# UNITED STATES CURLING ASSOCIATION

**FORM 990** 

RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

FOR THE TAX YEAR ENDED JUNE 30, 2016

## PUBLIC DISCLOSURE COPY

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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. and ending JUN 30, 2016

	Hevenue		JUN 30, 2016	
A Fo	r the 2	O 15 Calefidat year, or tax year beginning See = 7	D Employer identifica	ation number
B Che	eck if olicable:	C Name of organization		
		GEARES CUIDI TNC ACCOCTATION		
	Address change	UNITED STATES CURLING ASSOCIATION	36-60	66248
	Name change	Doing business as  Room/sui	or Tempo substance of the control of	
	Initial return	Number and street (of P.O. Dox it fillall is not delivered to dissect data on the	715-3	44-1199
	Final return/	5525 CLEM'S WAY	G Gross receipts \$	2,341,076.
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	H(a) Is this a group ret	7
	Amended return	DIEARD LOTHILL ME	for subordinates?	The same of the sa
	Applica- tion	F Name and address of principal officer:VIC HUEBNER	H(b) Are all subordinates inc	
	pending	SAME AS C ABOVE    SAME AS C ABOVE   4947(a)(1) or   501(c)(2)   501(c)(3)   501(c)(4)	27 If "No," attach a l	ist. (see instructions)
1 Ta	ax-exen	npt status: \[ \begin{align*} \begin	H(c) Group exemption	
J W	ebsite	► WWW.USACURL.ORG    Corporation   Trust   Association   Other ►   L Ye	ar of formation: 1958 M	State of legal domicile: WI
K Fo	rm of o	ganization: A corporation   Heat	al of formation. 1990 ivi	Oldin of rogar
Pa	rt I S	Summary	TE THE SPORT (	OF CURLING
Ф	1 B	riefly describe the organization's mission or most significant activities: TO PROMO!	LE THE STORE	00111111
Activities & Governance			ore than 25% of its net as:	sets
J. L	2 C	heck this box  if the organization discontinued its operations or disposed of m	3	21
OVe	3 N	umber of voting members of the governing body (Part VI, line 1a)	4	21
9	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		11
es	5 T	otal number of individuals employed in calendar year 2015 (Part V, line 2a)		6615
viti	6 T	otal number of volunteers (estimate if necessary)		13,796.
cti	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12		-14,728.
4	b N	et unrelated business taxable income from Form 990-T, line 34		Current Year
			Prior Year 1,810,377.	1,952,455.
Ф	8 C	ontributions and grants (Part VIII, line 1h)	252,504.	365,999.
ng	9 P	rogram service revenue (Part VIII, line 2g)	525.	409.
Revenue	10 lr	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	24,364.	21,888.
œ	11 0	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,087,770.	2,340,751.
110000	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	159,175.	165,822.
	13 0	arants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 E	enefits paid to or for members (Part IX, column (A), line 4)	448,249.	501,571.
S	15 8	salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	440,249.	0.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	
cbe	bT	otal fundraising expenses (Part IX, column (D), line 25)  28,441.	1,402,299.	1,608,597.
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,009,723.	2,275,990.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	78,047.	64,761.
	19 F	Revenue less expenses. Subtract line 18 from line 12		End of Year
Net Assets or Fund Balances			Beginning of Current Year 1,615,505.	1,790,140.
sets	20 7	otal assets (Part X, line 16)	1,173,299.	1,283,173.
ABB	21	otal liabilities (Part X, line 26)	442,206.	506,967.
E-R	22 1	Net assets or fund balances. Subtract line 21 from line 20	442,200.	300,307.
D		Signature Block	Louisian and to the best of m	w knowledge and helief it is
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of h	y Knowledge and bollet, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which pre	Darer has any knowledge.	
			Date	
Sig	n	Signature of officer	Duto	
Her	2007-0	VIC HUEBNER, TREASURER		
		Type or print name and title	Date , Check	PTIN
		Print/Type preparer's name Rreparer's signature	1/2 //- If	500040470
Pai	d :	DAVID A. GROTKIN	S//   self-emplo	39-0747409
Pre	parer	Firm's name REILLY, PENNER & BENTON LLP	Firm's EIN	JJ-014140J
Use	Only	Firm's address 1233 NORTH MAYFAIR ROAD, SUITE 302	Dhana na / A	14)271-7800
		MILWAUKEE, WI 53226-3255	Phone no. ( 4	X Yes No
	. 4b - 10	os discuss this return with the preparer shown above? (see instructions)		A Tes INO

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			550003
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	-	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	128900		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	4	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
100	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		х
	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	TID		21
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
4	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
P	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	700046		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
MEST	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		X
40	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		21
19		19		x
	complete Schedule G, Part III	10	200	

1 4	Official of fieddings contained (contained)		Yes	No
	Did the apparientian an arche and as mare begained facilities? If "Yes " complete Schodule H	20a	res	No X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		22
b	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
00	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		X
040	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
248	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
0	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
C	any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		İ	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1-572-6
	of any of these persons? 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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	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 (or a family member thereof) was an officer,			10000
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0200004		
	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	122		37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
35a		35a		Δ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	056		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		X
-	If "Yes," complete Schedule R, Part V, line 2	36		Δ_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Δ.
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X	
	Note. All Form 990 filers are required to complete Schedule O			(2015)

