

PUBLIC DISCLOSURE COPY

Form **990-T**

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

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

For calendar year 2020 or other tax year beginning _____, 2020, and ending _____, 20_____

▶ Go to [.irs.gov /Form990T](https://www.irs.gov/Form990T) for instructions and the latest information.

▶ 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.

Name of organization (Check box if name changed and see in r c i o n .)

B Employment section

**Print
or
Type**

Number, street, and room or suite no. If a P.O. box, see in r c i o n .

- 501() ()
- 408(e) 220(e)
- 408A 530(a)
- 529(a)

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

Part III Tax and Payments

1a	Foreign a credi (corporation a ach Form 1118; r a ach Form 1116)	1a		
b	Other credi (ee in r c ion)	1b		
c	General b ine credi . A ach Form 3800 (ee in r c ion)	1c		
d	Credi for prior ear minim m a (a ach Form 8801 or 8827)	1d		
e	Total credits. Add line 1a thro gh 1d			1e
2	S b rac line 1e from Par II, line 7			2
3	Other a e . 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 (a ach a emen)			3
4	Total tax. Add line 2 and 3 (ee in r c ion). <input type="checkbox"/> Check if incl de a pre io d deferred nder ec ion 1294. En er a amo n here ▶			4
5	2020 ne 965 a liabilk paid from Form 965-A or Form 965-B, Par II, col mn (k), line 4			5
6a	Pa men : A 2019 o erpa men credi ed o 2020	6a		
b				

Unrelated Business Taxable Income From an Unrelated Trade or Business

2020

Department of the Treasury
Internal Revenue Service

www.irs.gov/Form990T

501() (3) 501() (3)

A Name of the organization <u>WEBER STATE UNIVERSITY</u>	B <u>87-6000535</u>
C Unrelated business activity code (see instructions) <u>531120</u>	D Sequence: <u>1</u> of <u>3</u>

Describe the unrelated trade or business **FACILITY RENTAL**

		(A)	(B)	(C)
1	Gross receipts or sales <u>0</u>			
	Less returns and allowances <u>0</u> Balance ▶	1 0		
2	Cost of goods sold (Part III, line 8)	2 0		
3	Gross profit. Subtract line 2 from line 1c	3 0		0
4	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4 0		0
	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4 0		0
	Capital loss deduction for trusts	4 0		0
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Combine lines 3 through 12	13		

D (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement) (see instructions)	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562) (see instructions)	7	
8	Less depreciation claimed in Part III and elsewhere on return	8	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement)	14	
15	Add lines 1 through 14	15	
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	
17	Deduction for net operating loss (see instructions)	17	
18	Subtract line 17 from line 16	18	

A

Cat. No. 740360

A (990-) 2020

C		Enter method of inventory valuation ►
1	Inventory at beginning of year	1
2	Purchases	2
3	Cost of labor	3
4	Additional section 263A costs (attach statement)	4
5	Other costs (attach statement)	5
6	. Add lines 1 through 5	6
7	Inventory at end of year	7
8	C . Subtract line 7 from line 6. Enter here and in Part I, line 2	8
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/>	

A , , , **C** (see instructions)

1. Name of controlled organization	2.

A

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A**
- B**
- C**
- D**

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				

Add columns A through D. Enter here and on Part I, line 11, column (A) **0**

3 Direct advertising costs by periodical				
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Add columns A through D. Enter here and on Part I, line 11, column (B) **0**

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 **0**

C , **D** , (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

. Enter here and on Part II, line 1 **0**

(see instructions)

Unrelated Business Taxable Income From an Unrelated Trade or Business

2020

Department of the Treasury
Internal Revenue Service

www.irs.gov/Form990T

501() (3). 501() (3)

A Name of the organization <u>WEBER STATE UNIVERSITY</u>	B <u>87-6000535</u>
C Unrelated business activity code (see instructions) <u>713940</u>	D Sequence: <u>2</u> of <u>3</u>

Describe the unrelated trade or business SWENSON GYM COMMUNITY PASS

		(A)	(B)	(C)
1	Gross receipts or sales <u>0</u>			
	Less returns and allowances <u>0</u> Balance ▶	1 0		
2	Cost of goods sold (Part III, line 8)	2 0		
3	Gross profit. Subtract line 2 from line 1c	3 0		0
4	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4 0		0
	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4 0		0
	Capital loss deduction for trusts	4 0		0
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Combine lines 3 through 12	13		

D (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement) (see instructions)	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562) (see instructions)	7	
8	Less depreciation claimed in Part III and elsewhere on return	8	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement)	14	
15	Add lines 1 through 14	15	
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	
17	Deduction for net operating loss (see instructions)	17	
18	Subtract line 17 from line 16	18	

