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CLA (CliftonLarsonAllen LLP) 3125 John Joanis Drive Stevens Point WI 54482 715-344-4984 | fax 715-344-8544 CLAconnect.com

United States Curling Association 5525 Clem's Way Stevens Point, WI 54482

Dear Earle:

Enclosed are the original and one copy of the 2017 Exempt Organization returns, as follows...

2017 Form 990

2017 Form 990-T

2017 Wisconsin Form 1952

2017 Wisconsin Form 4T

Carefully review the filing instructions. When mailing is necessary, we recommend that you use certified mail with postmarked receipts for proof of timely filing.

Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. If there is anything on the return you do not understand, we'd be glad to answer your questions.

Copies of each return are provided and should be retained for your files. Based on IRS guidance, we generally recommend that you keep supporting documentation for a minimum of seven years; and that you keep copies of the tax returns, and records that support basis for items in the tax return, indefinitely.

If we have provided you tax advice in connection with the preparation of your U.S. Federal tax return and associated tax planning services, this advice is not intended or written to be used by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer by the Internal Revenue Service, and it cannot be used by any taxpayer for such purpose.

We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If you

have any questions regarding the returns or other services that we can assist you with, please do not hesitate to contact us. Some of our best clients come through referrals from existing clients. If you know of anyone who could benefit from our assistance, we would be pleased to speak to him or her.

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Sincerely,

Courtney Ader, CPA

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

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	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

** PUBLIC DISCLOSURE COPY **

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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 2018 JUL 1, 2017 and ending JUN 30, A For the 2017 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change UNITED STATES CURLING ASSOCIATION Name change 36-6066248 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 5525 CLEM'S WAY 715-344-1199 termin-ated 3,050,792. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return STEVENS POINT, WI 54482 H(a) Is this a group return Applica-F Name and address of principal officer: EARLE CONRAD Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) L 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW. USACURL. ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Association Other > L Year of formation: 1958 M State of legal domicile: WI Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE THE SPORT OF CURLING Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 21 Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>12</u> 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) <u>6500</u> Total number of volunteers (estimate if necessary) 6 64,195. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 1,963,939. 2,400,766. Contributions and grants (Part VIII, line 1h) Revenue 338,277. 483,680. Program service revenue (Part VIII, line 2g) 1,678. 263. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 30,684. 150,976. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,333,163. 3,037,100. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 141,339. 63,600. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 553,566. 587,795. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,633,782. 2,365,650. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,017,045. 2,328,687. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,476. 20,055. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 1,565,545. 1,734,969. Total assets (Part X, line 16) 1,223,526. 832,518. 21 Total liabilities (Part X, line 26) Net/ 511,443. 733,027. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign EARLE CONRAD, TREASURER Here Type or print name and title PTIN Check Print/Type preparer's name Preparer's signature if self-employed COURTNEY ADER, CPA COURTNEY ADER, CPA 05/10/19 P01278271 Paid Firm's name CLIFTONLARSONALLEN LLP 41-0746749 Preparer Firm's EIN ▶

X Yes No

Phone no. (715)344-4984

STEVENS POINT, WI 54482

Firm's address 3125 JOHN JOANIS DRIVE

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

Use Only

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: AS THE NATIONAL GOVERNING BODY FOR THE SPORT OF CURLING IN THE UNITED
	STATES, THE US CURLING ASSOCIATION STRIVES TO GROW THE SPORT AND TO
	WIN MEDALS IN THE WORLD CHAMPIONSHIPS AND OLYMPIC GAMES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,388,550 • including grants of \$ 38,600 •) (Revenue \$ 407,826 •)
4a	(Code:)(Expenses \$ 2,388,550 including grants of \$ 38,600 including grants of \$ 38,600 including grants of \$ 407,826 including grants of \$ 38,600 including grants of \$ 38,600 including grants of \$ 407,826 including grants of \$ 38,600 including grants of \$ 38,600 including grants of \$ 407,826 including grants of \$ 38,600 including gr
	AS WELL AS THE ORGANIZATION'S OTHER PROGRAMS WITH THE ULTIMATE GOAL OF
	WINNING OLYMPIC MEDALS.
	WINTING CHIMITO MEDILED.
4b	(Code:) (Expenses \$ 75,383 • including grants of \$) (Revenue \$)
	THE US CURLING NEWS: PUBLISHES THE ONLY PUBLICATION DEVOTED TO CURLING
	IN THE U.S. EACH CURLING HOUSEHOLD RECEIVES A COPY.
4c	(Code:) (Expenses \$ 112,473. including grants of \$ 25,000.) (Revenue \$ 60,346.)
	GROWTH & DEVELOPMENT: ASSIST MEMBER CLUBS IN MANAGEMENT ACTIVITIES SUCH
	AS ORGANIZATION, FINANCE, AND NEW MEMBER RECRUITING.
	Other program convices (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 2,576,406.
-10	Form 990 (2017

