Exempt Organization Business Income Tax Return

OMB No. 1545-0047

990-T (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning July 01 , 2019, and ending June 30 , 20 20 ▶ Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service A Check box if address changed D Employer identification number (Employees' trust, see instructions.) Weber State University B Exempt under section Print Number, street, and room or suite no. If a P.O. box, see instructions. 87-6000535 **✓** 501(**C**)(**3**) or E Unrelated business activity code 408(e) 220(e) 3850 Dixon Parkway Dept 1014 Type (See instructions.) City or town, state or province, country, and ZIP or foreign postal code 408A 530(a) 529(a) 531120 Ogden, UT 84408-1014 C Book value of all assets F Group exemption number (See instructions.) at end of year ☐ 401(a) trust ☐ 501(c) trust ☐ Other trust Check organization type ▶ ☐ 501(c) corporation H Enter the number of the organization's unrelated trades or businesses. ▶ 3 Describe the only (or first) unrelated . If only one, complete Parts I-V. If more than one, describe the trade or business here ▶ Facility Rental first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. 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. ▶ Telephone number ▶ The books are in care of ▶ Melynde Christensen 801-626-7229 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 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 3 4a 4a Capital gain net income (attach Schedule D) Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c 5 Income (loss) from a partnership or an S corporation (attach . statement) 5 6 481,026 719,319 (238, 293)6 7 7 Unrelated debt-financed income (Schedule E) 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 Exploited exempt activity income (Schedule I) 10 10 11 11 12 12 Other income (See instructions; attach schedule) 13 481,026 719,319 (238, 293)13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 15 Salaries and wages 16 16 17 17 18 Interest (attach schedule) (see instructions) . . . 18 19 19 20 20 21b Less depreciation claimed on Schedule A and elsewhere on return . 21 22 22 Contributions to deferred compensation plans 23 23 24 24 Employee benefit programs 25 25 Excess exempt expenses (Schedule I) . . . 26 26 27 27 28 Total deductions. Add lines 14 through 27 00 28 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 29 (238, 293)Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 30 30 Unrelated business taxable income. Subtract line 30 from line 29 . 31

(238, 293)

Part I	II To	otal Unrelated Business Taxable In	come					
32		unrelated business taxable income co	emputed from all unrelated trades	or businesses (s	see			
	instruct	ions)				32		0
		s paid for disallowed fringes				33		0
34	Charital		34		0			
		related business taxable income before						
00		the sum of lines 32 and 33				35		0
36		on for net operating loss arising in				00		
00		ions)				36		
07			37		0			
37		unrelated business taxable income before deduction (Generally \$1,000, but see lin	20m2 (- 10m2) 전 1 (1 m2) 1 (1 m2) 1 m2 (1 m2) 1 m3 (1			38		0
38		ed business taxable income. Subtract				36		0
39		e smaller of zero or line 37				20		
Dont			 	***	<u> </u>	39		0
Part I		x Computation			_	10		
40		zations Taxable as Corporations. Multi				40		0
41		Taxable at Trust Rates. See ins	1.5kg					
		ount on line 39 from: 🔲 Tax rate schedul				41		0
42		ax. See instructions				42		0
43		ive minimum tax (trusts only)				43		0
44		Noncompliant Facility Income. See ins				44		0
45		add lines 42, 43, and 44 to line 40 or 41,	whichever applies			45		0
Part '		x and Payments						
46a	Foreign	tax credit (corporations attach Form 111	18; trusts attach Form 1116) . 40	За				
b	Other c	redits (see instructions)	40	6b				
С	General	business credit. Attach Form 3800 (see	instructions) 40	6c				
d	Credit f	or prior year minimum tax (attach Form 8	3801 or 8827) 40	3d				
е	Total c	redits. Add lines 46a through 46d				46e		0
47	Subtrac	t line 46e from line 45			15	47		0
48		tes. Check if from: Form 4255 Form 861				48		
49		x. Add lines 47 and 48 (see instructions)				49		0
50		et 965 tax liability paid from Form 965-A				50		
51a		nts: A 2018 overpayment credited to 201		1a				
b	-	stimated tax payments	The state of the s	1b				
C		posited with Form 8868	<u> </u>	1c				
d		organizations: Tax paid or withheld at so	The state of the s	1d				
e		withholding (see instructions)		1e				
f		or small employer health insurance prem	107 OF 109 VES SOUL STATE OF SECURITY AS	1f				
		redits, adjustments, and payments:		••				
g	Forn	and the second s		1g				
E0				19		52		
52		ayments. Add lines 51a through 51g . ed tax penalty (see instructions). Check i	if Form 2000 is attached			53		0
53					_	54		
54		e. If line 52 is less than the total of lines 4						0
55		yment. If line 52 is larger than the total of				55		
56	ata constitution and a second	e amount of line 55 you want: Credited to 2		Refunded		56		0
Part \		atements Regarding Certain Activ					rity Yes	No
57	At any t	ime during the 2019 calendar year, did t	the organization have an interest in	or a signature of	r oth	ner autho	ity	INO
		inancial account (bank, securities, or oth						
		Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes," enter	the name of the	TOT	eign cour	try	
	here >							✓
58		ne tax year, did the organization receive a dis		or transferor to, a	tore	ign trust?		✓
		" see instructions for other forms the org		048				
59	Enter th	e amount of tax-exempt interest receive	ed or accrued during the tax year $ ightleftarrow$	\$			170	
٥.	Under	penalties of perjury, I declare that I have examined this prect, and complete. Deplaration of preparer (other than	return, including accompanying schedules and	statements, and to the	best	t of my know	ledge and be	elief, it is
Sign	liue, co	1119			-9°.		discuss this	
Here		ML	11-5-2020 Director of Opera	tions/Controller			eparer shown ions)?	
		re of officer	Date Title					
Paid		Print/Type preparer's name Pre	eparer's signature	Date	Che	eck 🗌 if	PTIN	
Prepa	arer					-employed		
		Firm's name ▶			Firm	m's EIN ▶		
Use (July	Firm's address ▶			Pho	ne no.		