Form 990	(2015)	UNITED	STATES	CURLING	ASSOCIATION
Part V	Statement	s Regarding C	Other IRS F	ilings and Ta	ax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	550-64802234				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	29			
b		1b	0			
С	Did it is the state of the stat		able gaming			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accou	nts (FBAR).			39439
5a				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action'	?	5b		X
	- [19] - [4일 - 4일 - 4일 : [4] - [4]			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu			22		
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					77
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was file Form 2000.		7	70		x
4	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c		
e	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		rt2	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h			[15] [16] [10]	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	A CONTRACTOR OF THE CONTRACTOR			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		••••	9b		
10	Section 501(c)(7) organizations. Enter:	e .	·			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	ř			
	Gross income from members or shareholders	11a			1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	Parameter 1	? i	12a	-	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		}	10-	-	
a	Is the organization licensed to issue qualified health plans in more than one state?			13a	-	
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans	13b			-	
_	Enter the amount of reserves on hand	13c				
	PROPERTY OF A STATE OF			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
					990 (	2015)

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.

	the in this Dort VI			X
_	Check if Schedule O contains a response or note to any line in this Part VI	*******		
sec	tion A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 1a 21		103	140
1a	Enter the number of voting members of the governing body at the one of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Effet the number of voting members included in into 12, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		v
	officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			77
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	-
b		8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		September 1	-
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	_	X
b	a to the Alle Odden and the second by the arganization to ravious this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	tenes		
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	-
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	-
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	NST-SKY		37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		Jona -
Sec	tion C. Disclosure	-		
17	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 (Section 501(c)(3)s only) a	ıvailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website Upon request Other (explain in Schedule O)	102	82 E	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	TOM DOHERTY - 715-344-1199			
	5525 CLEM'S WAY, STEVENS POINT, WI 54482			

26-	60	66248	Page 7
20-	OU	00240	raue .

UNITED STATES CURLING ASSOCIATION

#### Form 990 (2015) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organi (A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	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
(1) GORDON MACLEAN	2.00	x		x				0.	0.	0
(2) VIC HUEBNER PREASURER	2.00	X		x				0.	0.	0
3) ALLISON POTTINGER	2.00	x						0.	0.	0
(4) DOUG POTTINGER	2.00	x						0.	0.	0
(5) JOE POLO DIRECTOR	2.00	X						0.	0.	0
(6) JESSICA SCHULTZ	2.00	X						0.	0.	0
(7) CRAIG BROWN	2.00	x						0.	0.	0
(8) DAVID FLIPPO DIRECTOR	2.00	Х						0.	0.	0
(9) MATT GAMBOA	2.00	x						0.	0.	C
(10) SCOTT STEVINSON DIRECTOR	2.00	x						0.	0.	С
(11) JEFF HANNON DIRECTOR	2.00	X						0.	0.	. c
(12) CYNDEE JOHNSON DIRECTOR	2.00	X						0.	. 0.	
(13) CARL THOMAS DIRECTOR	2.00	X						0.	. 0.	. (
(14) DOUG POTTER DIRECTOR	2.00	X	1	_				0.	. 0.	, (
(15) RICH LEPPING DIRECTOR	2.00	X			-			0	. 0.	, (
(16) HAWLEY MACLEAN DIRECTOR	2.00	X			-		-	0	. 0.	
(17) COURTNEY SCHMIDT DIRECTOR	2.00	X						0	. 0	Form <b>990</b> (20

532007 12-16-15

Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	yees	, an	d Hi	ighe	st (	Compensated Employe	es (continued)			
(A)	(B)							(D)	(E)	١.	(F)	
Name and title	Average hours per		not o	check	more	than			Reportable	1.00	Estimat	
	week	offi	k, unle	ess pe	rson lirecto	is bot or/trus	th an stee)	compensation	compensation from related	6	amount other	
	(list any	ctor						the	organizations	co	mpens	
	hours for	trustee or director				ted		organization	(W-2/1099-MISC)		from th	
	related	stee o	rustee		_	Densa		(W-2/1099-MISC)			ganiza	
	organizations below	al tru	onalt		oloyee	com				315-03	nd rela	
	line)	Individual	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer			Org	ganizat	lions
(10) gpay gramp	2.00	드	=	6	2	王ə	Œ	-		-		
(18) SEAN SILVER DIRECTOR	2.00	X						0.	0.			0.
(19) CHRIS SJUE	2.00											
DIRECTOR	2,00	x						0.	0.			0.
(20) NICK WELLEN	2.00											
DIRECTOR		X						0.	0.			0.
(21) BEAU WELLING	2.00											
DIRECTOR		X						0.	0 .			0.
(22) JENNIFER STANNARD	2.00										1.6	E
DIRECTOR		X					L	0.	0.	_		0.
(23) MARK SWANDBY	2.00							2	-			
DIRECTOR		X	_		_	_	_	0.	0.	-		0.
(24) RICK PATZKE	40.00							105 105	0	1		70
CEO			-	X	_	-	-	105,197.	0.	+		78.
							H			1		
					12							
1b Sub-total			1050755	0.00000	200000	V550C	•	105,197.	0.			78.
c Total from continuation sheets to Pa								0.	0.			0.
d Total (add lines 1b and 1c)								105,197.	0.			78.
2 Total number of individuals (including b								received more than \$100	,000 of reportable	7		
compensation from the organization	<u> </u>										_	1
										_	Yes	No
3 Did the organization list any former offi										1		
line 1a? If "Yes," complete Schedule J										3	-	X
4 For any individual listed on line 1a, is the									the organization	١.		v
and related organizations greater than										4	-	X
5 Did any person listed on line 1a receive										_		x
rendered to the organization? If "Yes," or Section B. Independent Contractors	compiete Scriedui	e J I	Or St	JCH	bers	SOII .				5	1	
Complete this table for your five highes	t compensated in	depe	ende	nt c	ontr	acto	ors t	that received more than	\$100.000 of compens	ation	from	
the organization. Report compensation												
(A)								(B)		(	(C)	
Name and busin	ess address	N	INC	3				Description of s	ervices (	Comp	ensatio	on
											_	
			-	-		_	$\dashv$					
(A						-	+					
2 Total number of independent contracto		ot lir	mite	d to	thos	se lis	stec	d above) who received m	ore than			
\$100,000 of compensation from the org	anization >		_		(	)						

