	.▶	<u> </u>	
Schedule F - Interest,	Annuitie	s, Royalt	ies, an					nizati	ons (see in	nstruct	ions)	
				Exemp	t Controlled O	rganizatio	ns					
1. Name of controlled organization		Employer identification			Net unrelated income		of specified	included in the controlling		trolling	connected with income	
(1)												
(2)												
(3)					•							
(4)	nizatione			1		· · · · · · · · · · · · · · · · · · ·					. <del></del>	
7. Taxable Income	8. Net ur		(loss)	<b>9</b> . Tot		ments	in the con	trolling or	ganization's	11. <sub>v</sub>	Deductions directly connected with income in column 10	
(1)								<u> </u>				
(1)												
(2)	<del> </del>	<del></del>			•==							

\_(3) (4) Add columns 5 and 10, Add columns 6 and 11.

Enter here and on page 1, Part I, line 8, column (A). 0. Enter here and on page 1, Part I, line 8, column (B).

Form 990-T (2010)

(see instr	uctions)					<b>3</b> , Dec	luctions			5. Total deductions
1. Descr	iption of income				2. Amount of income	directly	connected schedule)		et-asides i schedule)	and set-asides (col. 3 plus col. 4)
(1)				<u> </u>		-				
(2)										
(3)										
(4)										
					Enter here and on page 1, Part I, line 9, column (A).					Enter here and on page 1, Part I, line 9, column (B).
					0.					0.
Schedule I - Exploited (see instru		tivity Ir	icome,	Other	Than Advertis	ing Inco	me			
Description of exploited activity	unrelated busi income fror	income from		ses nected ction ted come	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from act	s income ivity that nrelated s income	attrib	xpenses utable to lumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)		1	Enter here a		<del></del>		<del></del>			Enter here and
	Enter here and page 1, Part line 10, col. (	t,	page 1, Pa line 10, col	arti,						on page 1, Part II, line 26.
Totals		0.		0.						0.
Schedule J - Advertisi	ng Income	(see inst	ructions)							
Part I Income From I	Periodicals	Report	ted on	a Cons	solidated Basis	•				
1. Name of periodical	adv	Gross ertising come		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compucols. 5 through 7.		rculation come		adership usts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) U.S. CURLING										
(2) NEWS / BROCHURE										
(3) SALES	16	,422.		0	<u>.</u>	53	,302.	52	,288.	
(4)										
	1.0	400		0	16 422	.	202	E 2	,288.	0.
Totals (carry to Part II, line (5))  Part II   Income From I	▶  ⊥0	, 422.	ted on	0 a Sena	. 16,422	each perio	, 302 .	d in Part	<u>,∠00• </u> Il fill in	<u> </u>
columns 2 through				a ocpe	indice Dasis (For	each pend	Julicai liste	Jinrait	11, 1111 111	
1. Name of periodical	adv	Gross ertising come		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compucols. 5 through 7.		rculation come		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)			1							
(4)			ļ			. ]		l		
(5) Totals from Part I	Enter h	, 422. ere and on 1, Part I, 1, col. (A).	Enter he	ere and on 1, Part I, I, col. (B).	•					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	▶ 16	,422.		0						0.
Schedule K - Compens	sation of C	fficers,	Direct	ors, ar	id Trustees (see	instructio				
1. N	ame				2. Title		3. Percer time devot busines	ed to		ensation attributable elated business
(1)				CHIE:	F OPERATIN	ſĠ	_	%		
(2) RICK PATZKE				OFFI			4.	00%		3, <u>034</u> .
(3)								%		
(4)								%		
Total. Enter here and on page 1, P	art II, line 14							▶		3,034.
										Form <b>990-T</b> (2010)

FOOTNOTES

STATEMENT

THE US CURLING ASSOCIATION IS TAKING A NET OPERATING LOSS DEDUCTION ON LINE 31 OF FORM 990-T. THE \$993 DEDUCTION IS THE AMOUNT REMAINING FROM \$4,446 NOL FROM 2007. THE IRS HAS THESE FORMS ON RECORD INDICATING THE ALLOWABLE CARRYFORWARD.

#### Form **2220**

Department of the Treasury Internal Revenue Service

UNITED STATES CURLING ASSOCIATION

# Underpayment of Estimated Tax by Corporations See separate instructions. Attach to the corporation's tax return. FORM 990-T

