TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2018

Prepared for	United States Curling Association 5525 Clem's Way Stevens Point, WI 54482
Prepared by	CliftonLarsonAllen LLP 3125 John Joanis Drive Stevens Point, WI 54482
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	May 15, 2019
Special Instructions	The return should be signed and dated.

000 -		EXTENDED TO M						0007
Form 990-T		anization Bus			ax Retur	n	OMB No. 1545	-0687
	For calendar year 2017 or other ta	and proxy tax und) 1 تتتت	er seo				201	7
		ww.irs.gov/Form990T for ir					ZU I	
Department of the Treasury Internal Revenue Service	Do not enter SSN nun	bers on this form as it may	v be mad	le public if your organiza			Open to Public Ins 601(c)(3) Organizat	
A Check box if address changed	Name of organization	(Check box if name c	hanged a	and see instructions.)		(Emplo	yer identification i byees' trust, see ctions.)	number
B Exempt under section	Print UNITED STA	TES CURLING	ASSC	DCIATION		3	6-60662	48
X 501(c)(3)		oom or suite no. If a P.O. bo	x, see ins	structions.			ted business activ structions.)	vity codes
408(e) 220(e)	Type 5525 CLEM							
408A 530(a) 529(a)	STEVENS PC	province, country, and ZIP o DINT , WI 544	82			541	800	
C Book value of all assets at end of year	45. F Group exemption n G Check organization	umber (See instructions.)						
1,565,5	45 • G Check organization	type 🕨 🚺 501(c) cor	ooration	501(c) trust) trust	Othe	er trust
	n's primary unrelated business							
	the corporation a subsidiary in		nt-subsic	liary controlled group?	►	Yes	s X No	
	and identifying number of the particular	irent corporation.		Talanka	ne number 🕨 🕻	71 5	211 110	
	RON ROSSI d Trade or Business	ncome		(A) Income	(B) Expense		<u>544-119</u> (C) Ne	
1 a Gross receipts or sale						.5	(0) 10	
b Less returns and allow		c Balance	10					
	Schedule A, line 7)		2					
3 Gross profit. Subtract			3					
	ne (attach Schedule D)		4a					
	4797, Part II, line 17) (attach F		4b					
	n for trusts		4c					
	artnerships and S corporations		5					
6 Rent income (Schedu	ıle C)		6					
7 Unrelated debt-financ	ed income (Schedule E)		7					
8 Interest, annuities, ro	yalties, and rents from controlle	d organizations (Sch. F) $_{\dots}$	8					
	f a section 501(c)(7), (9), or (17	, - ,				14.0		1.00
	vity income (Schedule I)		10	47,887.		718.		169.
11 Advertising income (S	Schedule J)		11	16,308.	3,0)42.	13,	266.
	structions; attach schedule)		12	64,195.	0 7	760.	55	435.
	3 through 12 Ins Not Taken Elsewh		13		0,	/00.	55,	455.
	contributions, deductions m				income.)			
14 Compensation of off	ficers, directors, and trustees (S	chedule K)				14		
	nance							
						17		
18 Interest (attach sche	dule)					18		
19 Taxes and licenses						19		
	ons (See instructions for limitat				EMENT 1	20		0.
21 Depreciation (attach	Form 4562)					-		
	aimed on Schedule A and elsew					22b		
23 Depletion	arrad companyation plana					23 24		
	erred compensation plans					24		
								723.
27 Excess readership of	osts (Schedule J)					26 27	13,	266.
						28	,	
	axable income before net opera			(); (0)		29 30		989. 446.
	eduction (limited to the amount					31	<u>41</u> ,	446.
32 Unrelated business t	taxable income before specific o	leduction. Subtract line 31 fr	om line :	30		32		0.
	Generally \$1,000, but see line 3					33	1,	000.
	taxable income. Subtract line		-					^
						34	- 000	0.
723701 01-22-18 LHA FO	or Paperwork Reduction Act No	tice, see instructions.	40				Form 990-	I (2017)

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Form **990-1** (2017)