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded Related or Unrelated Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a 1b 576,677. Membership dues 10 c Fundraising events d Related organizations Contributions, Gif and Other Similar 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ..... 1f 1,375,778. 83,305. g Noncash contributions included in lines 1a-1f: \$ 952,455 h Total. Add lines 1a-1f ..... **Business Code** 158,356. 158,356. 711300 2 a ENTRY FEES Program Service 106,664. 106,664. b CHAMPIONSHIP EVENTS 900099 c CLUB INSURANCE PROGRAM 524298 47,424. 47,424. 900099 41,138. 41,138. d EDUCATIONAL PROGRAMS 10,667. 10,667. 541800 e US CURLING NEWS 1,750. 1,750. 900099 f All other program service revenue ..... 365,999. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 409. 409. other similar amounts) Income from investment of tax-exempt bond proceeds 1,379. 1,379. Royalties ..... (ii) Personal 6 a Gross rents b Less: rental expenses ...... c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses ..... c Gain or (loss) d Net gain or (loss) ..... 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses \_\_\_\_\_\_b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 1,733. and allowances \_\_\_\_\_a b Less: cost of goods sold ..... 325. 1,408. 1,408. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 15,195. 15,195. 11 a STONE LOAN PROGRAM 900099 3,500. 900099 3,500. b MISCELLANEOUS 900099 291. 291. c MISCELLANEOUS 115. 115. 900099 d All other revenue 19,101. e Total. Add lines 11a-11d

Total revenue. See instructions.

340,751.

370,476.

13,796.

4,024.

Form 990 (2015)

Sec	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response				X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	4.55 000	4.55 000		
	individuals. See Part IV, line 22	165,822.	165,822.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		8		
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	105 275	72 602	15,791.	15,791.
2	trustees, and key employees	105,275.	73,693.	15,191.	13,791.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	337,797.	262,126.	65,746.	9,925.
7	Other salaries and wages Pension plan accruals and contributions (include	331,131.	202,120.	03,740.	9,943.
8					
•	section 401(k) and 403(b) employer contributions)	23,716.	20,591.	2,366.	759.
9	Other employee benefits	34,783.	26,580.	6,237.	1,966.
10	Payroll taxes	34,703.	20,300.	0,237.	1,500.
11	Fees for services (non-employees):				
	Management	881.		881.	
b		11,600.		11,600.	
	Accounting	11,000.		11,000.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f					
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	20,410.		20,410.	
14	Information technology	/			
15	Royalties				
16	Occupancy	47,717.		47,717.	*
17	Travel	34,372.	32,250.	2,122.	177
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			Variety and the same and the sa	
20	Interest				
21	Payments to affiliates				***************************************
22	Depreciation, depletion, and amortization	24,192.	17,928.	6,264.	
23	Insurance	50,327.	44,908.	5,419.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TT TTT DD00D334	569,599.	569,599.		
h	MEDIA/PUBLIC RELATIONS	411,768.	411,768.		
	WORLD TEAM PREP AND WOR	116,361.	116,361.		
d	US CURLING NEWS	64,944.	64,944.	macron de la constantina della	
e		256,426.	223,551.	32,875.	
25	Total functional expenses. Add lines 1 through 24e	2,275,990.	2,030,121.	217,428.	28,441.
26	Joint costs. Complete this line only if the organization				
ing Co.	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X	Balance Sneet			
	Check if Schedule O contains a response or note to any line in this Part X	(A)	Г	(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	91,072.	1	73,628.
2	Savings and temporary cash investments	400,614.	2	578,380.
3	Pledges and grants receivable, net		3	38,500.
4	Accounts receivable, net	150,707.	4	74,968.
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
υ	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets o 4	Notes and loans receivable, net	696,581.	7	704,889
As 8	Inventories for sale or use	138,722.	8	184,760
9	Prepaid expenses and deferred charges	37,791.	9	29,313
10:	A company of the contract of t			
100.0	basis. Complete Part VI of Schedule D 10a 201,760.	*		
	Less: accumulated depreciation 10b 100,496.	95,861.	10c	101,264.
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	200,490
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	4,157.	15	4,438
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,615,505.	16	1,790,140
17	Accounts payable and accrued expenses	127,182.	17	154,080
18	Grants payable		18	
19	Deferred revenue	187,401.	19	202,221
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
y 22	Loans and other payables to current and former officers, directors, trustees,			
III	key employees, highest compensated employees, and disqualified persons.			
Liabilities 8	Complete Part II of Schedule L		22	
J 23	Secured mortgages and notes payable to unrelated third parties	827,451.	23	895,903.
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	31,265.	25	30,969.
26	Total liabilities. Add lines 17 through 25	1,173,299.	26	1,283,173.
	Organizations that follow SFAS 117 (ASC 958), check here			
8	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	405,101.	27	475,948.
28	Temporarily restricted net assets	37,105.	28	31,019.
29	Permanently restricted net assets		29	
Ē	Organizations that do not follow SFAS 117 (ASC 958), check here			
p	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 22 8 29 30 31 32 32 32 33 34 35 35 36 36 36 36 36 36 36 36 36 36 36 36 36	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	Total net assets or fund balances	442,206.	33	506,967.
34	Total liabilities and net assets/fund balances	1,615,505.	34	1,790,140.