732002 11-28-17

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	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			X
_	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	0		
′	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			
Ū	Schedule D, Part III	8		Х
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?		7.7	
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		21
•••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	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	40-	Х	
L	Schedule D, Parts XI and XII Was the experientian included in consolidated independent sudited financial attacements for the tay year?	12a	Λ	-
D	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	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	ا مد ا		~
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
	complete Schedule G, Part III	פו		_ 44

Form **990** (2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		x
28	•	21		
20	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):	200		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l		v
	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	_		_v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	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			37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

ta Enter the number reported in Box 3 of Form 1096. Enter 0-If not applicable 15 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included in line 1a. Enter -0 -1 not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. filed for the calendary year ending with or within the year covered by this return 1b If at least one is reported on line 2a, did the organization file all required feederal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If If Yas, 1 has 1 filed a form 900 Tro this year? If "No" to file 8b, privation are sugnestion in Schedule 0 3b If Yas, 1 has 1 filed a form 900 Tro this year? If "No" to file 8b, privation are sugnestion in Schedule 0 3c If Yas, 1 has 1 filed a form 900 Tro this year? If "No" to file 8b, privation are sugnestion in Schedule 0 3c If Yas, 1 has 1 filed a form 900 Tro this year? If "No" to file 8b, privation are sugnestion in Schedule 0 3d If Yas, 1 has 1 filed a form 900 Tro this year? If "No" to file 8b, privation are sugnestical accounts (FBAR). 5d If Yas, 1 did the organization that it was or is a party to a prohibited tax shaller transaction? 5d If Yas, 1 did the organization that it was or is a party to a prohibited tax shaller transaction? 5d If Yas, 1 did the organization has entire the committed of the properties of the support of the organization shall we not not tax deductibles of the support of the support of the support of the support of the organization shall we not not the denote of the value of the				Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize writers? 2 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. 5 If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 8 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 8 Did the organization have unrelated business gross income of \$1,000 or more during the year? 9 A All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 8 We the organization are purity to a prohibitot tax sheller transaction at any time during the tax year? 9 Did any taxobe party neitly the organization file are mainted to a prohibitot tax shelter transaction at any time during the tax year? 9 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 9 We see the organization and party to a prohibitot tax shelter transaction at any time during the tax year? 9 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 9 We see the organization and party for a prohibitot tax shelter transaction at any time during the tax year? 9 See instructions or filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 9 We see the organization and party for a prohibitot tax shelter transaction at any time during the tax year? 9 See instructions and the comparization files form 8880 7? 9 See instructions and the search	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_		
distribution winnings to prize winners? a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, part of the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1 and 2 a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a I and any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b If "Yes," enter the name of the foreign country. Such as a bank account, securities account, or other financial accounts (FBAR). 5c I and any taxabic parry notify the organization that it was or is a parry to a prohibited tax shelter transaction? 5c I and any taxabic parry notify the organization that it was or is a parry to a prohibited tax shelter transaction at any time during the tax year? 5c I was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of the companization and the organization and tax deductibles on the achievable contribution and party for goods and services provided to the payor? 5c Did the organization receive a payment in excess of \$75 made partys as a contribution and party for goods and services provided to the payor? 5c Did the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization free and contribution of the value of the goods or services provided? 5c Did	b		<u> </u>		
2a Enter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return. 2	С				
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			. —		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			(00.17

732005 11-28-17

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			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	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
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			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	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			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►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) and 990-T (Section 501(c)(3)s only) are	availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d 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:			
	RON ROSSI - 715-344-1199			
	5525 CLEM'S WAY, STEVENS POINT, WI 54482			

Form **990** (2017)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and Title	(B) Average hours per	box	not c , unle	Pos heck ss pe	more rson	than	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) COURTNEY SCHMIDT	2.00	,,		3,7				0	0	0
CHAIR	2.00	Х		Х		_		0.	0.	0.
(2) CATHARINE PERSINGER VICE CHAIR	2.00	X		x				0.	0.	0.
(3) JEFF ANNIS	2.00	Δ		^				0.	0.	<u></u>
DIRECTOR	2.00	Х						0.	0.	0.
(4) JEFF HANNON	2.00									
DIRECTOR		Х						0.	0.	0.
(5) JOEL LENNEKER	2.00									
DIRECTOR		Х						0.	0.	0.
(6) RICH LEPPING	2.00									
DIRECTOR		Х						0.	0.	0.
(7) STEVEN O'KEEFE	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(8) DOUG POTTER	2.00	١								•
DIRECTOR	0.00	Х						0.	0.	0.
(9) SCOTT STEVINSON	2.00	,,								0
DIRECTOR	2 00	Х						0.	0.	0.
(10) NICK WELLEN	2.00	٠,,							0	0
DIRECTOR	2.00	Х						0.	0.	0.
(11) CRAIG BROWN	2.00	X						0.	0.	0.
DIRECTOR (12) DEAN GEMMELL	2.00	^				-		0.	0.	<u> </u>
DIRECTOR	2.00	X						0.	0.	0.
(13) BILL STOPERA	2.00	^						0.	0.	•
DIRECTOR	2.00	x						0.	0.	0.
(14) JENNIFER STANNARD	2.00								•	
DIRECTOR		x						0.	0.	0.
(15) HAWLEY MACLEAN	2.00									
DIRECTOR		x						0.	0.	0.
(16) BEAU WELLING	2.00									
DIRECTOR		х						0.	0.	0.
(17) RUSS BROWN	2.00									
DIRECTOR		Х						0.	0.	0.
700007 11 00 17										Form 990 (2017)

