EXTENDED TO MAY 17, 2021

Form <b>990-T</b>	E	exempt Organization Bus			ax Return	F	OMB No. 1545-0047
		(and proxy tax unde				_	2040
	For ca	lendar year 2019 or other tax year beginning $\boxed{\text{JUL} \ 1}$ ,				<u> </u>	
Department of the Treasury		Go to www.irs.gov/Form990T for in				ŀ	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Do not enter SSN numbers on this form as it may Name of organization ( Check box if name cl			111011 IS & 50 I(C)(3).	<b>D</b> Empl (Emp	oyer identification number loyees' trust, see
		INTER CHARGO CIDI INC.					uctions.)
<b>B</b> Exempt under section $\mathbf{X}$ 501( $\mathbf{C}$ )(3)	Print   or	UNITED STATES CURLING A	36-6066248  E Unrelated business activity code				
<b>X</b> 501( <b>C</b> )( <b>3</b> ) 408(e) 220(e)	Туре	Number, street, and room or suite no. If a P.O. box 5525 CLEM'S WAY	t, see m	ISTRUCTIONS.		(See i	instructions.)
408A 530(a)		City or town, state or province, country, and ZIP or	foreign	n nostal code		1	
529(a)		STEVENS POINT, WI 5448		n postar oddo		541	800
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<b></b>				
2,122,6	71.	G Check organization type ► X 501(c) corp	oration	501(c) trust	401(a)	trust	Other trust
			2	Describe t	the only (or first) un	related	
trade or business here	► <u>AD</u>	VERTISING		If only one,	complete Parts I-V.	If more	than one,
		ace at the end of the previous sentence, complete Pa	rts I an	d II, complete a Schedule	M for each additiona	al trade	or
business, then complete							
		poration a subsidiary in an affiliated group or a paren	ıt-subsi	diary controlled group?	▶ L	Ye	es X No
J The books are in care of		tifying number of the parent corporation.		Talanha	one number $ ightharpoonup 7$	1 5	2// 1100
		de or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale		de di Basilless Modille		(A) Illiconite	(D) Expenses		(O) Net
<b>b</b> Less returns and allow		<b>c</b> Balance ▶	1c				
		A, line 7)	2				
3 Gross profit. Subtract			3				
•		ch Schedule D)	4a				
		Part II, line 17) (attach Form 4797)	4b				
		sts	4c				
		ship or an S corporation (attach statement)	5				
6 Rent income (Schedu			6				
7 Unrelated debt-financ	ed incor	ne (Schedule E)	7				
8 Interest, annuities, roy	/alties, a	nd rents from a controlled organization (Schedule F)	8				
		on 501(c)(7), (9), or (17) organization (Schedule G)	9				
		ome (Schedule I)	10	5 256		10	4 054
		e J)	11	7,376.	2,4	12.	4,964.
		ns; attach schedule)	12	7 276	2.4	1 2	1 061
13 Total. Combine lines		gh 12 <b>bt Taken Elsewhere</b> (See instructions fo	13	7,376.	2,4	⊥∠.	4,964.
		be directly connected with the unrelated busing		,			
		rectors, and trustees (Schedule K)				14	
						15	
						16	
17 Bad debts						17	
		ee instructions)				18	
		ECO)				19	
		562)				21b	
		n Schedule A and elsewhere on return				210	
23 Contributions to defe	erred co	mpensation plans				23	
		mpondation plans				24	
25 Excess exempt expe	nses (So	chedule I)				25	
		hedule J)				26	1,881.
27 Other deductions (at	tach sch	nedule)				27	
28 Total deductions. A	dd lines	14 through 27				28	1,881.
29 Unrelated business t	axable i	ncome before net operating loss deduction. Subtract	line 28	3 from line 13		29	3,083.
		loss arising in tax years beginning on or after Januar					
						30	0.
31 Unrelated business t	axable i	ncome. Subtract line 30 from line 29				31	3,083.

