

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

2015

Department of the Treasury
Internal Revenue Service

For calendar year 2015 or other tax year beginning _____, 2015, and ending _____, 20_____.

▶ Information about Form 990-T and its instructions is available at [.irs.gov/form990t](http://irs.gov/form990t).
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**Open to Public Inspection for
501(c)(3) Organizations Only**

- A** Check box if address changed
- B** Exempt under section
- 501() ()
 - 408(e) 220(e)
 - 408A 530(a)
 - 529(a)

**Print
or
Type**

Name of organization (Check box if name changed and see instructions.)

Number, street, and room or suite no. If a P.O. box, see instructions.

City or town, state or province, country, and ZIP or foreign postal code

D Employer identification number
(Employees' trust, see instructions.)

E Unrelated business activity codes
(See instructions.)

C Book value of all assets at end of year

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ _____ Telephone number ▶ _____

| Part I Unrelated Trade or Business Income | | | | (A) Income | (B) Expenses | (C) Net |
|--|---|-----------|--|------------|--------------|---------|
| 1a | Gross receipts or sales | | | | | |
| b | Less returns and allowances | | | | | |
| | c Balance ▶ | 1c | | | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | | | |

33 503.986 cm 0 0 m58.1m 0 0 m0 -12.499 IS 1 89 0 3ofit. Subtract0 TD12 from0 TD11c5 Tc(.....)Tj ET.75 w q 1 0 0 1 316..987 cm 0 0 m

Part III Tax Computation

| | | | | |
|-----------|---|--|--|------------|
| 35 | Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: | | | |
| a | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ | | | |
| b | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ | | | |
| c | Income tax on the amount on line 34 | | | 35c |
| 36 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | | | 36 |
| 37 | Proxy tax. See instructions | | | 37 |
| 38 | Alternative minimum tax | | | 38 |
| 39 | Total. Add lines 37 and 38 to line 35c or 36, whichever applies | | | 39 |

Part IV Tax and Payments

| | | | | |
|------------|--|------------|--|------------|
| 40a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 40a | | |
| b | Other credits (see instructions) | 40b | | |
| c | General business credit. Attach Form 3800 (see instructions) | 40c | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 40d | | |
| e | Total credits. Add lines 40a through 40d | | | 40e |
| 41 | Subtract line 40e from line 39 | | | 41 |
| 42 | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | | | 42 |
| 43 | Total tax. Add lines 41 and 42 | | | 43 |
| 44a | Payments: A 2014 overpayment credited to 2015 | 44a | | |
| b | 2015 estimated tax payments | 44b | | |
| c | Tax deposited with Form 8868 | 44c | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 44d | | |
| e | Backup withholding (see instructions) | 44e | | |
| f | Credit for small employer health insurance premiums (Attach Form 8941) | 44f | | |
| g | Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶ | 44g | | |
| 45 | Total payments. Add lines 44a through 44g | | | 45 |
| 46 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | | | 46 |
| 47 | Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed | | | 47 |
| 48 | Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid | | | 48 |
| 49 | Enter the amount of line 48 you want: Credited to 2016 estimated tax ▶ Refunded ▶ | | | 49 |

Part V Statements Regarding Certain Activities and Other Information (see instructions)

| | Yes | No |
|---|-----|----|
| 1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ _____ | | |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. | | |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____ | | |

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶

| | | | | | |
|-----------|---|-----------|--|--|----------|
| 1 | Inventory at beginning of year | 1 | | | 6 |
| 2 | Purchases | 2 | | | |
| 3 | Cost of labor | 3 | | | |
| 4a | Additional section 263A costs (attach schedule) | 4a | | | |
| b | Other costs (attach schedule) | 4b | | | |
| 5 | Total. Add lines 1 through 4b | 5 | | | |

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) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---|--|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | Enter here and on page 1, Part I, line 9, column (A). | | | Enter here and on page 1, Part I, line 9, column (B). 0.00 |

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 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) | | | | | | |
| Totals | 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. 0.00 |

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | | | | | | 0.00 |

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) Athletics Game Programs Ad | 749033 | 708505 | 40528 | 0.00 | 0.00 | 0.00 |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | 0.00 | 0.00 | | | | 0.00 |
| Totals, Part II (lines 1-5) | 749033 | 708505 | | | | 0.00 |

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

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