Schedule A—Cost of Goods Sold	I. Enter method of i	nventory val	uation 🕨				
1 Inventory at beginning of year	1	at end of year 6					
2 Purchases	2	7	Cost of go	est of goods sold. Subtract line			
3 Cost of labor	3		6 from line	line 5. Enter here and in Part			
4a Additional section 263A costs	S		I, line 2 .		7	0	
(attach schedule)	4a	8	Do the rule	es of section 263A (with	1 respect	to Yes No	
b Other costs (attach schedule)	4b		property pr	roduced or acquired for i	resale) ap	ply	
5 Total. Add lines 1 through 4b	5	0	to the organ	nization?			
Schedule C-Rent Income (From	Real Property and	d Personal	Property L	eased With Real Pro	perty)		
(see instructions)							
Description of property							
(1) Rental of Facilities (Conferences, Priva	ate Events, etc)						
(2)							
(3)							
(4)							
2. Hent	received or accrued						
(a) From personal property (if the percentage of for personal property is more than 10% but no more than 50%)	ot percentage of rent	and personal property (if the tor personal property exceeds in columns 2(a) and 2(b) (attach schedule in the based on profit or income)					
(1) 481	,026			0		719,319	
(2)							
(3)							
(4)							
Total 481	,026 Total			(b) Total deductions.			
(c) Total income. Add totals of columns 2(a) and 2(b). Enter			Enter here and on page	1,		
here and on page 1, Part I, line 6, column (A			481,02	Part I, line 6, column (B)	>	719,319	
Schedule E—Unrelated Debt-Fin	anced Income (see	instructions)					
		2. Gross inco		3. Deductions directly con debt-finance	nected with ed property	or allocable to	
1. Description of debt-financed	d property	allocable to d	confide acceptance of the	(a) Straight line depreciation	(b) Other deductions		
		ргор	erty	(attach schedule)	(atta	ch schedule)	
(1)							
(2)							
(3)							
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted of or allocable to debt-financed debt-financed property (attach schedule)		6. Column 4 divided by column 5		(column 2 × column 6) (column 6 × tot		able deductions × total of columns a) and 3(b))	
(1)			%				
(2)			%				
(3)			%				
(4)			%				
Totals			▶	Enter here and on page 1, Part I, line 7, column (A).	Part I, lin	e and on page 1, e 7, column (B).	
Total dividends-received deductions include	uded in column 8 .					0	