Part	: 111	Total Unrelated Business Taxab	le Income					
32	Total o	unrelated business taxable income computed	from all unrelated trades or busir	nesses (see ir	nstructions)		. 32	15,227.
33	Amoun	ts paid for disallowed fringes					33	
34	Charita	ble contributions (see instructions for limitation	n rules)				34	902.
35		nrelated business taxable income before pre-20					35	14,325.
36	Deduct	on for net operating loss arising in tax years b	eginning before January 1, 2018	(see instructi	ons)		. 36	6,212.
37	Total o	unrelated business taxable income before spe	cific deduction. Subtract line 36 f	rom line 35			. 37	8,113.
38	Specific	deduction (Generally \$1,000, but see line 38 i	nstructions for exceptions)				. 38	1,000.
39	Unrela	ted business taxable income. Subtract line 38	from line 37. If line 38 is greater	than line 37	,			
		e smaller of zero or line 37					39	7,113.
Part		Tax Computation						
40	Organi	rations Taxable as Corporations. Multiply line	39 by 21% (0 <b>.</b> 21)			<b>&gt;</b>	<b>►</b> 40	1,494.
41		Taxable at Trust Rates. See instructions for ta	•					
			1041)				<b>►</b> 41	
42	Proxy t	ax. See instructions					<b>►</b> 42	
43	Alterna	tive minimum tax (trusts only)					43	
44	Tax on	Noncompliant Facility Income. See instruction	ns				44	1 404
45	Total. /	Add lines 42, 43, and 44 to line 40 or 41, which	ever applies				45	1,494.
Part		Tax and Payments						
		tax credit (corporations attach Form 1118; tru			46a		_	
b					46b			
C					46c			
d		or prior year minimum tax (attach Form 8801)					- 40	
e		redits. Add lines 46a through 46d						1,494.
47	Subtrat	et line 46e from line 45 exes. Check if from: Form 4255 —	Form 0011 Form 0007	Form 00/	CC Dothor		47	1,494.
48		<b>IX.</b> Add lines 47 and 48 (see instructions)						1,494.
49 50		et 965 tax liability paid from Form 965-A or For						1,494.
50		nts: A 2018 overpayment credited to 2019			51a		. 30	<u></u>
		stimated tax payments			51a 51b			
		posited with Form 8868			51c			
4	Foreign	organizations: Tax paid or withheld at source	(see instructions)		51d			
					51e			
f		or small employer health insurance premiums			51f			
-		redits, adjustments, and payments:						
9			her	 Total ▶	51g			
52		ayments. Add lines 51a through 51g					52	
53	Estimat	ed tax penalty (see instructions). Check if Forn	n 2220 is attached				53	47.
54		e. If line 52 is less than the total of lines 49, 50				<b>&gt;</b>	54	1,541.
55		yment. If line 52 is larger than the total of line					<b>►</b> 55	
56	Enter th	ne amount of line 55 you want: Credited to 202	0 estimated tax		Re	efunded	<b>56</b>	
Part	: VI	Statements Regarding Certain	Activities and Other In	formatio	<b>n</b> (see instru	ıctions)		
57	At any	ime during the 2019 calendar year, did the org	anization have an interest in or a	signature or	other authority			Yes No
	over a f	inancial account (bank, securities, or other) in	a foreign country? If "Yes," the or	ganization m	ay have to file			
	FinCEN	Form 114, Report of Foreign Bank and Financi	al Accounts. If "Yes," enter the na	me of the for	eign country			
	here	<b>&gt;</b>						X
58	During	the tax year, did the organization receive a dist	ribution from, or was it the grante	or of, or trans	sferor to, a fore	ign trust?		X
	,	see instructions for other forms the organizat	•					
59		ne amount of tax-exempt interest received or ac		•				
Sign		nder penalties of perjury, I declare that I have examined orrect, and complete. Declaration of preparer (other than	this return, including accompanying sch taxpayer) is based on all information of	edules and stat which preparer	ements, and to the has any knowledg	e best of my knov je.	vledge and beli	ef, it is true,
Here			<b>L</b> 07	<b>2</b> 0				iscuss this return with
		Signature of officer	$\frac{\Box}{\text{Date}} \qquad \boxed{\frac{\textbf{CI}}{\text{Title}}}$				the preparer s instructions)?	hown below (see  X Yes No
			7 1110			Chack		X Yes No
		Print/Type preparer's name	Preparer's signature	Dat	.t	Check	if PTIN	
Paid		COURTNEY ADER	COURTNEY ADER	1e/2	/16/21	self- employe		1278271
_	oarer	Firm's name CLIFTONLARSO		<u> U 3</u>	<u>, 10   41   </u>	Firm's EIN		-0746749
Use	Only		SH AVE, SUITE 2	0.0		THIHSLIN	- <u>-</u>	0/40/42
		Firm's address ► OSHKOSH, W		· - <del>-</del>		1		31-5890