orm	n 990 (2015) UNITED STATES CURLING ASSOCIATION 3	6-6066248	Pa	ge 12
Par	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
				г1
1	Total revenue (must equal Part VIII, Column (A), line 12)	1 2,34		
2	Total expenses (must equal Part IX, column (A), line 25)	2 2,27		
3	Revenue less expenses. Subtract line 2 from line 1			61.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 44	12,2	06.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8		8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	120		<b>6</b> F
	column (B))	0 50	16,9	67.
Pa	art XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
			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.	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	-	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	na		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	-
5276	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate by	asis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis	200		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	udit,	513	
	review, or compilation of its financial statements and selection of an independent accountant?	20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	ule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	e Audit	1	5607
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		Outside -
		For	m 990	(2015)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 36-6066248 UNITED STATES CURLING ASSOCIATION Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 9 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (vi) Amount of (iii) Type of organization (iv) Is the organization (v) Amount of monetary (i) Name of supported (ii) EIN listed in your (described on lines 1-9 other support (see support (see organization governing document? above (see instructions)) instructions) instructions) Yes

Schedule A (Form 990 or 990-EZ) 2015 UNITED STATES CURLING ASSOCIATION 36-6066248 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				T		10 T 1-1
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						1
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						<u>/</u>
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4						
	Gross income from interest,						
0.000	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
1000	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ions)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3)	B -
	organization, check this box and stor	here	**********				
	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2015 (i					14	<u>%</u>
15	Public support percentage from 2014	Schedule A, Part	: II, line 14			15	. %
168	33 1/3% support test - 2015. If the	organization did ne	ot check the box	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			
I	33 1/3% support test - 2014. If the c	organization did ne	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual	ifies as a publicly	supported organi	zation			
178	a 10% -facts-and-circumstances tes	t - 2015. If the org	ganization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check	this box and stop	here. Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		▶□
1	10% -facts-and-circumstances tes	t - 2014. If the org	ganization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	umstances" test, o	check this box and	d stop here. Expla	in in Part VI how th	е
	organization meets the "facts-and-circ	cumstances" test	. The organization	qualifies as a pub	licly supported org	ganization	P
18	Private foundation. If the organization	n did not check a	box on line 13, 1	6a, 16b, 17a, or 17	7b, check this box	and see instruction	ns
					Sch	nedule A (Form 99	0 or 990-EZ) 2015

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

	qualify under the tests listed b	elow, please comp	lete Part II.)					-
_	tion A. Public Support				1,5004.	(-) 004E	(5) Tatal	
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	_
1	Gifts, grants, contributions, and							
	membership fees received. (Do not	NOTE AND ADDRESS OF THE PARTY O			4 544 205	1,842,998.	8.270.4	0.4
	include any "unusual grants.")	1,381,154.	1,529,519.	1,772,428.	1,744,385.	1,842,998.	0,270,4	04.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	169,997.	168,234.	226,597.	224,736.	354,991.	1,144,5	55.
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513			100				
4	Tax revenues levied for the organ-							
	ization'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							
6	Total. Add lines 1 through 5	1.551.151.	1,697,753.	1,999,025.	1,969,121.	2,197,989.	9,415,0	39.
	Amounts included on lines 1, 2, and	1,001,101.	2,001,100.					
16	3 received from disqualified persons							0.
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							0.
	Add lines 7a and 7b							0.
	Public support. (Subtract line 7c from line 6.)						9,415,0	39.
Sec	ction B. Total Support						(O Total	
	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
	Amounts from line 6	1,551,151.	1,697,753.	1,999,025.	1,969,121.	2,197,989.	9,415,0	139.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,892.	2,292.	17,846.	4,756.	1,788.	29,57	4.
b	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975	-4,626.	-4,782.	-4,867.	-13,073.	-14,728.	-42,07	6.
	Add lines 10a and 10b	-1,734.		12,979.	-8,317.	-12,940.	-12,50	2.
	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	77370 State Processor	120		46 155	10 505	C 4 17 0	
	or loss from the sale of capital assets (Explain in Part VI.)	6,028.	5,567.	17,988.	TO BEET BOOKS	18,690.	64,72	The second second
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,555,445.	1,700,830.	2,029,992.		2,203,739.	9,467,2	266.
14	First five years. If the Form 990 is fo							
_	check this box and stop here	is Current D-						
	ction C. Computation of Pub	iic Support Pe	identage	and the second	-	15	99.45	%
15	Public support percentage for 2015 ( Public support percentage from 2014)					16	98.85	%
16	ction D. Computation of Inve					10	50.00	
	Investment income percentage for 2			ne 13 column (fi)		17	.00	%
	- anno escala coma que escala está come escala de decentra en					18	.15	%
18	a 33 1/3% support tests - 2015. If the	organization did r	ot check the box	on line 14, and line	e 15 is more than 3		7 is not	
196	more than 33 1/3%, check this box a	and stop here. The	organization qual	ifies as a publicly	supported organiz	ation	▶[	X
1	33 1/3% support tests - 2014. If the	organization did r	ot check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and	
	line 18 is not more than 33 1/3%, ch	eck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization		
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	<b>&gt;</b> L	
					Sch	edule A (Form 990	or 990-EZ) 2	2015