Schedule F—Interest, Ann	unies, noyanies,			Organizations	amzauons (see	e mstruc	uons)		
Name of controlled organization	1 1 1 1 1 1 1 1 1 1		3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made		5. Part of column included in the corganization's gro	ontrolling	6. Deductions directly connected with income in column 5		
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organi	zations								
7. Taxable Income	8. Net unrelated in (loss) (see instruct			otal of specified yments made	10. Part of column included in the coorganization's grounds.	ontrolling	conne	eductions directly cted with income in column 10	
(1)									
(2)									
(3)									
(4)									
Totals					Add columns 5 Enter here and c Part I, line 8, co	on page 1, lumn (A).	Enter h	columns 6 and 11. here and on page 1, line 8, column (B).	
Schedule G-Investment	Income of a Sect	ion 501(c	:)(7), (9),	or (17) Organi:	zation (see inst			0	
1. Description of income	2. Amount o	-	3. dire	Deductions ctly connected ach schedule)	4. Set-aside (attach schedu	s	5. To and s	otal deductions et-asides (col. 3 plus col. 4)	
(1)									
(2)									
(3)									
(4)									
Totals	Enter here and Part I, line 9, o	column (A).		Advertising In	come (see inst	ructions		ne 9, column (B).	
Description of exploited activ	2. Gross unrelated business inco from trade of business	d connected with production of		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	attribu	penses table to imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4)	Enter here and page 1, Part line 10, col. (l, page	here and on a 1, Part I, 0, col. (B).					Enter here and on page 1, Part II, line 25.	
Totals	Incomo /oca instru	otions)	*****						
Schedule J-Advertising	Income (see instru Periodicals Repoi		Concoli	idated Pasis					
Part I Income From F	renodicals Repor	ted on a	Consoli	100 CONTRACT 100 OF			-	7 Evec	
1. Name of periodical	2. Gross advertising income		Direct tising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		idership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)									
(2)								FOR SHIP CONTRACTOR	
(3)									
(4)									
1.1									
Totals (carry to Part II, line (5))	. ▶								

Part II Income From Periodic	cals Reported	on a Separat	e Basis (For ea	ach periodical l	isted in Part II	, fill in columns
2 through 7 on a line-b	y-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)						
(2)						
(3)			,			
(4)						
Totals from Part I						
	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 26.
Totals, Part II (lines 1–5) ▶						0
Schedule K-Compensation of	Officers, Direc	tors, and Trus	stees (see instru	uctions)		
1. Name	2	2. Title	3. Percent of time devoted to business		tion attributable to ed business	
(1)				9	6	
(2)				9	6	
(3)				9	6	
(4)				9	6	
Total. Enter here and on page 1, Part II, lir	ne 14			🕨		0
					-	Form 990-T (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service Name of the organization For calendar year 2019 or other tax year beginning _July 01 _, 2019, and ending _June 30 _, 20 _ 20 So to 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

Employer identification number

Weber State University 87-6000535 Unrelated Business Activity Code (see instructions) ▶ Describe the unrelated trade or business ▶ Swenson Gym Community Pass (B) Expenses Part I Unrelated Trade or Business Income (A) Income (C) Net Gross receipts or sales **b** Less returns and allowances c Balance ▶ 1c Cost of goods sold (Schedule A, line 7) 2 2 3 3 Capital gain net income (attach Schedule D) 4a 4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4c 5 Income (loss) from a partnership or an S corporation (attach 5 6 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled 8 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 11 11 12 22,959 00 12 Other income (See instructions; attach schedule) 22,959 00 Total. Combine lines 3 through 12 13 22,959 00 13 00 22,959 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 15 16 16 17 17 18 18 19 19 20 20 21b Less depreciation claimed on Schedule A and elsewhere on return . . . 21a 21 22 22 23 23 24 24 25 25 26 26 27 27 24,608 00 Total deductions. Add lines 14 through 27 28 28 24,608 00 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 29 (1,649 00) Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 30 30 Unrelated business taxable income. Subtract line 30 from line 29 31 (1,649

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service Name of the organization

Weber State University

Unrelated Business Activity Code (see instructions) ▶

For Paperwork Reduction Act Notice, see instructions.

