		_		TENDED TO MA					
Form 990)-T	E	Exempt Orga				ax Return		OMB No. 1545-0687
				nd proxy tax unde					2010
		For cal	lendar year 2018 or other tax yea					<u>,</u> .	2018
Department of t Internal Revenu		►	► Go to www Do not enter SSN numbe •			ns and the latest informate de public if your organiza		C 5	Open to Public Inspection for 01(c)(3) Organizations Only
	ck box if ress changed		Name of organization (Employ (Emplo) instruc	yer identification number byees' trust, see tions.)
B Exempt u	nder section	Print	UNITED STAT	ES CURLING A	ASSC	CIATION		36	5-6066248
X 501(C	:)(3)	10 001/T	Number, street, and room	n or suite no. If a P.O. box	k, see in	structions.	I	Unrelat (See in:	ted business activity code structions.)
408(e))220(e)	Туре	5525 CLEM'S					,	
408A)		City or town, state or pro STEVENS POI	NT, WI 5448		n postal code		5418	300
C Book value of at end of year	of all assets ar		F Group exemption numb	per (See instructions.)					
1	<u>.,941,8</u>	13.	G Check organization typ	e 🕨 [X] 501(c) corp	ooration	501(c) trust	401(a) 1		Other trust
		nganiza	tion's unrelated trades of t	usinesses.	2	Describe	the only (or first) unr		
			/ERTISING .ce at the end of the previou	la contonco, complete Da	rto I on		complete Parts I-V. If		
	then complete I			is semence, complete Pa	its i all	u II, complete a Schedule		i li aue l	I
			oration a subsidiary in an a	affiliated aroun or a naren	nt-subsi	diary controlled group?	▶ [Yes	s X No
			tifying number of the paren		11 30031		····· ► ∟	103	
			RON ROSSI	<u> </u>		Telepho	one number 🕨 7:	15-3	344-1199
Part I	Unrelated	Trac	de or Business Inc	ome		(A) Income	(B) Expenses		(C) Net
1a Gross r	receipts or sale	S							
b Less re	turns and allov	vances		c Balance ►	1c				
			A, line 7)		2				
			rom line 1c		3				
			h Schedule D)		4a				
			art II, line 17) (attach Form		4b				
			sts		4c 5				
	come (Schedul	<u></u>	ship or an S corporation (at		5 6				
	•	, ,	ne (Schedule E)		7				
			nd rents from a controlled of		8				
		,	on 501(c)(7), (9), or (17) of	u	9				
			me (Schedule I)		10				
			e J)		11	17,484.	2,69	94.	14,790.
			s; attach schedule)						
	Combine lines	3 throu	gh <u>12</u>		13	17,484.	2,69	94.	14,790.
Part II			ot Taken Elsewher				:		
			utions, deductions must	-					
			rectors, and trustees (Sche					14	
								15 16	
								17	
			ee instructions)					18	
								19	
20 Charita	able contributio	ons (See	e instructions for limitation	rules) STATEME	INT	2 SEE STAT	EMENT 1	20	0.
			562)						
			n Schedule A and elsewher					22b	
								23	
			mpensation plans					24	
								25	
			chedule I)					26	10 750
			hedule J)					27	13,758.
			iedule)					28	13,758.
			14 through 28				·····	29 30	1,032.
			loss arising in tax years be					31	1,052.
	-	-	ncome. Subtract line 31 fro		-	. ,	F	32	1,032.
			work Reduction Act Notice						Form 990-T (2018

