	990-T		Exempt Organization busin	<b>E55</b>	income i	ax r	tetum		OMB No. 1545-0	7887		
Form	330-I		(and proxy tax under	sect	ion 6033(e	))			201	)		
Department of the Treasury		For calendar year 2012 or other tax year beginning July 01, 2012, and										
Interr	al Revenue Service		<b>ending</b> June 30 <b>, 20</b> 13 <b>.</b>	▶\$	See separate ins	structio	ns.	Open to Public Inspection for 501(c)(3) Organizations Only				
$\overline{\Delta}$	Check box if address changed		Name of organization ( Check box if name ch	anged	and see instruction:	s.)	1	D Employe	er identification n	number		
B Ex	empt under section		Weber State University	(Employe	ees' trust, see instru	uctions.)						
	501( C )( 3 )	Print	Number, street, and room or suite no. If a P.O. box,	see in	structions.				87-6000535			
	408(e) 220(e)	or Type	1014 University Circle				Ī		d business activit	y codes		
	408A 530(a)	, ypc	City or town, state, and ZIP code					(see inst	ructions)			
	529(a)		Ogden, UT 84408-1014					54180	7139	940		
C Bo	ok value of all assets	F Gr	oup exemption number (see instructions)	<b></b>					-			
aı	end of year		neck organization type		on 🗌 501(	c) trus	t 🔲 -	401(a) tr	ust 🗌 Othe	er trus		
H	Describe the orga	nizatio	n's primary unrelated business activity.	Ath		•		ng & Faci	 ilities Rental			
			e corporation a subsidiary in an affiliated group							√ No		
			nd identifying number of the parent corpora			,						
	The books are in a			tion. i		phone	number	<b>•</b>	801-626-683	 ?2		
			le or Business Income				enses	(C) Net				
1:							· / ·					
	<b>b</b> Less returns and a			1c								
2			Schedule A, line 7)	2								
3	_		t line 2 from line 1c	3						_		
4	•		me (attach Schedule D)	4a						+		
			4797, Part II, line 17) (attach Form 4797)	4b						+		
			n for trusts	4c						+		
5			erships and S corporations (attach statement)	5						_		
6	Rent income (			6						_		
7	•		ced income (Schedule E)	7					+	+		
8			royalties, and rents from controlled						+	+		
·			ule F)	8								
9			of a section 501(c)(7), (9), or (17)	_					+	+		
9	organization (S			9								
10	-		ivity income (Schedule I)	10					+	+		
11	•	-	Schedule J)	11	489659	00	402	2043 00	761	7 0		
12			ructions; attach statement)	12	562224	00	402	2043 00	56222			
13	Total. Combin		•	13	1051884	00	402	2043 00		_		
			Taken Elsewhere (see instructions for							1 0		
1 4			be directly connected with the unrelate				s) (excep	. 101 001	inibationio,			
14			cers, directors, and trustees (Schedule K)			•		14				
15	•								+	+		
16			ance							+		
17									_	+		
18			nent)						+	+		
19									+	+		
20			ons (see instructions for limitation rules) .						+	+		
21			Form 4562)					20		+		
22			imed on Schedule A and elsewhere on re					22b	-			
23										+		
24	•		rred compensation plans							+		
									+	_		
25 26			ngrams						+	+		
	-	-	nses (Schedule I)						+	_		
27		-	osts (Schedule J)					-	F0000	0 0		
28			ach statement)						58830			
29			dd lines 14 through 28						58830	9 0		
30			exable income before net operating loss de						+	-		
31			eduction (limited to the amount on line 30)						+	+-		
32			axable income before specific deduction.							-		
33 34			enerally \$1,000, but see line 33 instruction						100	0 0		

enter the smaller of zero or line 32 . . . . . . . . . . . . . . . .