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the

FORM 990-T

36-6066248

OMB No. 1545-0142 2010

Name

Employer identification number

	corporation. However, the corporation may still use Form 23 penalty line of the corporation's income tax return, but <b>do n</b>			enter the amount from p	age 2, line 38 on the estir	mated tax
F	Part I Required Annual Payment					
·	Total tax (see instructions)				1	1,709.
	, , , , , , , , , , , , , , , , , , , ,					
2 a	a Personal holding company tax (Schedule PH (Form 1120), lin	e 26)	included on line 1	2a		
b	b Look-back interest included on line 1 under section 460(b)(2)			:		
	contracts or section 167(g) for depreciation under the income	forec	ast method	2b		
				20		
	c Credit for federal tax paid on fuels (see instructions)					
	d Total. Add lines 2a through 2c				2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do					1,709.
	does not owe the penalty				3	1,703.
4	Enter the tax shown on the corporation's 2009 income tax retuence or the tax year was for less than 12 months, skip this line at				4	
	of the tax year was for less that 12 months, skip this line at	na en	iei ine amount nom me	3 OII DIE 3	······	
_	Required annual payment. Enter the smaller of line 3 or line	4 lft	he cornoration is required	d to skin line 4		
J	enter the amount from line 3				5	1,709.
F	Part II Reasons for Filing - Check the boxes belo				,,	
	even if it does not owe a penalty (see instructions).					
6	The corporation is using the adjusted seasonal installe	ment	method.			
7	The corporation is using the annualized income install					
8	The corporation is a "large corporation" figuring its firs	st requ	uired installment based o	n the prior year's tax.		
F	Part III Figuring the Underpayment					
			(a)	(b)	(c)	<u>(d)</u>
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	10/15/10	12/15/10	03/15/11	06/15/11
10	Required installments. If the box on line 6 and/or line 7					
	above is checked, enter the amounts from Sch A, line 38. If					
	the box on line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes are checked,					
	enter 25% of line 5 above in each column.	10	427.	428.	427.	427.
11	Estimated tax paid or credited for each period (see					
	instructions). For column (a) only, enter the amount					
	from line 11 on line 15	11				247.
	Complete lines 12 through 18 of one column before					
	going to the next column.					
	Enter amount, if any, from line 18 of the preceding column	12				0.45
	Add lines 11 and 12	13		405	٥٦٦	247.
	Add amounts on lines 16 and 17 of the preceding column	14		427.	855.	1,282.
	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16	If the amount on line 15 is zero, subtract line 13 from line			127	055	
	14. Otherwise, enter -0-	16		427.	855.	
17	Underpayment. If line 15 is less than or equal to line 10,					
	subtract line 15 from line 10. Then go to line 12 of the next		427	428.	427.	427.
40	column. Otherwise, go to line 18	17	427.	440.	44/.	441.
18	Overpayment. If line 10 is less than line 15, subtract line 10	1				

from line 15. Then go to line 12 of the next column

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

18

Form 2220 (2010)

Part IV Figuring the Penalty

		(a)	(b)	(c)	(d)
Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see					
instructions). (Form 990-PF and Form 990-T filers; Use 5th					
month instead of 3rd month.)	19				
Number of days from due date of installment on line 9 to the					
date shown on line 19	20				
Number of days on line 20 after 4/15/2010 and before 7/1/2010	21	n = 11			
Underpayment on line 17 x Number of days on line 21 x 4%	22	\$	\$	\$	\$
Number of days on line 20 after 06/30/2010 and before 10/1/2010	23				
Underpayment on line 17 x Number of days on line 23 x 4%	24	\$	S	\$	\$
Number of days on line 20 after 9/30/2010 and before 1/1/2011	25				
Underpayment on line 17 x Number of days on line 25 x 4%	26	\$	\$	\$	\$
Number of days on line 20 after 12/31/2010 and before 4/1/2011	<b>2</b> 7	SEE	ATTACHED I	WORKSHEET	
Underpayment on line 17 x Number of days on line 27 x 3%	28	\$	\$	\$	\$
Number of days on line 20 after 3/31/2011 and before 7/1/2011	29				
Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
Number of days on line 20 after 8/30/2011 and before 10/01/2011	31				
Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
Number of days on line 20 after 9/30/2011 and before 1/1/2012	33		. 18111		
Underpayment on line 17 x Number of days on line 33 x *%	34	<u>s</u>	\$	\$	\$
Number of days on line 20 after 12/31/2011 and before 2/16/2012	35				
Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
Penalty. Add columns (a) through (d) of line 37. Enter the to	tal h	ere and on Form 1120 <sup>,</sup> lin	ie 33:		
or the comparable line for other income tax returns					в \$

<sup>\*</sup> Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2010) JWA

## FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

lame(s)				Identifying Numb	er
UNITED STATE	ES CURLING A	SSOCIATION		36-6066	248
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
		-0-			
10/15/10	427.	427.	61	.000109589	· · ·
12/15/10	428.	855.	16	.000109589	
12/31/10	0.	855.	74	.000082192	
03/15/11	427.	1,282.	16	.000082192	
03/31/11	0.	1,282.	41	.000109589	
05/11/11	-247.	1,035.	35	.000109589	
06/15/11	427.	1,462.	107	.000109589	1
09/30/11	0.	1,462.	46	.000082192	<del></del> .
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					4

<sup>\*</sup> Date of estimated tax payment, withholding credit date or installment due date.