Form 990-1				36-60	66248	Page 2
Part I	I Total Unrelated Business Taxa	ble Income				
33	Total of unrelated business taxable income comput	ted from all unrelated trades or businesses	s (see instructions)		33	13,040.
34	Amounts paid for disallowed fringes				34	
35	Deduction for net operating loss arising in tax year	s beginning before January 1, 2018 (see i	nstructions)	стмт 3	35	13,040.
36	Total of unrelated business taxable income before					
	lines 33 and 34	· ·			36	
37	Specific deduction (Generally \$1,000, but see line 3				37	1,000.
38	Unrelated business taxable income. Subtract line					
	antar the emeller of zero or line OC	~	-		38	Ο.
Part I	Tax Computation					
39	Organizations Taxable as Corporations. Multiply	line 38 by 21% (0.21)		•	39	0.
40	Trusts Taxable at Trust Rates. See instructions for					
	Tax rate schedule or Schedule D (Fo				40	
41	Proxy tax. See instructions				41	
42	Alternative minimum tax (trusts only)				42	
43	Tax on Noncompliant Facility Income. See instru	ctions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, wh	nichever applies			44	0.
Part \					1 11	
	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a			
40 a b	Other credits (see instructions)				-	
C	General business credit. Attach Form 3800		450			
d	Credit for prior year minimum tax (attach Form 88				-	
u e	Total credits. Add lines 45a through 45d				45e	
46	Subtract line 45e from line 44				456	0.
	Subtract line 45e from line 44 Other taxes. Check if from: Form 4255	Earm 9611 Earm 9607 Ear	n 9966 🗍 Otho	r (attach achadula)	40	0.
47						0.
48	Total tax. Add lines 46 and 47 (see instructions)				48	0.
49	2018 net 965 tax liability paid from Form 965-A or				49	
	Payments: A 2017 overpayment credited to 2018				-	
	2018 estimated tax payments				-	
	Tax deposited with Form 8868				-	
	Foreign organizations: Tax paid or withheld at sour				-	
	Backup withholding (see instructions)				-	
	Credit for small employer health insurance premiu		50f		-	
g	Other credits, adjustments, and payments:					
		Other Total			_	
51	Total payments. Add lines 50a through 50g				51	
	Estimated tax penalty (see instructions). Check if F				52	
53	Tax due. If line 51 is less than the total of lines 48,			🟲	53	
54	Overpayment. If line 51 is larger than the total of I	· · · · · ·	1		54	
55	Enter the amount of line 54 you want: Credited to			tefunded 🕨 🕨	55	
Part V						<u> </u>
56	At any time during the 2018 calendar year, did the			-		Yes No
	over a financial account (bank, securities, or other)	• • •				
	FinCEN Form 114, Report of Foreign Bank and Fina	ancial Accounts. If "Yes," enter the name of	f the foreign country	у		
	here					X
57	During the tax year, did the organization receive a		or transferor to, a f	oreign trust?		X
	If "Yes," see instructions for other forms the organi	•				
58	Enter the amount of tax-exempt interest received o					
Sign	Under penalties of perjury, I declare that I have examined correct, and complete. Declaration of preparer (other that				edge and bellet,	, it is true,
Here				r	May the IRS disc	cuss this return with
nere	Signature of officer	Date	URER		he preparer sho	
			T		nstructions)?	X Yes No
	Print/Type preparer's name	Preparer's signature	Date		if PTIN	
Paid				self- employed		000001
Prepa	rer COURTNEY ADER	COURTNEY ADER	02/25/20			278271
Use C	Firm's name ► CLIFTONLARSC			Firm's EIN	▶ 41-	0746749
		ENTER, PO BOX 2886				1 5000
	Firm's address > OSHKOSH, W	11 54903		Phone no.		<u>1-5890</u>
823711 01	09-19	22			Fo	orm 990-T (2018)
		39				

21260225 131839 023-337800-00

^{2018.05050} UNITED STATES CURLING ASS 023-3372

Form 990-T (2018) UNITED STATES CURLING ASSOCIATION

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation 🕨 N/A					
1 Inventory at beginning of year			6 Inventory at end of yea			6		
2 Purchases	2		7 Cost of goods sold. S	ubtract I	ine 6			
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section				Yes	No
b Other costs (attach schedule)	4b		property produced or a	cquired for resale) apply to				
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Personal Property L	.ease	d With Real Prop	erty)		
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
Y rent for personal property is more than Y of rent for			and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ige	3(a) Deductions directly columns 2(a) ar	connected wi nd 2(b) (attach	th the income ir schedule)	I
(1)			· · ·					
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	►		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	►		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	instructions)					
			2. Gross income from		 Deductions directly cont to debt-finance 		allocable	
1. Description of debt-fi	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (b) Other dedu		Other deductior tach schedule)	IS
(1)								
(2)								
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		llocable deduct n 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A).		ere and on pag line 7, column (
Totals			►		0			0.
Totals				I		-		0.
		. •				1	E	<u> </u>