732007 11-28-17

Form 990 (2017) UNITED ST	TATES CU	JRI	LI	NG	AS	SSC	OC:	IATION	36-606	624	!8 р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A)	(B)			(C				(D)	(E)		(F)	
Name and title	Average	(do		Posi heck			one	Reportable	Reportable		Estimate	ed
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation		amount	of
	week	offic	cer ar	d a d	irecto	r/trus	tee)	from	from related		other	
	(list any	ector						the	organizations	cc	ompensa	ation
	hours for	or director				ted		organization	(W-2/1099-MISC)		from th	e
	related	stee (ruste			eusa		(W-2/1099-MISC)		l l	organizat	
	organizations below	al tru	onal t		loyee	com					and relat	
	line)	Individual trustee	Institutional trustee	Officer	key employee	Highest compensated employee	Former			0	rganizati	ions
-	,	<u>n</u>	lus	#0	Key	E High	휸					
(18) MATT GAMBOA	2.00	 										•
DIRECTOR		Х						0.	0	<u>. </u>		0.
(19) ROGER SMITH	2.00								_			_
DIRECTOR		Х						0.	0	•		0.
(20) JESSICA SCHULTZ	2.00											
DIRECTOR		Х						0.	0			0.
(21) MONICA WALKER	2.00									\top		
DIRECTOR		х						0.	0			0.
(22) RICK PATZKE	40.00									+		
CEO				х				110,401.	0			0.
(23) GORDON MACLEAN	5.00						\vdash	110,101.		╧		••
, ,	3.00			x				0.	0			0.
SECRETARY	2.00			Δ				0.	0	┿		<u> </u>
(24) EARLE CONRAD	2.00			\ _V					۸ ا			^
TREASURER				Х				0.	0	<u>-</u>		0.
1b Sub-total								110,401.	0	•		0.
c Total from continuation sheets to Part VI								0.	0	•		0.
d Total (add lines 1b and 1c)							•	110,401.	0	•		0.
2 Total number of individuals (including but n							າດ r	received more than \$100	0.000 of reportable			
compensation from the organization						-,		···································	.,			1
compensation from the organization											Yes	No
3 Did the organization list any former officer,	director or tru	ıeta	م ادم	w on	nnlo		or	highest compensated a	mnlovee on			
										3	,	х
line 1a? If "Yes," complete Schedule J for s										l 3)	- 25
4 For any individual listed on line 1a, is the su												v
and related organizations greater than \$150										4		X
5 Did any person listed on line 1a receive or a	-				-			-				77
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch _I	pers	son .				. 5	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated ind	depe	ende	ent c	ontr	acto	ors t	that received more than	\$100,000 of compe	nsatio	on from	
the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	ithir	n the organization's tax	year.			
(A)								(B)			(C)	
Name and business	address	NO	INC	3				Description of s	services	Com	pensatio	n
							一					
							\dashv					
							\dashv					
2 Total number of independent contractors (in	•	ot li	mite	d to		_	stec	d above) who received n	nore than			
\$100,000 of compensation from the organiz	zation 🕨				()						
										For	m 990 (2017)