34

Form 990-T (2012) Page **2** 

Part I	∐ Ta	ax Computation											
		zations taxable as corpo						Controlled grou	ıp aı				
	membe	ers (sections 1561 and 1560	3) check hei	re 🕨 🔲 Se	e instru	uctions and:							
а	Enter y	our share of the \$50,000, \$	25,000, and	\$9,925,000	) taxable	e income brad	ckets (	in that order):					
	(1)  \$	(2)	\$		(3)	\$							
b	Enter o	rganization's share of: (1) A	Additional 5	% tax (not n	nore tha	n \$11,750)	\$						
	(2) Add	itional 3% tax (not more th	an \$100,00	0)			\$						
С	Income	tax on the amount on line	34					🕨	> 35	5c		İ	
36	Trusts	taxable at trust rate	s (see in	structions	for tax	computation	on). lı	ncome tax c	on 📗				
	the amo	ount on line 34 from: 🔲 Ta	x rate sche	dule or 🔲	Schedul	e D (Form 10	141) .		▶ 3	6		İ	
37	Proxy tax (see instructions)												
	Alternative minimum tax												
		Add lines 37 and 38 to line							3	9	-	0	00
Part I		ax and Payments											
		tax credit (corporations attac	ch Form 111	8: trusts atta	ch Form	1116) .	40a						
	-	redits (see instructions) .				•	40b						
	0 11 1						40c						
		for prior year minimum tax	,		,		40d						
		redits. Add lines 40a throu							40	De		İ	
41		ot line 40e from line 39 .								1		+	
		xes. Check if from:  Form 4							_	2		+	
43		ax. Add lines 41 and 42.					Other (a	illacii statemenij.	-	3		0	00
		nts: A 2011 overpayment c					44a					0	
	-	stimated tax payments .					44b		-				
		posited with Form 8868 .					44c						
		organizations: Tax paid or					44d						
e	_	withholding (see instruction				-	44e						
	-	or small employer health in	•				44f						
		redits and payments:				11 0941).	441		-				
g	Form	• •	☐ Other	439		 Total ▶	440						
45							44g		٠,	.5			00
	-	ayments. Add lines 44a th							_	6 -6		0	00
46 47		ted tax penalty (see instruc										_	
		e. If line 45 is less than the							-	7		0	00
48 40	-	<b>syment.</b> If line 45 is larger to amount of line 48 you want:				, enter amour	nt over	Refunded	-	8		_	
						Informatio	<b>n</b> (000		<b>–</b> 4	.9		0	00
Part		tatements Regarding C					•				ıra Ye	<u> </u>	No
1		time during the 2012									JI C	5 1	NO
		ner authority over a											
		s," the organization ma al Accounts. If "Yes," enter					, nep	port of Forei	igri =	запк а	na		
_		· ·		J								_	<u>√</u>
	•	he tax year, did the organizati				•	or ot, o	r transferor to, a	toreigr	1 trust?		_	✓
_		" see instructions for other		J	•			Φ.					
3		ne amount of tax-exempt in					ear ▶	\$					
		-Cost of Goods Sold.		od of inver								_	
		ry at beginning of year	1		6	-		fyear	_	6		0	00
	Purcha		2		7	•	•	sold. Subtract					
3		labor	3					Enter here an					
4a		nal section 263A costs				•				7		0	00
	-	statement)	4a		8			section 263A (	•			s N	No
	Other costs (attach statement)  Total, Add lines 1 through 4b  5 property produced or acquired to the organization?												
5		Add lines 1 through 4b	5			-					I		
C:~		enalties of perjury, I declare that I have and complete. Declaration of prepare							st of my	knowledge	and belief	t, it is	true
Sign	l k		,,	, .,			·	,			discuss th		
Here	I -				!	Dir of Risk M	/lgt & S	pecial Projects			eparer show ions)?   <b>Y</b> e		
	Signatu	ure of officer		Date		Title			L				_
Paid		Print/Type preparer's name		Preparer's sign	nature			Date	Check	□ if	PTIN		
Prepa	arer									nployed			
Use (		Firm's name ▶							Firm's EIN ▶				
	- · · · y	Firm's address ►							Phone	no.			

Totals

Enter here and on page 1, Part I, line 8, column (B).

Enter here and on page 1,

Part I, line 8, column (A).

Schedule G-Investment Incom	me of a Section	501(c)(7)	, (9),	or (17) Organi	zation (see inst	ruction	s)		
1. Description of income	2. Amount of inco		3. direc	Deductions tly connected ch statement)	<b>4.</b> Set-aside (attach stateme	3	<b>5.</b> To and s	otal deductions 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								0.0	
Schedule I—Exploited Exempt	Activity Incom	e, Other T	Than	Advertising In	come (see inst	ruction	s)		
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	<b>6.</b> 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 or page 1, Part I, line 10, col. (B).						Enter here and on page 1, Part II, line 26.	
Totals	<b>&gt;</b>							0.0	
Schedule J—Advertising Incor			l:-	dated Dasis					
Part I Income From Period	Heported		ISOIIC						
1. Name of periodical	2. Gross advertising income	3. Direct advertising of		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, bu not more than column 4).	
(1)									
(2)									
(3)									
(4)									
(1)									
Totals (carry to Part II, line (5))	<b>&gt;</b>							0.0	
Part II Income From Period through 7 on a line-by-	dicals Reported	on a Sep	parate	<b>e Basis</b> (For ea	ch periodical list	ed in P	art II, fill i		
1. Name of periodical	2. Gross advertising income	3. Direct advertising of		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	income 6. F		adership osts	7. Excess readership costs (column 6 minus column 5, bu not more than column 4).	
(1) Athletics Game Programs Ad	489659	48	32043	7617	0.00		0.00	0.0	
(2)									
(3)									
(4)									
Totals from Part I	0.00 Enter here and on page 1, Part I, line 11, col. (A).	0.00  Enter here and on page 1, Part I, line 11, col. (B).						0.0 Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)	489659	48	32043					0.0	
Schedule K—Compensation o	f Officers, Direc	ctors, and	Trus	stees (see instru					
1. Name		2	. Title	3. Percent of time devoted to business	4. (	4. Compensation attributable to unrelated business			
(1)					9	6			
(2)					9	6			
(3)					9	6			
(4)					9	6			
Total. Enter here and on page 1, Part II,	line 14				)	•			