Form **990-T** (2018)

36-6066248

Page 3

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21260225 131839 023-337800-00

Schedule F -	Interest. A	Annuities, F	Rovalties, and	Bents From Controlled	Organizations (see instructions)
Form 990-T (2018) UNITED	STATES	CURLING	ASSOCIATION	36-6066248

			Exempt C	Controlled O	rganizati	ions				
1. Name of controlled organizati	1. Name of controlled organization 2. Employer identification number		3. Net unrelated income (loss) (see instructions) 4. Total of payment		tal of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5	
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations									
7. Taxable Income	8 . Net u (s	nrelated income (loss) see instructions)	9 . Total o	of specified payr made	nents	10. Part of column 9 that is included in the controlling organization's gross income		11. Decwith	luctions directly connected income in column 10	
(1)										
(2)										
(3)										
(4)										
						Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11. ere and on page 1, Part I, iine 8, column (B).
Totals					►			0.		0.
Schedule G - Investme (see instr	nt Incor	ne of a Section	501(c)(7), (9), or (17) Org	ganization				
1. Descr	ription of inco	me		2. Amount of	income	 Deduction directly connect (attach schedu 	cted	4. Set-a (attach se		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(1) (2)										

		-	
Totals	▶ 0		0.
	Enter here and on page Part I, line 9, column (A	1,	Enter here and on page 1, Part I, line 9, column (B).
(4)			
(3)			

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

(see instructions)

(000 11010	/					
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals 🕨	0.	0.				0.
Schedule J - Advertisi	ng Income (see i	instructions)				

Part I Income From Periodicals Reported on a Consolidated Basis

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

Form **990-T** (2018)

Page 4

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36-6066248

 Form 990-T (2018)
 UNITED
 STATES
 CURLING
 ASSOCIATION
 36-60662

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) US CURLING NEWS	14,984.	2,401.	12,583.	72,480.	84,031.	11,551.
(2) MEDIA						
(3) GUIDE/DIRECTORY	2,500.	293.	2,207.		23,143.	2,207.
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	17,484.	2,694.				13,758.
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)						
1. Name			2. Title	3. Percer time devote busines	ed to	ensation attributable related business

	Dusiness	
(1)		%
(2)		%
(3)		%
(4)		%
Total. Enter here and on page 1, Part II, line 14	• 0.	

Form 990-T (2018)

823732 01-09-19

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH ONLY	N/A	13,143.
TOTAL TO FORM 990-T, PAGE 1, L	JINE 20	13,143.

FORM 990-T	CONT	RIBUTIONS SUMMARY		STATEMENT	2
QUALIFIED	CONTRIBUTIONS SUBJEC	T TO 100% LIMIT			
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSE YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017	D CONTRIBUTIONS 20,855			
TOTAL CAR TOTAL CUR	RYOVER RENT YEAR 10% CONTRIB	UTIONS	20,855 13,143		
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS A	DJUSTED	33,998 0	_	
EXCESS 10	% CONTRIBUTIONS 0% CONTRIBUTIONS ESS CONTRIBUTIONS		33,998 0 33,998	_	
ALLOWABLE	CONTRIBUTIONS DEDUCT	ION		_	0
TOTAL CON	TRIBUTION DEDUCTION				0

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12	4,626.	4,626.	0.	0.
06/30/13	4,782.	4,782.	0.	0.
06/30/14	4,867.	4,867.	0.	0.
06/30/15	13,073.	13,073.	0.	0.
06/30/16	14,728.	9,953.	4,775.	4,775.
06/30/17	14,374.	0.	14,374.	14,374.
NOL CARRYOV	YER AVAILABLE THIS	YEAR	19,149.	19,149.