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII			
			·	j	(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function	Unrelated business	from tax under
						revenue	revenue	sections 512 - 514
इ इ	1 a	Federated campaigns	1a					3.2 3.1
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		618,723.				
בֻ ^י ה		Fundraising events						
ifts		Related organizations	·····					
nig,		Government grants (contributi						
Sir		All other contributions, gifts, grant	· -					
nti Per	'	similar amounts not included abov	ا عد ا	782,043.				
를	_			209,863.				
n o		Noncash contributions included in lines Total. Add lines 1a-1f			2,400,766.			
- "	n	Total. Add lines 1a-11		Business Code				
	٥.	CHAMPIONSHIP EV	TNTC	900099	234,937.	234,937.		
je	_	DIMDI DDDG	EN19	711300	129,478.	129,478.		
Ser	b	CLUB INSURANCE	DDOCDAM	524298	52,537.	52,537.		
m Sen	С.	EDUCATIONAL PRO		900099	43,411.	43,411.		
gra	a	CURLING NEWS AD		541800	14,308.	43,411.	14,308.	
Program Service Revenue				541800	9,009.	568.	8,441.	
_		All other program service reve			483,680.	500.	0,441.	
$\overline{}$		Total. Add lines 2a-2f			403,000.			
	3	Investment income (including			326.			326.
		other similar amounts)			320.			320.
	4	Income from investment of tax			87,500.			87,500.
	5	Royalties			07,300.			07,300.
	_		(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	/ a	Gross amount from sales of	(i) Securities	(ii) Other 1,352.				
		assets other than inventory		1,332.				
	D	Less: cost or other basis		0.				
		and sales expenses		1,352.				
		Gain or (loss)			1,352.			1,352.
		Net gain or (loss)		····· •	1,332.			1,332.
ine	8 а	Gross income from fundraising	-					
Ver		including \$	of					
Other Reven		contributions reported on line	,					
her	L	Part IV, line 18						
ŏ∣		Less: direct expenses						
		Net income or (loss) from fund Gross income from gaming ac		>				
	9 а							
	L	Part IV, line 19						
		Less: direct expenses Net income or (loss) from gam		L				
		· · · · · · · · · · · · · · · · · · ·	-	······				
	IU a	Gross sales of inventory, less		16,059.				
	L	and allowances		13,692.				
		Less: cost of goods sold			2,367.			2,367.
ŀ	С	Net income or (loss) from sales			-			2,307.
ł	11 -	Miscellaneous Revenue LICENSING & COM		Business Code 541800	41,446.		41,446.	
		STONE LOAN PROG		900099	7,809.	7,809.	, -	
		MISCELLANEOUS		900099	5,988.	.,003		5,988.
				900099	5,866.			5,866.
		Total. Add lines 11a-11d			61,109.			3,300.
	12	Total revenue. See instructions.			3,037,100.	468,740.	64 195	103,399.
	12	. 5.41 15751145. 500 111511 40110115.		·····	-,,	,,	,	

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete colu	лтп (A).
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	Check if Schedule O contains a responsion include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	25 222	05.000		
	and domestic governments. See Part IV, line 21	25,000.	25,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	38,600.	38,600.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	4.04.000	22 252	4.5.050	04 050
	trustees, and key employees	121,988.	82,952.	17,078.	21,958
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	200 000	24.2 4.5 5	65.50	4.0.04.0
7	Other salaries and wages	389,028.	310,465.	67,723.	10,840
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	25 222	00.000		1 (1)
9	Other employee benefits	35,392.	27,836.	5,913.	1,643 2,147
0	Payroll taxes	41,387.	33,872.	5,368.	2,147
1	Fees for services (non-employees):				
а	Management	105 151		106 161	
b	Legal	106,464.		106,464.	
	Accounting	12,311.		12,311.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	72,073.	72,073.		
2	Advertising and promotion	413,325.	413,325.	22 242	
3	Office expenses	31,343.	1,000.	30,343.	
4	Information technology	8,393.		8,393.	
5	Royalties	-1 -11			
6	Occupancy	51,649.		51,649.	
7	Travel	56,017.	45,905.	10,112.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	25 222	40.005	40.740	
9	Conferences, conventions, and meetings	37,008.	18,295.	18,713.	
0:	Interest	10 110		10 110	
1	Payments to affiliates	12,149.	10 500	12,149.	
2	Depreciation, depletion, and amortization	15,742.	13,768.	1,974.	
3	Insurance	50,354.	44,898.	5,456.	
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.)	000	0.55		
а	ELITE PROGRAM	877,038.	877,038.		
b	WORLD TEAM PREP AND WOR	132,146.	132,146.		
С	COMMITTEES	114,128.	114,128.		
d	CLUB/MEMBERSHIP DEVELOP	87,473.	87,473.		
е	All other expenses	288,037.	237,632.	50,405.	
5	Total functional expenses . Add lines 1 through 24e	3,017,045.	2,576,406.	404,051.	36,588
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2017)