Form 990-T		•••••		ING ASSOCIATI	ON		36-6	506624	48	Page 2
Part I		Tax Computatior	า							
35	Orga	nizations Taxable as Co	rporations. See instru	ctions for tax computation.						
	Contr	rolled group members (s	ections 1561 and 156	3) check here 🕨 🛄 See	e instructions	and:				
a	Enter	your share of the \$50,00	00, \$25,000, and \$9,9	25,000 taxable income brack	ets (in that o	rder):				
	(1)	\$	(2) \$	(3)	\$					
b	Enter	organization's share of:	(1) Additional 5% tax	(not more than \$11,750)	\$					
	(2) A	dditional 3% tax (not mo	ore than \$100,000)		\$					
C	Incor	ne tax on the amount on	line 34					► 35c		0.
				tax computation. Income tax						
		Tax rate schedule or	Schedule D (For	m 1041)				▶ 36		
37										
38										
39	Tax o			ctions						
40	Total	. Add lines 37, 38 and 39	9 to line 35c or 36, wh	ichever applies				40		0.
Part I	V T	Tax and Paymen	ts							
41a	Forei	gn tax credit (corporatior	ns attach Form 1118; 1	rusts attach Form 1116)		41a				
b	Other	credits (see instructions	s)			41b				
C	Gene	ral business credit. Attac	h Form 3800			41c				
d	Credi	t for prior year minimum	tax (attach Form 880	1 or 8827)		41d				
е	Total	credits. Add lines 41a th	hrough 41d					41e		
42	Subtr	act line 41e from line 40						42		0.
43	Other	taxes. Check if from: 🗌	Form 4255	Form 8611 🔲 Form 8697	7 🔲 Form	8866	Other (attach sched	lule) 43		
44	Total	tax. Add lines 42 and 43	3					44		0.
45 a	Paym	nents: A 2016 overpaym								
d	Forei	gn organizations: Tax pai	id or withheld at sourc	e (see instructions)						
е	Back	up withholding (see instr	uctions)							
f	Credi	t for small employer heal	Ith insurance premium	is (Attach Form 8941)		45f				
g	Other	credits and payments:	Fo Fo	rm 2439						
		Form 4136	Ot Ot	her	Total	► 45g				
46	Total	payments. Add lines 45	a through 45g		-			46		
47	Estim	nated tax penalty (see ins	tructions). Check if Fo	rm 2220 is attached 🕨 🗌]			47		
48	Tax o	lue. If line 46 is less than	the total of lines 44 a	nd 47, enter amount owed 🚊				▶ 48		0.
49	Over	payment. If line 46 is larg	ger than the total of lin	es 44 and 47, enter amount	overpaid		. <u>.</u>	▶ 49		0.
		the amount of line 49 ye					Refunded	► 50		
Part V	/ (Statements Rega	arding Certain	Activities and Othe	r Informa	ation (see	instructions)			
51	At an	y time during the 2017 c	alendar year, did the o	rganization have an interest i	in or a signati	ure or other	authority			Yes No
	overa	a financial account (bank	, securities, or other)	in a foreign country? If YES,	the organizat	ion may hav	e to file			
	FinCE	N Form 114, Report of F	oreign Bank and Finar	ncial Accounts. If YES, enter t	the name of t	he foreign c	ountry			
	here	►								X
52	Durin	g the tax year, did the or	ganization receive a di	stribution from, or was it the	grantor of, o	r transferor	to, a foreign trust?	•		X
		S, see instructions for oth	-	-						
53				accrued during the tax year						
0.	Ur	nder penalties of perjury, I dee prect, and complete. Declarat	clare that I have examined tion of preparer (other than	this return, including accompany taxpayer) is based on all information	ing schedules a tion of which pro	nd statements eparer has anv	s, and to the best of m knowledge.	y knowledge	and belief, it is	true,
Sign							Ū	May the	RS discuss this	s return with
Here					TREASU	JRER		_	arer shown belo	
		Signature of officer		Date	litle			instructio	ns)? X Ye	es 🔄 No
		Print/Type preparer's n	ame	Preparer's signature		Date	Check	if [P]	FIN	
Paid							self- emplo			
Prepa	rer	COURTNEY AI		COURTNEY ADEF	R, CPA	05/10/			201278	
Use C		Firm's name ▶ CL					Firm's Ell		41-074	6749
-				JOANIS DRIVE				/ 		
		Firm's address 🕨 S	STEVENS PO	INT, WI 54482	2		Phone no	. (71	5)344-	
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Schedule A - Cost of Goods S	old. Enter	method of inven	tory v	aluation 🕨 N/A					
1 Inventory at beginning of year	1		-	Inventory at end of yea			6		
2 Purchases	2			Cost of goods sold. Su					
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (Fro (see instructions)	om Real	Property and	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty)	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
2.	Rent receiv	ed or accrued							·
(a) From personal property (if the percenta rent for personal property is more than 10% but not more than 50%)	ige of	of rent for p	ersonal	conal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) a	/ conne nd 2(b)	ected with the income (attach schedule)	IN
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2(a) here and on page 1, Part I, line 6, column (A)	and 2(b). En	iter ►			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Debt-F			instru	ctions)					
			2	Gross income from		3. Deductions directly cor to debt-finant			
1. Description of debt-finance	d property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductio (attach schedule)	
(1)									
(2)									
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of c 3(a) and 3(b))	olumns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
·						nter here and on page 1, Part I, line 7, column (A).		Enter here and on par Part I, line 7, column	
Totals						0			0.
Total dividends-received deductions include		. 0					•		0.

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Page 4

0.