For calendar year 2019 or other tax year beginning _July 01 _, 2019, and ending _June 30 _, 20 _ 20 ▶ Go to 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

Schedule M (Form 990-T) 2019

Employer identification number

87-6000535

De	escribe the unrelated trade or business Ticket Office Commiss	sion						
Par	Unrelated Trade or Business Income	(A) Income (B) Expens			nses	ses (C) Net		
1a	Gross receipts or sales Less returns and allowances 0 00 c Balance ▶	1c					u v	
b	Cost of goods sold (Schedule A, line 7)	2						
2	Gross profit. Subtract line 2 from line 1c	3		_				
3	Capital gain net income (attach Schedule D)	4a						
4a b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b						
273	Capital loss deduction for trusts	4c						
с 5	Income (loss) from a partnership or an S corporation (attach	40						
5	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	<u> </u>						
U	organization (Schedule F)	8						
9	Investment income of a section 501(c)(7), (9), or (17)							
3	organization (Schedule G)	9						
10	Exploited exempt activity income (Schedule I)	10						
11	Advertising income (Schedule J)	11						
12	Other income (See instructions; attach schedule)	12	36,730	00			36,730	00
13	Total. Combine lines 3 through 12	13	36,730	_		0 00	36,730	00
14	connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) .				14		
15	Salaries and wages					15		
16	Repairs and maintenance					16		
17	Bad debts					17		
18	Interest (attach schedule) (see instructions)					18		
19	Taxes and licenses					19		
20	Depreciation (attach Form 4562)							
21	Less depreciation claimed on Schedule A and elsewhere on re					21b		
22	Depletion					22		
23	Contributions to deferred compensation plans					23		
24	Employee benefit programs					24		
25	Excess exempt expenses (Schedule I)					25		
26	Excess readership costs (Schedule J)					26		
27	Other deductions (attach schedule)					27	43,996	00
28	Total deductions. Add lines 14 through 27					28	43,996	00
29	Unrelated business taxable income before net operating loss of	deduc	tion. Subtract li	ne 28	from line 1	3 29	(7,266	00)
30	Deduction for net operating loss arising in tax years beginn instructions)					e 30		
31	Unrelated business taxable income. Subtract line 30 from line					31	(7,266	00)

Cat. No. 71329Y

Weber State University Summary of Unrelated Business Activities For the Fiscal Year Ended June 30, 2020 Facility Rental Summary Activity Code: 531120

Activity	Total Income	Direct Costs	Indirect Costs	Income/ (Loss)	
1. Swenson Gym Facility Rental	\$ 1,510.50	\$ 21,099.78	\$ 332.31	\$ (19,921.59)	
2. Sky Suite Facility Rental	56,047.00	77,467.62	12,330.34	(33,750.96)	
3. Wilderness Recreation Center	43,819.98	40,953.90	9,640.40	(6,774.31)	
4. Browning Center Events	230,883.16	180,780.27	107,075.59	(56,972.70)	
5. Dee Event Center	63,211.71	41,815.04	12,201.80	9,194.87	
6. Alumni	8,305.00	26,338.78	1,827.10	(19,860.88)	
7. Field House	13,015.19	13,052.88	2,863.34	(2,901.03)	
8. Football Stadium Rental	2,250.00	49,684.84	495.00	(47,929.84)	
9. Scheduling, Events & Conf	41,178.65	88,908.46	9,059.30	(56,789.11)	
10. Athletics Parking Lot	20,804.80	18,815.31	4,577.06	(2,587.56)	
Total	\$ 481,026	\$ 558,917	\$ 160,402	\$ (238,293)	

Weber State University Summary of Unrelated Business Activities For the Fiscal Year Ended June 30, 2020 Swenson Gym Community Pass Summary Activity Code: 713940

Activity	1	Total ncome	Direct Costs	 ndirect Costs	lı	ncome/ (Loss)
1. Swenson Gym - Community Pas	S	22,959.00	19,557.30	5,050.98		(1,649)
Total	\$	22,959	\$ 19,557	\$ 5,051	\$	(1,649)

Weber State University Summary of Unrelated Business Activities For the Fiscal Year Ended June 30, 2020 Ticket Office Commission Summary Activity Code: 561599

Acti	vity	 Total ncome	 Direct Costs	 ndirect Costs	Income/ (Loss)		
1.	Ticket Office	36,730.12	35,915.36	8,080.63		(7,266)	
	Total	\$ 36,730	\$ 35,915	\$ 8,081	\$	(7,266)	