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	A.	AII	Supporting	<b>Organizations</b>

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
41.		
4b		
4c		
5a		
5b		
5c		
6		
1		
7		
8		
9a		
9b		
9c		
	eg:	
10a		
10b	n-E7)	2015

	dule A (Form 990 or 990-EZ) 2015 UNITED STATES CURLING A			36-6066248 Page 6
Pai	, j , c ( , / , / , / , / , / , / , / , / , / ,			ustiana All
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
Sect	other Type III non-functionally integrated supporting organizations must co ion A - Adjusted Net Income	Implete Se	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		-51/800
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
U	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
-	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y-integrat	ed Type III supporting org	ganization (see

instructions).

Sche	dule A (Form 990 or 990-EZ) 2015 UNITED STATES  † V   Type III Non-Functionally Integrated 509	CURLING ASSOC		36-6066248 Page 7
Secti	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe	empt purposes		
	Amounts paid to perform activity that directly furthers exem			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		11218111	
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsive	)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).	7		
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а		4.		
b				
	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			1

Schedule A (Form 990 or 990-EZ) 2015

nest construction of the second	(Form 990 or 990-EZ) 2015 UNITED STATES CURLING ASSOCIATION	36-6066248 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	Section B. line 1e; Part V,
-		
-		
-		
3 <del></del>		
AA.		
-		
-		
-		
-		

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

	UNITED STATES CURLING ASSOCIATION	36-6066248						
Organization type	(check one):							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization							
Form 990-PF 501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	ization is covered by the <b>General Rule</b> or a <b>Special Rule.</b> n 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.						
	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling from any one contributor. Complete Parts I and II. See instructions for determining a contributor							
Special Rules								
For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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.								
year, total	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
year, contr is checked purpose. D	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
but it must answer	ization that is not covered by the General Rule and/or the Special Rules does not file Schedule E "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

	(c) Use of gift  (c) Use of gift  (c) Use of gift  (c) Use of gift  (d) Use of gift  (e) Transfer of gift  (e) Transfer of gift	Relationship of transferor to transferee  (d) Description of how gift is held  (d) Description of how gift is held  Relationship of transferor to transferee		
feree's name, address, a	(c) Use of gift  (e) Transfer of gift  (c) Use of gift  (c) Use of gift  (e) Transfer of gift	Relationship of transferor to transferee  (d) Description of how gift is held		
rpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held		
rpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held		
	(e) Transfer of gift			
feree's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		
rpose of gift	(c) Use of gift	(d) Description of how gift is held		
feree's name, address, a	(e) Transfer of gift	gift  Relationship of transferor to transferee		
rpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift	Relationship of transferor to transferee		
r	reree's name, address, a	(e) Transfer of gift feree's name, address, and ZIP + 4		

#### SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Schedule D (Form 990) 2015

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Nan	ne of the organization		Employer identification number
	UNITED STATES CURLING		36-6066248
Pa	rt I Organizations Maintaining Donor Advised Fu	inds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	(A) Developed fixed founds	(I.) Friends and albertaneous
141	The Control of Maria Control of the	(a) Donor advised funds	(b) Funds and other accounts
1			
2			
3			
4			
5	Did the organization inform all donors and donor advisors in writing		
	are the organization's property, subject to the organization's exclu		
6	Did the organization inform all grantees, donors, and donor adviso		
	for charitable purposes and not for the benefit of the donor or don		
-	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organiza		art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (ch		
	Preservation of land for public use (e.g., recreation or educate		rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C			
d	Number of conservation easements included in (c) acquired after 8		SCS III CARROW III
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released	I, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation easemer		
5	Does the organization have a written policy regarding the periodic		
	violations, and enforcement of the conservation easements it holds		
6	Staff and volunteer hours devoted to monitoring, inspecting, handl	ing of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling or	f violations, and enforcing conservation	on easements during the year
100	<b>&gt;</b> \$	100 M	
8	Does each conservation easement reported on line 2(d) above satisfied the second secon	등이루는 그 경영 이번도 되었다면 되었다면 하다면 하다면 하는데 하는데 하는데 하는데 하다면 하다니다. 그 모든데 하는데 하다	
20	and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports conservation eas		
	include, if applicable, the text of the footnote to the organization's t	inancial statements that describes th	ne organization's accounting for
Dai	conservation easements. t III Organizations Maintaining Collections of Art,	Historical Traceures or Oth	acy Cimilar Acasta
Га	Complete if the organization answered "Yes" on Form 990, I		ier Similar Assets.
та	If the organization elected, as permitted under SFAS 116 (ASC 958		
	historical treasures, or other similar assets held for public exhibition		ce of public service, provide, in Part XIII,
ŷ.	the text of the footnote to its financial statements that describes the		
b	If the organization elected, as permitted under SFAS 116 (ASC 958		
	treasures, or other similar assets held for public exhibition, education	on, or research in furtherance of publi	ic service, provide the following amounts
	relating to these items:		<b>.</b>
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures	Harrist and the second of the	gain, provide
	the following amounts required to be reported under SFAS 116 (AS		No. 194
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		> \$