	OFFEDULE M Unrelated Business Taxable Income for Unrelated Trade or Business								ENTITY 1 OMB No. 1545-0687
		2018							
Depart	ment of the Treasury								
	Revenue Service (99)	c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only						
Name	Name of the organization Employer identific								
	UNITED STATES CURLING ASSOCIATION 36-60 Unrelated business activity code (see instructions) 711300 711300 711300 711300 								48
						TRO			
			MISSIO	N2/1	KOTALI.	TEP			[
Par	rt I Unrelated	Trade or Business Income	•		(A) In	icome	(B) Exper	ises	(C) Net
1a	Gross receipts or s	sales							
b	Less returns and allo	owances c	Balance 🕨	1c					
2		d (Schedule A, line 7)		2					
3		ract line 2 from line 1c		3					
4 a		come (attach Schedule D)		4a					
b		rm 4797, Part II, line 17) (attach For		4b					
_ C	Capital loss deduc			4c					
5	()	n a partnership or an S corporation (_					
6		adula ()		5 6					
7		edule C) anced income (Schedule E)		7					
8		, royalties, and rents from a controll		-					
-		edule F)		8					
9		e of a section 501(c)(7), (9), or (17)							
	organization (Sche	edule G)		9					
10		activity income (Schedule I)		10	1	3,342.			13,342.
11	Advertising income (Schedule J) 11								
12		e instructions; attach schedule)		12					10.010
13	I3 Total. Combine lines 3 through 12 I3 I3, 342.								13,342.
	deductions	ns Not Taken Elsewhere (S s must be directly connected	d with the u	Inrela	ted busin	iess income	e.)		or contributions,
14 15	·	officers, directors, and trustees (Sch	,						
16		es tenance							
17									
18		hedule) (see instructions)							
19		s							
20	Charitable contribution	utions (See instructions for limitation	n rules)	STAT	EMENT	4 S	TMT 5	20	1,334.
21		ch Form 4562)							
22	Less depreciation	claimed on Schedule A and elsewh	ere on return			22a		22b	
23	Depletion							23	
24									
25									
26									
27									
28 20									1,334.
29 30	 Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 								12,008.
30 31		operating loss arising in tax years b	-				13		,000.
01		operating loss ansing in tax years o	• •			,		31	
32	,	s taxable income. Subtract line 31 f							12,008.
LHA		Reduction Act Notice, see instruct							le M (Form 990-T) 2018

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Form 990-T (2018) UNLTED						36-60	6624	48 Page 4
Schedule F - Interest, A	Annuitie	s, Royalties, and	d Rents From Co	ntrolle	d Organiza	tions (see ins	structio	ons)
		Exempt Controlled Organizations						
1. Name of controlled organization		2. Employer identification number	3. Net unrelated income (loss) (see instructions)	 Total of specified payments made 		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organiz	zations							
7. Taxable Income	7. Taxable Income 8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10	
(1)								
(2)								
(3)								
(4)								
					Enter here and	nns 5 and 10. on page 1, Part I, column (A).		Add columns 6 and 11. r here and on page 1, Part I, line 8, column (B).
Totals								

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).		•	Enter here and on page 1, Part I, line 9, column (B).
Totals				

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

(see instructions)

	010110/					
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) LICENSING						
(2) ROYALTIES AND						
(3) COMMISSIONS	13,342.	0.	13,342.	0.	0.	
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	13,342.	0.				0.
Schedule J - Advertisir	ng Income (see i	nstructions)				

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Tatala (corruto Dort II, line (E))						
Totals (carry to Part II, line (5)) 🕨						

Form 990-T (2018)

823731 01-09-19

FORM 990-T (M)	CONTRIBUTIONS	STATEMENT 4	
DESCRIPTION/KIND OF PRO	PERTY METHOD USED TO DETERMINE FMV	AMOUNT	
CASH ONLY	11,857.		
TOTAL TO SCHEDULE M, PA	11,857.		
FORM 990-T (M)	CONTRIBUTION LIMITATIONS	STATEMENT 5	
CONTRE	RIBUTIONS SUBJECT OUALIFIED DISASTER	TOTAL	

C	TO THE 10% LIMIT	QUALIFIED DISASTER RELIEF CONTRIBUTIONS	TOTAL CONTRIBUTIONS
TOTAL CONTRIBUTIONS	11,857. 1,334.	0.	11,857.
CURRENT YEAR AMOUNT			1,334.