Sched	lule F - Interest, Anr	uities, Royalties, a	and Rent	s From C	ontroll	ed Organiz	atio	1S (see ins	struction	ns)	
	,			Controlled C						,	
1.	Name of controlled organization	2. Employer identification number		3. Net unrelated income (loss) (see instructions)		 Total of specified payments made 		5. Part of column 4 that is included in the controlling organization's gross incom		6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
-	mpt Controlled Organizatio	ons									
7	7. Taxable Income 8. Net unrelated income (loss) (see instructions)		9. Total	of specified pay made	ments	10. Part of column 9 that is included in the controlling organization's gross income			 I Deductions directly connected with income in column 10 		
(1)											
(2)											
(3)											
(4)											
						Add colun Enter here and line 8, c		e 1, Part I,		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).	
Totals					►			0.		0.	
Sched	lule G - Investment (see instructi	Income of a Section	on 501(c)((7), (9), or	(17) Oı	rganization)				
	1. Description	n of income		2. Amount of	income	 Deduction directly connection (attach sched) 	cted	4. Set- (attach s	asides chedule)	 Total deductions and set-asides (col. 3 plus col. 4) 	
(1)											
(2)											
(3)							_				
(4)											
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).	

Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

(000	otraotionio)					
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business in 50me	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5 STMT 6	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4) STATEMENT	4 47,887	5,718.	42,169.	272,059.	331,151.	723.
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	▶ 47,887	5,718.				723.
Schedule J - Advert	ising Income (see	instructions)	-			

0

Advertising income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)]
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.
· · · · · ·					•	Form 990-T (2017

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) US CURLING NEWS	14,308.	2,748.	11,560.	72,832.	96	5,164.	11,560.
(2) MEDIA							
(3) GUIDE/DIRECTORY	2,000.	294.	1,706.		21	.,468.	1,706.
(4)							
Totals from Part I	0.	0.					0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) 🕨	16,308.	3,042.					13,266.
Schedule K - Compensatio	n of Officers,	Directors, an	d Trustees (see ir	structions)			
1. Name			2. Title	3. Perce time devot busine	ted to		ensation attributable related business
(1)					%		

(2) % (3) % % (4) Total. Enter here and on page 1, Part II, line 14

0. ►

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FORM 990-T	CONTRIBUTIONS	STATEMENT 1		
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT		
CASH ONLY	N/A	25,000.		
TOTAL TO FORM 990-T, PAGE 1, I	LINE 20	25,000.		

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	2
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT			
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2012 YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016			
TOTAL CARI TOTAL CURI	RYOVER RENT YEAR 10% CONTRIBUTIONS	25,000		
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS ADJUSTED	25,000 0		
EXCESS 10	CONTRIBUTIONS % CONTRIBUTIONS ESS CONTRIBUTIONS	25,000 0 25,000		
ALLOWABLE	CONTRIBUTIONS DEDUCTION			0
TOTAL CON	TRIBUTION DEDUCTION			0

UNITED STATES CURLING ASSOCIATION

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5,718.

FORM 990-T	NET	OPERATING	LOSS DE	DUCTION	ST.	ATEMENT (
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOU APPLI		LOSS REMAINING		AILABLE IS YEAR
06/30/12 06/30/13 06/30/14 06/30/15 06/30/16 06/30/17	4,626. 4,782. 4,867. 13,073. 14,728. 14,374.		0. 0. 0. 0. 0.	4,6 4,7 4,8 13,0 14,7 14,3	82. 67. 73. 28.	4,626. 4,782. 4,867. 13,073. 14,728. 14,374.
NOL CARRYOV	ER AVAILABLE THIS	YEAR		56,4	50.	56,450.
FORM 990-T	SCHEDULE I	- EXPLOITE	D EXEMPT	ACTIVITY I	NCOME ST.	ATEMENT 4
(1) DESCRIPTION OF ACTIVITY	(2) GROSS UBI EX	(3) UBI PENSES	(4) NET INCOME	(5) GROSS INCOME	(6) COL 5 EXPENSES	(7) EXCESS EXEMPT EXI
	HT IN AMERICA TV 6,441. OYALTIES AND COMM 41,446.	5,718.	G 723. 41,446.	272,059.	331,151.	723
COLUMN TOTA	LS 47,887.	5,718.	42,169.	272,059.	331,151.	723
FORM 990-T	SCHEDULE I - PRODUCTION			CONNECTED W NESS INCOME		ATEMENT
DESCRIPTION			ACTIV NUMB		UNT	TOTAL
DIRECT EXPE	NSE	- SUBTOTAL	_	1	5,718.	5,718

TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 3

FORM 990-T SCHEDULE I - EXPENSES NOT WITH PRODUCTION OF UNRELA			STATEMENT	6
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DIRECT EXPENSE - SUBTOTAL -	- 1	331,151.	331,15	51.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN	6		331,15	51.

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