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

532051 11-02-15

		STATES CUR				r Othor				Page 2
Pa	rt III Organizations Maintaining C									
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	are a sign	nificant (	use of its	collection	items
	(check all that apply):		. $\Box$							
а	Public exhibition	c			change progra					
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's control of the organization of the organiz							se in Part	XIII.	
5	During the year, did the organization solicit of							_	1	
	to be sold to raise funds rather than to be m								Yes	No
Pa	rt IV Escrow and Custodial Arran		ete if the	organization	on answered "	Yes" on F	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	Company of the Compan								1000
1a	Is the organization an agent, trustee, custod								7	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d	-		
е	Distributions during the year						1e			
f	Ending balance								-	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial accou	unt liability	/?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.									
Pa	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" on Fo	orm 990, Part	IV, line 10				
		(a) Current year	(b) F	rior year	(c) Two years	s back (c	) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses			C+115=						
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1	a. column (a	a)) held as:					
a	Board designated or quasi-endowment		%	,						
	Permanent endowment									
	Temporarily restricted endowment	%								
U	The percentages on lines 2a, 2b, and 2c sho	Once at the court of the Court								
22	Are there endowment funds not in the posse	and the state of t	ation the	at are held a	and administer	ed for the	organiz	ation		
Sa		ssion of the organiz	anon the	at are riola e	and duminiotor	00 101 010	organiz	allon	-	Yes No
	by:								3a(i)	163 110
	(i) unrelated organizations									
	(ii) related organizations									
4	Describe in Part XIII the intended uses of the					•••••			SD	
1-	t VI Land, Buildings, and Equipm		WITHERIL	iuiius.						
I CI	Complete if the organization answere		) Part IV	/ line 11a 9	See Form 990	Part Y lin	ne 10			
-		The same and the s	75	- World Water		15110727 101007	and what is the	4	(d) Rook	value
	Description of property	(a) Cost or o	T23033145		or other		umulate eciation	a	(d) Book	value
-	A second	basis (investr	nerri)	Dasis	(other)	uepit	Joiation	_		
	Land	1								
	Buildings			-	0 005		4 4	40		754
	Leasehold improvements			4.0	8,896.		4,14			754.
d	Equipment			19	2,864.		96,35	04.	96	,510.
	Other			STATE OF THE STATE					404	061
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line i	10c.)				101	,264.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" or	n Form 990, Part IV	, line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" or	n Form 990, Part IV	, line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
(1)	N. S. P. L.		S Nair	
(2)	***************************************			
(3)			4	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" or	n Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.	
(a) De	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				Access to the second
(7)				
(8)			,	
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		<b>&gt;</b>	
Part X Other Liabilities.				
Complete if the organization answered "Yes" or	n Form 990, Part IV		n 990, Part X, line 25	5.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) FUNDS HELD FOR OTHERS		30,969.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	25.)	30,969.		

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

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

2016 AND 2015 WERE \$-0- AND \$-0-, RESPECTIVELY.

532054 09-21-15

Schedule D (Form 990) 2015	UNITED S	STATES	CURLING	ASSOCIATION	36-6066248	Page 5
Schedule D (Form 990) 2015  Part XIII Supplemental Infor	mation (continu	ued)				
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## SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