Form 990 (2017)
Part X | Balance Sheet

Part X	X_	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			359,083.	1	28,087
2	2	Savings and temporary cash investments			105,663.	2	317,412
3	3	Pledges and grants receivable, net			62,500.	3	24,127
4		Accounts receivable, net			192,968.	4	149,290
5		Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated en	nployees. Complete			
		Part II of Schedule L				5	
6	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec					
ပ္		employees' beneficiary organizations (see instr). Complete Part II of Sch L				6	
Assets	7	Notes and loans receivable, net			655,332.	7	588,048
₹ 8	3	Inventories for sale or use			224,568.	8	317,773
9		Prepaid expenses and deferred charges			34,691.	9	47,088
10)a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	172,397.			
	b	Less: accumulated depreciation	-	84,341.	95,722.	10c	88,056
11		Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, line				12	
13	3	Investments - program-related. See Part IV, line				13	
14	4	Intangible assets		_		14	
15	5	Other assets. See Part IV, line 11			4,442.	15	5,664
16	6	Total assets. Add lines 1 through 15 (must equal line 34)			1,734,969.	16	1,565,545
17	7	Accounts payable and accrued expenses	133,469.	17	76,390		
18	3	Grants payable				18	
19		Deferred revenue			284,013.	19	35,293
20	0	Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete			375,000.	21	325,000
ဖ္က 22	2	Loans and other payables to current and former	r office	rs, directors, trustees,			
ĕ		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities 52		Complete Part II of Schedule L				22	
⊐ 23	3	Secured mortgages and notes payable to unrela			402,978.	23	368,401
24	4	Unsecured notes and loans payable to unrelate	d third	parties		24	
25	5	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	. Complete Part X of			
		Schedule D			28,066.	25	27,434 832,518
26	6	Total liabilities. Add lines 17 through 25			1,223,526.	26	832,518
		Organizations that follow SFAS 117 (ASC 958	3), ched	k here ▶ X and			
es es		complete lines 27 through 29, and lines 33 ar	nd 34.				
ဋ္ဌ 27	7	Unrestricted net assets			429,178.	27	727,627
<u>ਛ</u> ੱ 28	3	Temporarily restricted net assets			82,265.	28	5,400
둳 29	9					29	
호		Organizations that do not follow SFAS 117 (A	SC 958	3), check here ▶Ш			
ō		and complete lines 30 through 34.					
27 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	0	Capital stock or trust principal, or current funds				30	
န္နီ 31	1	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	
ਰੂ 32	2	Retained earnings, endowment, accumulated in	icome,	or other funds		32	
ž 33	3	Total net assets or fund balances			511,443.	33	733,027
34		Total liabilities and net assets/fund balances			1,734,969.	34	1,565,545

Form **990** (2017)

orm	1 990 (2017) UNITED STATES CURLING ASSOCIATION	36-60	66248	Pag	ge 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,03	7 <u>,1</u>	00.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,01		
3	Revenue less expenses. Subtract line 2 from line 1	3			55.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	511	L,4	43.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	201	L,5	29.
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,				
	column (B))	10	733	3,0	<u> 27.</u>
Pa	rt 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	Ο.			
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	on a			
	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	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	igle Audit			

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2017)

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization UNITED STATES CURLING ASSOCIATION 36-6066248 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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 III, 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 UNITED STATES CURLING ASSOCIATION 36-60662 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.)

Sed	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
_	by each person (other than a						
	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.						
	tion B. Total Support					•	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	, ,	, ,		, ,	, ,	``
	Gross income from interest,						
	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						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ions)		•	12	•
	First five years. If the Form 990 is for	•	,			on 501(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				·
14	Public support percentage for 2017 (I	ine 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2017. If the o					more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			
b	b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th	_					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio		-				
						edule A (Form 990	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,772,428.	1,744,385.	1,842,998.	1,912,405.	2,400,766.	9,672,982.
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	226,597.	224,736.	354,991.	296,407.	496,653.	1,599,384.
3	Gross receipts from activities that	,	·			<u> </u>	· · · · ·
_	are not an unrelated trade or bus-						
	iness under section 513						
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						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1,999,025.	1,969,121.	2,197,989.	2,208,812.	2,897,419.	11,272,366.
	Amounts included on lines 1, 2, and	1,333,023.	1,505,121.	2,137,303.	2,200,012.	2,007,410.	11,272,300.
16	3 received from disqualified persons						0.
r	Amounts included on lines 2 and 3 received						•
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b						11,272,366.
	Public support. (Subtract line 7c from line 6.)						11,272,300.
		(=) 0010	(b) 001 4	(a) 001E	(a) 0010	(a) 0017	(f) Tatal
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total 11,272,366.
	Amounts from line 6	1,999,025.	1,969,121.	2,197,989.	2,208,812.	2,897,419.	11,272,300.
IUa	dividends, payments received on						
	securities loans, rents, royalties,	17,846.	4,756.	1,788.	2,423.	97 926	114,639.
	and income from similar sources	17,040.	4,730.	1,700.	2,423.	07,020.	114,039.
r	Unrelated business taxable income (less section 511 taxes) from businesses						
	'	1 067	12 072	1/ 720			-32,668.
	acquired after June 30, 1975	12,979.	-13,073.	-14,728.	2,423.	87,826.	81,971.
	Add lines 10a and 10b	14,919.	-0,317.	-12,540.	4,443.	07,020.	01,9/1.
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is	۱ ،					
40	regularly carried on	0.					
12	Other income. Do not include gain or loss from the sale of capital	17 000	16 156	10 600	10 604		72 720
	assets (Explain in Part VI.)	17,988.	16,456.	18,690.	19,604.	0.005.045	72,738.
	Total support. (Add lines 9, 10c, 11, and 12.)	2,029,992.	1,977,260.	2,203,739.	2,230,839.	2,985,245.	11,427,075.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						<u></u>
	ction C. Computation of Publ						00 65
	Public support percentage for 2017 (15	98.65 %
	Public support percentage from 2016					16	99.31 %
	ction D. Computation of Inves					-	70
17	Investment income percentage for 20			e 13, column (f))		17	.72 %
18	Investment income percentage from					18	.00 %
19a	33 1/3% support tests - 2017. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	fies as a publicly s	supported organiza	ation	►X
b	33 1/3% support tests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	structions	▶□