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation ► N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6		
2 Purchases				Cost of goods sold. Su					
3 Cost of labor	3		from line 5. Enter here and in Part I,						
4a Additional section 263A costs			line 2						
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes	No
<b>b</b> Other costs (attach schedule)				property produced or a	cquired	I 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 Per	sonal Property L	ease	d With Real Prop	erty		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	red or accrued				0/->5		A desired to the second to	
` rent for personal property is more than \ ` of rent fo			personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	je	columns 2(a) a	ectly connected with the income in (a) and 2(b) (attach 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		nter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Del		Income (see	instru	ctions)					
		(555				3. Deductions directly con			
			'	Gross income from or allocable to debt-	(2)	to debt-finance	cea pro	(b) Other deductions	
1. Description of debt-fi	nanced property			financed property	(α)	(attach schedule)		(attach schedule)	5
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property h schedu <b>l</b> e)	(	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	umns
(1)				%					
(2)				%					
(2)				%					
(4)				%					
	•		•			inter here and on page 1, Part I, line 7, column (A).		Enter here and on page Part I, line 7, column (l	
Totals						0			0.
Total dividends-received deductions in							<del>.   -  </del>		<u>~</u>

Form **990-T** (2019)

Schedule F - Interest, A	Annuities	, Royalti	es, and	d Rents	From Co	ntrolle	d Organiza	tions	see ins	struction	ıs)
·					Controlled O						·
1. Name of controlled organizat	tion	<b>2.</b> Emplidentification	ation	3. Net unr	related income e instructions)	<b>4.</b> Tot	al of specified nents made	includ	t of column 4 ed in the contr ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)											_
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations		U.S.								
7. Taxable Income		related income e instructions)	(loss)	9. Total	of specified payr made	nents	10. Part of column in the controllingross	mn 9 that ing organ s income	ization's	<b>11.</b> De with	eductions directly connected n income in column 10
(1)											
(2)											
(3)											
(4)											
_(4)							Add colun Enter here and line 8, o		1, Part I, \).		dd columns 6 and 11. nere and on page 1, Part I, line 8, column (B).
Totals									0.		0.
Schedule G - Investme		e of a S	ection	501(c)(7	7), (9), or (	17) Org					
<b>1</b> . Desc	cription of incom	ne			2. Amount of	income	<ol> <li>Deduction</li> <li>directly connected</li> <li>(attach schede)</li> </ol>	ected	<b>4.</b> Set- (attach s	asides schedu <b>l</b> e)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co	lumn (A).					Enter here and on page 1, Part I, line 9, column (B).
Totals				<u></u>	<u> </u>	0.	_				0.
Schedule I - Exploited (see instru	-	Activity I	ncome	e, Other	Than Adv	ertisin	g Income				
1. Description of exploited activity	<b>2.</b> Grunnelated bunnelated bunnelated bunder	ousiness from	3. Exp directly co with pro of unre business	onnected duction elated	4. Net incon from unrelated business (co minus colum gain, comput through	I trade or llumn 2 n 3). If a e cols. 5	<b>5.</b> Gross incofrom activity to is not unrelate business inco	that ted	<b>6.</b> Exp attribut co <b>l</b> ui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(2) (3) (4)											
(4)											
	Enter here page 1, l line 10, c	Part I,	Enter her page 1, line 10,	, Part I,							Enter here and on page 1, Part II, line 25.
Totals ► Schedule J - Advertising	na Incom		struction								0.
Part I Income From					solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct rtising costs	or (loss) (c col. 3). If a g	ising gain ol. 2 minus ain, compute arough 7.	5. Circulatincome		<b>6.</b> Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) (2) (3)											
(3)											
(4)											
Totals (carry to Part II, line (5))	▶	0		0	•						0.
											Form <b>990-T</b> (2019)

## Form 990-T (2019) 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	<b>2.</b> 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	5,376.	2,293.	3,083.	76,264.	75,684.	
(2) MEDIA						
(3) GUIDE/DIRECTORY	2,000.	119.	1,881.		16,955.	1,881.
(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, Iine 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	7,376.	2,412.				1,881.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

<b>1</b> . Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b></b>	0.