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

Open to Public

Inspection

OMB No. 1545-0047

records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance?  Sor assistance?  Sor assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any re than \$5,000. Part II can be duplicated if additional space is needed.  (b) EIN (c) IRC section (d) Amount of assistance assistance if applicable cash grant assistance or ass	The amount of the grants or assistance, the grantees eligibility for the grants or assistance, and the selection  onthoring the use of grant funds in the United States.  gainzand must be duplicated if additional space is needed.  (in) Purpose of grant funds in the United States.  If applicable grants assistance assist	Name of the organization  UNITED STAT	KLING	ASSOCIATION	LON				Employer identification number 36-6066248
sto substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance?  **To substantiate the amount of the grant of the grantees' eligibility for the grants or assistance?  **To substance of grant funds in the United States.  **Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 185,000. Part II can be duplicated if additional space is needed.  **To substance of grant funds in the United States.**  **To substance of grant IV, line 21, for any 195,000. Part IV, line 21, for any 295,000. Part II can be duplicated if additional space is needed.  **To substance of grant IV, line 21, for any 295,000. Part IV, line 21, for any 295,000. Part IV, line 21, for any 295,000. Part II can be duplicated if additional space is needed.  **To substance of grant IV, line 21, for any 295,000. Part IV, line 21, for any 295,000. Part II can be duplicated if additional space is needed.  **To substance of grant IV, line 21, for any 295,000. Part IV, line 21, for any 295,000. Part II can be duplicated if additional space is needed.  **To substance of grant IV, line 21, for any 295,000. Part IV, line 21, for any 295,000. Part IV, line 21, for any 295,000. Part II can be duplicated if additional space is needed.  **To substance of grant IV.**  **T	nts or assistance, the grantees' eligibility for the grants or assistance, and the selection runt funds in the United States.  stic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, I ditional space is needed.  (d) Amount of cash grant non-cash assistance assistance assistance assistance assistance (a) Amount of cash grant (b) Amount of cash grant (c) Amount of control and	n Grants and	Assistance						
Indeed use of grant funds in the United States.  Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any \$5,000. Part II can be duplicated if additional space is needed.  (b) EIN (c) IRC section (d) Amount of cash grant assistance assistance cash grant assistance or assistance other)	atic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, I ditional space is needed.  (d) Amount of cash grant non-cash assistance assistance assistance assistance other)  (a) Amount of non-cash assistance other)  (b) Amount of non-cash assistance other)  (cash grant assistance other)  (d) Amount of non-cash assistance other)  (e) Amount of non-cash assistance other)  (f) Method of non-cash assistance other)  (g) Description of non-cash assistance other)  (h) Method of non-cash assistance other)  (g) Amount of non-cash assistance other)  (h) Amount of non-cash assistance other)  (h) Method of non-cash assistance other)  (g) Amount of non-cash assistance other)  (h) Method of non-cash assistance other)  (h) Amount of non-cash assistance other)  (h) Method of non-cash assistance other)	records to su	ubstantiate the amount	it of the grants c	or assistance, the	grantees' eligibility	y for the grants or as	sistance, and the sele	
Observice (a) EIN (c) IRC section if applicable applicable applicable applicable are section assistance (c) IRC section (d) Amount of assistance (e) EMV, appraisal, assistance (e) IRC section (e) Amount of assistance (f) Method of assistance (f) Amount of assistance (f) Method of assistance (f)	stic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, I ditional space is needed.  (d) Amount of cash grant assistance assis	s or assistan	ce? Tures for monitoring the	a use of grant fi	unde in the I luited	Statoe			
(b) EIN (c) IRC section (d) Amount of assistance (e) EW, appraisal, if applicable cash grant assistance (f) Method of valuation (book, if applicable cash grant assistance other)	ditional space is needed.  (d) Amount of cash grant non-cash assistance assistance assistance assistance assistance assistance and the line 1 table assistance assist	tance to Don	nestic Organizations	and Domestic	Governments, C	omplete if the orda	anization answered "	Yes" on Form 990, Pa	rt IV. line 21. for any
(b) EIN (c) IRC section if applicable cash grant assistance if applicable cash grant assistance assistance assistance other)	(d) Amount of assistance cash grant non-cash assistance hortest assistance as	ore than \$5,0	00. Part II can be dupli	licated if additio	nal space is need	led.			
	the line 1 table	nization	(b) EIN (c) IF all	RC section tpplicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	
	1 the line 1 table								
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		01(c)(3) and ganizations list	government organization to in the line 1 table	ons listed in the	line 1 table				
1(g)(g) and government organizations listed in the line 1 table		t Notice, se	e the Instructions for	Form 990.					Schedule I (Form 990) (2018

Schedule I (Form 990) (2015) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. O.FMV (d) Amount of non-cash assistance 165,822. (c) Amount of cash grant 33 (b) Number of recipients (a) Type of grant or assistance STIPENDS & APPEARANCE FEES 532102 10-28-15

Page 2

36-6066248

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

UNITED STATES CURLING ASSOCIATION

Schedule I (Form 990) (2015)

Part III

### 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.

Attach to Form 990.

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

Employer identification number

OMB No. 1545-0047

2015

Open To Public Inspection

Name of the organization

UNITED STATES CURLING ASSOCIATION

36-6066248

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			ts
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							10-11
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							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory				0.			-
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts					200000		
25	Other ( <u>UNIFORMS AND</u> )	X	1	70,496.	FAIR MARKET	VA	LUE	_
26	Other ()				11-11-			
27	Other ()							
28	Other ()							-
29	Number of Forms 8283 received by the organic							
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29				44.5
	THE R AND - 475175 NO 1866 - 61 TO	58746 00			TO AND DESCRIPTION		Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the date					2.2		77
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							37
31	Does the organization have a gift acceptance				itions?	31		X
32a	Does the organization hire or use third parties		7	- 100 miles				37
	contributions?					32a	-	X
	If "Yes," describe in Part II.	V						
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is ch	ескеа,	. 1		

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

Schedule M (Form 990) (2015)