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 12a or 12b 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	
		Yes	No
	1		
	2		
	3a		
	3b		
	SD		
	_		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	30		
	6		
	7		
	8		
	U		
	9a		
	9b		
	9с		
	10a		
	iva		
	401		
_	10b		
m 9	90 or 99	90-EZ	2017

Pa	t IV Supporting Organizations (continued)			
	(O)TIMOU)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		i
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	١.		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	S).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	21-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		i .

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instruct					
	other Type III non-functionally integrated supporting organizations must co	mplete 9	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
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					
	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				
Sect	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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	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-functionall	y integra	ated Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2017

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Organia	anizations (continued)	
Secti	on D -	Current Year			
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4		nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which the	he organization is responsive	e	
		de details in Part VI). See instructions.	3		
9		outable amount for 2017 from Section C, line 6			
10		amount divided by line 9 amount			
		annount annual by mile a annual in	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From 2013				
С	From 2014				
d	From	2015			
е	From	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2017 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
		ed to 2017 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
		ining underdistributions for years prior to 2017, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2017. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2018. Add lines 3j			
-	and 4	-			
8		down of line 7:			
		ss from 2013			
		s from 2014			
		s from 2015			
		s from 2016			
		s from 2017			
_	$ \wedge$ \cup \cup \cup	13 11 VIII E J I I			

Schedule A (Form 990 or 990-EZ) 2017

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.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

UNITED STATES CURLING ASSOCIATION

36-6066248

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: Or General	Rule For an organization property) from any	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. In filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	For an organization sections 509(a)(1) any one contributor	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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; line 1. Complete Parts I and II.				
	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.					
	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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\bigs\\$					
but it mu	ust answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to 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) (2017)

UNITED STATES CURLING ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 112,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	- Trumo, addi coo, and En 11	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>1,208,998</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

UNITED STATES CURLING ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$34,933.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$7,975.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, address, and Zir + 4	\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll

UNITED STATES CURLING ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 57,562.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 22,059.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$177,643.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$7,668.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization Employer identification number

UNITED STATES CURLING ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

UNITED STATES CURLING ASSOCIATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
16	UNIFORMS AND OTHER CLOTHING INVENTORY		
		\$\$	01/01/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
17	VITAMINS/SUPPLEMENTS		
		\$\$	01/01/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
18	USED TRAILER		
		\$7,668.	07/01/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	990 990-F7 or 990-PF) /2017)

Name of org	anization			Employer identification number			
UNITED	Exclusively religious charitable etc. cont	ributions to organizations describ	ed in section 501(c)(7), (8), (36-6066248 or (10) that total more than \$1,000 for			
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	columns (a) through (e) and the fo s, charitable, etc., contributions of \$1,00	llowing line entry. For organization or less for the year. (Enter this info, or	ons ce.) > \$			
	Use duplicate copies of Part III if addition		. (
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
		(e) Transfer of					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
	Transferee's name, address, ar	(e) Transfer of		ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
		(e) Transfer of					
	Transferee's name, address, ar	nd ZIP + 4	Kelationship of tr	ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
_	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tr	ansferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITED STATES CURLING ASSOCIATION

