

**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 July 1, 2015, and ending June 30, 20 16

► Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.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 <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) University of Arkansas - Fayetteville Campus Number, street, and room or suite no. If a P.O. box, see instructions. 222 ADMN, 1 University of Arkansas City or town, state or province, country, and ZIP or foreign postal code Fayetteville, AR 72701	D Employer identification number (Employees' trust, see instructions.) 71-6003252
		E Unrelated business activity codes (See instructions.) 451211   721000
C Book value of all assets at end of year	F Group exemption number (See instructions.) ►	G Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

H Describe the organization's primary unrelated business activity. ► Bookstore & Athletics Store

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 ► Colin French, Tax Compliance Officer Telephone number ► 479-575-4717

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	2,087,942		
b	Less returns and allowances			
c	Balance ►	1c 2,087,942		
2	Cost of goods sold (Schedule A, line 7)	2 1,163,950		
3	Gross profit. Subtract line 2 from line 1c	3 923,992		923,992
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6 14,126		14,126
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (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)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12 1,231,509		1,231,509
13	<b>Total.</b> Combine lines 3 through 12	13 2,169,627		2,169,627

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15	448,887	
16	Repairs and maintenance	16	25,232	
17	Bad debts	17		
18	Interest (attach schedule)	18	9,346	
19	Taxes and licenses	19	101	
20	Charitable contributions (See instructions for limitation rules)	20		
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule)	28	1,361,101	
29	<b>Total deductions.</b> Add lines 14 through 28	29	1,844,667	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	324,960	
31	Net operating loss deduction (limited to the amount on line 30)	31		
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	324,960	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000	
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	323,960	

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> 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	109,595
<b>36</b>	<b>Trusts Taxable at Trust Rates.</b> 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	
<b>37</b>	<b>Proxy tax.</b> See instructions . . . . .	37	
<b>38</b>	<b>Alternative minimum tax</b> . . . . .	38	
<b>39</b>	<b>Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies . . . . .	39	109,595

**Part IV Tax and Payments**

<b>40a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . . . .	40a		
<b>b</b>	Other credits (see instructions) . . . . .	40b		
<b>c</b>	General business credit. Attach Form 3800 (see instructions) . . . . .	40c		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827) . . . . .	40d		
<b>e</b>	<b>Total credits.</b> Add lines 40a through 40d . . . . .	40e		
<b>41</b>	Subtract line 40e from line 39 . . . . .	41	109,595	
<b>42</b>	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		
<b>43</b>	<b>Total tax.</b> Add lines 41 and 42 . . . . .	43	109,595	
<b>44a</b>	Payments: A 2014 overpayment credited to 2015 . . . . .	44a	8,286	
<b>b</b>	2015 estimated tax payments . . . . .	44b	150,000	
<b>c</b>	Tax deposited with Form 8868 . . . . .	44c		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	44d		
<b>e</b>	Backup withholding (see instructions) . . . . .	44e		
<b>f</b>	Credit for small employer health insurance premiums (Attach Form 8941) . . . . .	44f		
<b>g</b>	Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶	44g		
<b>45</b>	<b>Total payments.</b> Add lines 44a through 44g . . . . .	45	158,286	
<b>46</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>	46		
<b>47</b>	<b>Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed . . . . .	47		
<b>48</b>	<b>Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid . . . . .	48	48,691	
<b>49</b>	Enter the amount of line 48 you want: Credited to 2016 estimated tax ▶ 48,691 Refunded ▶	49		

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

<b>1</b>	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 ▶	Yes	No
<b>2</b>	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.		✓
<b>3</b>	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 ▶

<b>1</b>	Inventory at beginning of year	<b>1</b>	853,642	<b>6</b>	Inventory at end of year . . . . .	<b>6</b>	980,105
<b>2</b>	Purchases . . . . .	<b>2</b>	1,290,413	<b>7</b>	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .	<b>7</b>	1,163,950
<b>3</b>	Cost of labor . . . . .	<b>3</b>		<b>8</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .	Yes	No
<b>4a</b>	Additional section 263A costs (attach schedule) . . . . .	<b>4a</b>					✓
<b>b</b>	Other costs (attach schedule)	<b>4b</b>					
<b>5</b>	<b>Total.</b> Add lines 1 through 4b	<b>5</b>	2,144,055				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** *Chris D. [Signature]* CPA **11.4.16** Dir. Financial Affairs Compliance  
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no.	

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1) Media Equipment Rental

(2) Facilities Management Rental

(3)

(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1) 2,910		
(2) 11,216		
(3)		
(4)		
Total 14,126	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **14,126**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)

**Schedule E—Unrelated Debt-Financed Income (see instructions)**

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals

**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)				
<b>Totals</b>	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

**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)						
<b>Totals</b>	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.

**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)						
<b>Totals (carry to Part II, line (5))</b>						

**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)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>						
<b>Totals, Part II (lines 1-5)</b>	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 27.

**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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			

University of Arkansas, Fayetteville Campus

FYE 06/30/2016

71-6003252

Additional Information

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Line 12 - Other Income:

Bus advertising	96,038
Commissions	558,453
Conference housing	568,748
Garvan Gardens Sponsorship with Benefits	8,270
Total	<u>1,231,509</u>

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Line 28 - Other Deductions:

Computing Services support	2,147
Insurance	9,428
Travel	3,840
Supplies	32,895
Printing	351
Contract Labor	7,879
Mailing	2,034
Advertising	154,989
Credit card fees	3,883
Custodial	14,042
Rent, security, utilities	515,677
Telephone	5,822
Cable	6,609
Miscellaneous	16,163
Conference bed expense	458,066
Indirect expense	127,276
Total	<u>1,361,101</u>

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Interest expense - Bookstore Bond interest

9,346