Schedule M	(Form 990) (2015)	UNITED	STATES	CURLING	ASSOCIATION NO.	ON	36-6066248	Page 2
Part II	Supplementa	I Information to I, column (b),	n. Provide the	ne information red	uired by Part I. line	s 30b, 32b, and 33	, and whether the organiza bination of both. Also com	ation nplete
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	1160		,					
					18			
SCHEDUI (Form 990 o	r 990-EZ)	Comple Fo	te to provide rm 990 or 99	information for r 0-EZ or to provide Attach to Form	esponses to spec le any additional in 990 or 990-EZ.	990 or 990 bific questions on information. s is at www.irs.gov/fi	Open to Inspecti	15 Public on
Name of the	organization		STATES		ASSOCIATIO		Employer identification 36-6066248	n number
FORM 9	90, PART 1	II, LIN	E 4D, (	THER PRO	GRAM SERVI	ICES:		
SUPPOR'	TS TEAM SI	ELECTION	, TRAIL	NING, AND	TRAVEL FO	OR VARIOUS	NATIONAL AND	)
INTERN	ATIONAL CI	HAMPIONS	HIPS.	SUPPORTS	HOST SITE	ES FOR NAT	IONAL	
	ONSHIPS.						0	
EXPENS:	ES \$ 19,78	35. IN	CLUDING	G GRANTS	OF \$ 0.	REVENUE \$	0.	

FORM 990, PART VI, SECTION A, LINE 6:

Name of the organization  UNITED STATES CURLING ASSOCIATION	Employer identification number 36-6066248
STATEMENT AND SIGN A FORM INDICATING THAT THEY HAVE RECEI	VED AND UNDERSTAND
THE USCA STATEMENT OF PRINCIPLES ON ETHICAL BEHAVIOR AND	CONFLICT OF
INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
FOR WAGES NOT FUNDED WITH USOC GRANTS (GRANT SETS PARAMET	TERS), THE USCA HAS
A HUMAN RESOURCE COMMITTEE RESPONSIBLE FOR DETERMING COMP	PENSATION OF
OFFICERS AND KEY EMPLOYEES. ALL WAGES ARE APPROVED BY THE	CHIEF OPERATING
OFFICER, TREASURER, OPERATING COMMITTEE AND EXECUTIVE COM	MITTEE FOR
APPROVAL.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCE	CIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	SS:
CLUB/MEMBERSHIP DEVELOPMENT :	
PROGRAM SERVICE EXPENSES	58,733.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	58,733.
SITE SELECTION :	
PROGRAM SERVICE EXPENSES	34,680.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	34,680.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization UNITED STATES CURLING ASSOCIATION	Employer identification number 36-6066248
COACHING AND COACH DEVELOPMENT :	
PROGRAM SERVICE EXPENSES	31,060.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	31,060.
WCF STONE LOAN PROGRAM :	
PROGRAM SERVICE EXPENSES	18,864.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,864.
TOTAL BAFEMBED	20,002
FIELD OF PLAY:	
PROGRAM SERVICE EXPENSES	16,254.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,254.
CHAMPIONSHIP :	
PROGRAM SERVICE EXPENSES	15,466.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,466.
	26500
WCF :	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	13,344.
FUNDRAISING EXPENSES 532212 09-02-15	0 . Schedule 0 (Form 990 or 990-EZ) (2015)
38	

Schedule O (Form 990 or 990-EZ) (2015)  Name of the organization	Page 2 Employer identification number
UNITED STATES CURLING ASSOCIATION	36-6066248
TOTAL EXPENSES	13,344.
OFFICIATING COMMITTEE :	
PROGRAM SERVICE EXPENSES	12,578.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,578.
EDUCATION PROGRAM DEVELOPMENT :	
PROGRAM SERVICE EXPENSES	12,510.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,510.
PRESIDENT'S EXPENSE :	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	11,848.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,848.
PRESIDENT'S EXPENSE :	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	120
TOTAL EXPENSES	0.004
MISCELLANEOUS :	
PROGRAM SERVICE EXPENSES	
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Schedule O (Form 990 or 990-EZ) (2015)  Name of the organization	Page 2 Employer identification number
UNITED STATES CURLING ASSOCIATION	36-6066248
MANAGEMENT AND GENERAL EXPENSES	6,548.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,548.
VP CHAMPIONSHIP :	
PROGRAM SERVICE EXPENSES	4,319.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,319.
YOUTH CURLING :	
PROGRAM SERVICE EXPENSES	3,797.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,797.
COLLEGE CURLING COMMITTEE :	
PROGRAM SERVICE EXPENSES	3,264.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	
ATHLETE ADVISORY COUNCIL :	
PROGRAM SERVICE EXPENSES	1,659.
MANAGEMENT AND GENERAL EXPENSES	0.

FUNDRAISING EXPENSES

TOTAL EXPENSES

0.

1,659.

Schedule O (Form 990 or 990-EZ) (2015)  Name of the organization	Page 2  Employer identification number
UNITED STATES CURLING	
DUES & SUBSCRIPTIONS :	
PROGRAM SERVICE EXPENSES	1,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,000.
EMPLOYEE DEVELOPMENT :	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	750.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	750.
5 <del>-2</del>	
PROPERTY TAXES :	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	385.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	385.
EMPLOYEE RECRUITMENT :	
PROGRAM SERVICE EXPENSES	260.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	260.
ACF&M COMMITTEE :	
PROGRAM SERVICE EXPENSES	13.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
532212 09-02-15	Schedule 0 (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization UNITED STATES CURLING ASSOCIATION	Employer identification number 36-6066248
TOTAL EXPENSES	13.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 256,426.
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.	
	*
	9)
	- Acceptance