Employer identification number 36-6066248

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
_			
Pai			IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
a	Number of conservation easements included in (c) acquired		
_	listed in the National Register		
3	_	eleased, extinguished, or terminated by the org	ganization during the tax
4	year ▶ Number of states where property subject to conservation ea	coment is leasted	
5	Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū		Thanking of violations, and emoloning ochoorv	ation oddomento daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	L)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(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 tre	_	in, provide
	the following amounts required to be reported under SFAS 1		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tı	easures,	or Other	Similar As	sets(continued)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at are a sign	ificant use of	its collection items
	(check all that apply):							
а	Public exhibition	c		Loan or exc	hange progr	ams		
b	Scholarly research	е		Other				
С	c Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organizat	ion's exemp	t purpose in	Part XIII.
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	asures, or oth	er similar as	ssets	
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's c	ollection?			Yes No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	on answered	"Yes" on Fo	orm 990, Part	IV, line 9, or
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contributio	ns or other as	ssets not inc	cluded	
	on Form 990, Part X?							Yes X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:				
								Amount
С	Beginning balance						1c	
d	Additions during the year						1d	
е	Distributions during the year						1e	
f	Ending balance						1f	
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liability	?	X Yes No
b	If "Yes," explain the arrangement in Part XIII.							X
Pai	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" on F	orm 990, Par	t IV, line 10.		
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d)	Three years ba	ack (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a)) held as:			
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for the	organization	
	by:							Yes No
	(i) unrelated organizations							
	(ii) related organizations							
b	If "Yes" on line 3a(ii), are the related organization) 			3b
4	Describe in Part XIII the intended uses of the		owment	funds.				
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answere							
	Description of property	(a) Cost or o basis (investr		٠,	t or other (other)		ımulated ciation	(d) Book value
1a	Land							
	Buildings							
	Leasehold improvements				8,896.		7,617.	1,279.
d	Equipment			16	3,501.	7	6,724.	86,777.
	Other							
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10c.)			88,056.

Schedule D (Form 990) 2017 UNITED ST.	ATES CURLING	G ASSOCIATION	36-6066248 _{Page} :
Part VII Investments - Other Securities.			-
Complete if the organization answered "Y			
(a) Description of security or category (including name of securi	ity) (b) Book valu	e (c) Method of v	aluation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related			
Complete if the organization answered "Y			
(a) Description of investment	(b) Book valu	e (c) Method of v	raluation: Cost or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX Other Assets.	("\" 44 LO E 000	B 17 1 15
Complete if the organization answered "Y	(a) Description	IV, line 11d. See Form 990,	(b) Book value
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			+
(8)			+
(9) Total. (Column (b) must equal Form 990, Part X, col. (B)	2) lino 15)		
Part X Other Liabilities.			/
Complete if the organization answered "Y	'es" on Form 990, Part		n 990, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) FUNDS HELD FOR OTHERS		27,434.	
(3)			
(4)			
(5)			
(6)			
(7)		1	
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. 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) 2017

27,434.

Pai	rt XI Reconciliation of Revenue per Audited Financial St	atements With	Revenue per R	eturr	า.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,106,165.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	59,650.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		9,415.		
е	Add lines 2a through 2d			2e	69,065.
3	Subtract line 2e from line 1			3	3,037,100.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b	4c	0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.	5	3,037,100.		
Pa	rt XII Reconciliation of Expenses per Audited Financial S	Statements With	Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV,				2 22 44 2
1	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements			1	3,086,110.
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	3,086,110.
	Total expenses and losses per audited financial statements		59,650.	1	3,086,110.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1	3,086,110.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	59,650.	1	3,086,110.
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		1	
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	59,650. 9,415.	1 2e	69,065.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	59,650. 9,415.		
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	59,650. 9,415.	2e	69,065.
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	59,650. 9,415.	2e	69,065.
2 a b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	59,650. 9,415.	2e	69,065. 3,017,045.
2 a b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	9,415.	2e	69,065.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

THE ASSOCIATION HAS TWO PASS-THROUGH TEN-YEAR NOTES WITH CURLING CLUBS. THE WORLD CURLING FEDERATION HAS AGREED TO PROVIDE THESE CLUBS INTEREST FREE LOANS TOWARDS THE ACQUISITION AND CONSTRUCTION OF CURLING FACILITIES, AND THESE LOANS RUN THROUGH THE ASSOCIATION. THE ASSOCIATION HAS RECORDED NOTES RECEIVABLE AND OFFSETTING ESCROW LIABILITIES ON THEIR BALANCE SHEET.

PART X, LINE 2:

THE ASSOCIATION HAS IMPLEMENTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. THIS STANDARD DESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT

Part XIII Supplemental Information (continued)
OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN AND ALSO
PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNIZING,
INTEREST, PENALTIES AND DISCLOSURES REQUIRED. MANAGEMENT OF THE
ASSOCIATION EVALUATES THE UNCERTAIN TAX POSITIONS TAKEN REGARDING
UNRELATED BUSINESS INCOME TAXES, IF ANY, AND CONSULTS WITH OUTSIDE COUNSEL
AS DEEMED NECESSARY. THE ASSOCIATION RECOGNIZES INTEREST AND PENALTIES,
IF ANY, RELATED TO UNRECOGNIZED TAX LIABILITIES IN INCOME TAX EXPENSE.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
COGS INCLUDED ON FORM 990, PART VIII LINE 10B 9,415.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
COGS INCLUDED ON FORM 990, PART VIII LINE 10B 9,415.