Form **990-T** (2019)

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12 06/30/13	4,626. 4,782.	4,626. 4,782.	0.	0.
06/30/14 06/30/15 06/30/16	4,867. 13,073. 14,728.	4,867. 13,073. 14,728.	0. 0. 0.	0. 0. 0.
06/30/17	14,720.	8,162.	6,212.	6,212.
NOL CARRYO	VER AVAILABLE THIS	YEAR	6,212.	6,212.
FORM 990-T		CONTRIBUTIONS		STATEMENT 2
DESCRIPTION	N/KIND OF PROPERTY	METHOD USED T	O DETERMINE FMV	AMOUNT
50% CASH O	NLY	N/A		25,000

FORM 990-T	CONTRIBUTIONS SUMMARY	ST	'ATEMENT 3
QUALIFIED CONTRIBUTIONS S QUALIFIED CONTRIBUTIONS S			
CARRYOVER OF PRIOR YEARS FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016			
FOR TAX YEAR 2017 FOR TAX YEAR 2018	20,855 13,040		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CO	NTRIBUTIONS	33,895 25,000	
TOTAL CONTRIBUTIONS AVAILATION	<del></del>	58,895 902	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTION		57,993 0 57,993	
ALLOWABLE CONTRIBUTIONS D	EDUCTION		902
TOTAL CONTRIBUTION DEDUCT	ION		902

## **SCHEDULE M** (Form 990-T)

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No. 1545-0047

ENTITY

1

Department of the Treasury

► Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	Revenue Service Do not enter SSN numbers on this form as	it may be	e made public if your organia	zation is a 501(c)(3).	501(c)(3) Organizations Only
Name	of the organization UNITED STATES CURLING A	ASSOC	CIATION	Employer identificat	
	Unrelated Business Activity Code (see instructions)  7113		<u> </u>	1 33 3332	
	Describe the unrelated trade or business COMMISSIC	ONS/I	ROYALTIES		
	•	521,5 / 5		<b></b>	(2) 11
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	<b>1</b> c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)		12,144.		12,144.
11	Advertising income (Schedule J)				
12	Other income (See instructions; attach schedule)		10.111		10.444
13	Total. Combine lines 3 through 12	13	12,144.		12,144.
Pai	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			uctions.) (Deduction	ons must be
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages				
16	Repairs and maintenance				
17	Bad debts				
18	Interest (attach schedule) (see instructions)				
19	Taxes and licenses				
20	Depreciation (attach Form 4562)				
21	Less depreciation claimed on Schedule A and elsewhere on return			21b	
22	Depletion			22	
23	Contributions to deferred compensation plans				
24	Employee benefit programs				
25	Excess exempt expenses (Schedule I)				
26	Excess readership costs (Schedule J)				
27	Other deductions (attach schedule)				
28	Total deductions. Add lines 14 through 27				0.
29	Unrelated business taxable income before net operating loss ded				12,144.
30	Deduction for net operating loss arising in tax years beginning on	or after	January 1, 2018 (see		
	instructions)				0.
<u>31</u>	Unrelated business taxable income. Subtract line 30 from line 29			31	12,144.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

1	
Page	

Schedule F - Interest, A				Controlled O				(300 1113	tructions)	
1. Name of controlled organization	ide	Emp <b>l</b> oyer ntification number	3. Net unr (loss) (see	related income e instructions)		al of specified nents 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	ations									
7. Taxable Income	8. Net unrelated in (see instruct	come (loss) ions)	9. Total	of specified payr made	nents	10. Part of column in the controllingross			<b>11.</b> Dedu with i	uctions directly connected ncome in column 10
(1)										
(2)										
(3)										
(4)										
Totals						Add colun Enter here and line 8, c		1, Part I,	Enter her	columns 6 and 11. re and on page 1, Part I, ne 8, column (B).
Totals Schedule G - Investmer	nt Income of a	a Section	n 501(c)(7	'), (9), or (	17) Org	anization				
(see instru	· · · · · · · · · · · · · · · · · · ·			<u> </u>		3. Deduction		<b>4.</b> Set-a	neidos	5. Total deductions
1. Descri	iption of income			2. Amount of	income	directly conne (attach sched		(attach s		and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)										
Totals			•	Enter here and o Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B).
Schedule I - Exploited E	Exempt Activi			Than Adv	ertisin	g Income				•
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pof u	Expenses y connected production unrelated ess income	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	<b>6.</b> Exp attributa colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) LICENSING										
(2) ROYALTIES AND										
(3) COMMISSIONS	12,144		0.	12,	144.		0.		0.	
(4)	-									
Totals	Enter here and on page 1, Part I, line 10, col. (A).	page line 1	here and on e 1, Part I, 10, col. (B).							Enter here and on page 1, Part II, line 25.
Schedule J - Advertisin	a Income (se	e instruction								
Part I Income From P				solidated	Basis					
				1 4						7
1. Name of periodical	<b>2.</b> Gros advertisir income	ng 📗 🦼	<b>3.</b> Direct dvertising costs	4. Advert or (loss) (co col. 3). If a ga cols. 5 th	ol. 2 minus ain, comput	<b>5.</b> Circulatincome		6. Reade cost		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))	▶									
										Form 990-T (2019