A

Cat. No. 740360

A (990-) 2020

	C Enter method of inventory valuation ►		
1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	C . Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/>		

A , , , **C** (see instructions)

1. Name of controlled organization	2.

A

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A**
- B**
- C**
- D**

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0
3 Direct advertising costs by periodical				
Add columns A through D. Enter here and on Part I, line 11, column (B)				0
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0

C , **D** , (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
. Enter here and on Part II, line 1			0
(see instructions)			

Unrelated Business Taxable Income From an Unrelated Trade or Business

2020

Department of the Treasury
Internal Revenue Service

www.irs.gov/Form990T

501() (3). 501() (3)

A Name of the organization WEBER STATE UNIVERSITY	B 87-6000535
C Unrelated business activity code (see instructions) ▶ 561000	D Sequence: 3 of 3

Describe the unrelated trade or business ▶ TICKET OFFICE COMMISSION

		(A)	(B)	(C)
1	Gross receipts or sales <u>0</u>			
	Less returns and allowances <u>0</u> Balance ▶	1 0		
2	Cost of goods sold (Part III, line 8)	2 0		
3	Gross profit. Subtract line 2 from line 1c	3 0		0
4	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4 0		0
	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4 0		0
	Capital loss deduction for trusts	4 0		0
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	. Combine lines 3 through 12	13		

D (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement) (see instructions)	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562) (see instructions)	7	
8	Less depreciation claimed in Part III and elsewhere on return	8	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
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13	Excess readership costs (Part IX)	13	
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16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	
17	Deduction for net operating loss (see instructions)	17	
18	. Subtract line 17 from line 16	18	

C		Enter method of inventory valuation ►
1	Inventory at beginning of year	1
2	Purchases	2
3	Cost of labor	3
4	Additional section 263A costs (attach statement)	4
5	Other costs (attach statement)	5
6	. Add lines 1 through 5	6
7	Inventory at end of year	7
8	C . Subtract line 7 from line 6. Enter here and in Part I, line 2	8
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/>	

A , , , **C** (see instructions)

1. Name of controlled organization	2.

A

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A**
- B**
- C**
- D**

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0
3 Direct advertising costs by periodical				
Add columns A through D. Enter here and on Part I, line 11, column (B)				0
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0

C , **D** , (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
. Enter here and on Part II, line 1			0
(see instructions)			

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	MELYNDE CHRISTENSEN 3850 DIXON PARKWAY DEPT 1014, OGDEN, UT 84408-1014

Description	Amount
SWENSON GYM	
(1) GYM COMMUNITY PASS INCOME	17,917
TICKET OFFICE	
(1) TICKET OFFICE COMMISSION INCOME	33,813
Total for Schedule A - Part I, Line 12	51,730

Description	Amount
SWENSON GYM	
(1) GYM COMMUNITY PASS DIRECT/INDIRECT COSTS	22,935
TICKET OFFICE	
(1) TICKET OFFICE COMMISSION DIRECT/INDIRECT COSTS	95,397

FACILITY RENTAL		
(1) 1435 VILLAGE DR DEPT 2802, OGDEN, UT 84408	Description	Amount
	WILDERNESS RECREATION CENTER DIRECT AND INDIRECT COSTS	93,913
(2) 3950 WEST CAMPUS DR DEPT 1903, OGDEN, UT 84408	Description	Amount
	BROWNING CENTER DIRECT AND INDIRECT COSTS	67,776
(3) 3870 STADIUM WAY DEPT 2701, OGDEN, UT 84408	Description	Amount
	ATHLETICS PARKING LOT DIRECT AND INDIRECT COSTS	25,144
	Total	186,833
Total for Schedule A - Part IV, Line 4, Deductions directly connected with the income in lines 2(a) and 2(b)		186,833

Return Reference	Amount	Explanation
990-T CORE FORM		
FORM 990-T, PART V, 14	0	SCHEDULE A, SEQUENCE 2 OF 3, LINE 14 WENT THROUGH TO IRS AS A ZERO WHEN THERE ARE EXPENSES OF \$22,935 WHICH WERE LISTED ON ORIGINAL RETURN BUT DID NOT ELECTRONICALLY SUBMIT THROUGH SOFTWARE SUPPLIER EXPRESSTAXEXEMPT.COM
FORM 990-T, PART V, 14	0	SCHEDULE A, SEQUENCE 3 OF 3, LINE 14, WENT THROUGH TO IRS AS A ZERO WHEN THERE ARE EXPENSES OF \$95,397 WHICH WERE ON ORIGINAL RETURN BUT DID NOT ELECTRONICALLY SUBMIT THROUGH SOFTWARE SUPPLIER EXPRESSTAXEXEMPT.COM