SCHEDULE I (Form 990)

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

UNITED STATES CURLING ASSOCIATION

Employer identification number 36-6066248

	ONTIED DI	TITED CORE	ING ADDUCTA	11 1 011				30 0000240
Part I	General Information on Grants a	nd Assistance						
1 Do	es the organization maintain records	to substantiate the	e amount of the grants	s or assistance, the	e grantees' eligibilit	ty for the grants or ass	sistance, and the select	on
crit	teria used to award the grants or assi	stance?						X Yes No
2 De	scribe in Part IV the organization's pro							
Part II	Grants and Other Assistance to	Domestic Organi	zations and Domesti	ic Governments.	Complete if the org	anization answered "\	Yes" on Form 990, Part	IV, line 21, for any
	recipient that received more than	\$5,000. Part II can	be duplicated if addit	tional space is nee	ded.			
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	ter total number of section 501(c)(3) a ter total number of other organization		1 table					>

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STIPENDS FOR ATHLETES	6	30,000.	0.		
PRIZES FOR ATHLETES	9	8,600.	0.		
Part IV Supplemental Information. Provide the inform	ation required in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Go to www.irs.gov/Form990 for the latest information.

UNITED STATES CURLING ASSOCIATION

Employer identification number 36-6066248

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu	_	-
		арріісаріє		Form 990, Part VIII, line 1g	Horicasii continot	ation and	unts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory			04 550	2011717171	~	~
20	Drugs and medical supplies	Х		24,552.	COMPARABLE	SALES	<u> </u>
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts	X	1	177 612	COMDADADIE	CATE	
25	Other (UNIFORMS & CL) Other (UTILITY TRAIL)	X	<u> </u>		COMPARABLE COMPARABLE		
26	` 	Λ		7,000.	COMPARABLE	SALES	<u> </u>
27	Other ()						
28 29	Other ()	zation durin	a the tay year for a	ontributions			
29	Number of Forms 8283 received by the organization completed Form 828		-				
	for which the organization completed Form 62	os, Fait IV,	Donee Acknowled	gement 29			es No
302	During the year, did the organization receive by	v contributio	on any property rea	norted in Part I lines 1 throu	ah 28 that it	1	ES 140
oou	must hold for at least three years from the date						
	exempt purposes for the entire holding period		•	·		30a	х
h	If "Yes," describe the arrangement in Part II.	•				000	
31	Does the organization have a gift acceptance	oolicy that r	equires the review	of any nonstandard contribu	ıtions?	31	х
	Does the organization hire or use third parties						
<u>u</u>	contributions?					32a	x
b	If "Yes," describe in Part II.					324	
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	v for which column (a) is che	ecked.		
	describe in Part II.		-71 3. 1 2001	,	,		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

UNITED STATES CURLING ASSOCIATION

Employer identification number 36-6066248

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

THE MEMBERS OF THE US CURLING ASSOCIATION ARE THOSE REGIONAL CURLING ASSOCIATIONS IN THE UNITED STATES WHO ELECT MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS HAVE THE ABILITY TO ELECT ONE OR MORE MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERS ARE PERMITTED UPON A 2/3 VOTE TO AMEND EITHER THE BY-LAWS OR ARTICLES THUS OVER RIDING A BOARD DECISION. THE BY-LAWS ALSO PERMIT THE MEMBERS TO VETO AN EXECUTIVE COMMITTEE DECISION TO ELECT A NEW MEMBER TO THE USCA.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS PRESENTED TO THE TREASURER OF THE BOARD FOR APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND SIGN A FORM INDICATING THAT THEY HAVE RECEIVED AND UNDERSTAND THE USCA STATEMENT OF PRINCIPLES ON ETHICAL BEHAVIOR AND CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

FOR WAGES NOT FUNDED WITH USOC GRANTS (GRANTS SET PARAMETERS), THE USCA HAS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization UNITED STATES CURLING ASSOCIATION	Employer identification number 36-6066248
A HUMAN RESOURCE COMMITTEE RESPONSIBLE FOR DETERMINING CO	MPENSATION OF
OFFICERS AND KEY EMPLOYEES. ALL WAGES ARE APPROVED BY TH	E CHIEF OPERATING
OFFICER, TREASURER, OPERATING COMMITTEE AND EXECUTIVE COM	MITTEE FOR
APPROVAL.	
THE CEO SETS/ADJUSTS OTHER EMPLOYEE SALARIES WITHIN CONTE	XT OF INCREASED
PAYROLL POOL APPROVED THROUGH THE ANNUAL BUDGET PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANC	IAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST AND ON ITS WEBSITE.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION'S PROCESSES HAVE NOT CHANGED FROM PRIOR	YEARS.
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