Form 990-T

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

OMB No. 1545-0687

2016 For calendar year 2015 or other tax year beginning 10/01, 2015, and ending 9/30► Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Department of the Treasury Internal Revenue Service Open to Public Inspection for 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Employer identification number (Employees' trust, see instructions.) Check box if name changed and see instructions. Check box if D address changed INTERNATIONAL ASSOCIATION OF Exempt under section Print EXHIBITIONS & EVENTS or 75-2597310  $[X]_{501}(C)(6)$ 12700 PARK CENTRAL DRIVE #308 Type Unrelated business activity 408(e) 220(e) DALLAS, TX 75251 codes (See instructions.) 408A 530(a) 529(a) Book value of all assets at Group exemption number (See instructions.) ▶ Check organization type.... ► X 501(c) corporation 401(a) trust 501(c) trust Other trust 3,677,082. Describe the organization's primary unrelated business activity. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?... 🟲 If 'Yes,' enter the name and identifying number of the parent corporation... Telephone number ▶ 972-458-8002 The books are in care of ▶ SCOTT STANTON Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales . . 1 c **b** Less returns and allowances . . . 2 Cost of goods sold (Schedule A, line 7)..... 2 3 Gross profit. Subtract line 2 from line 1c..... 3 4 a Capital gain net income (attach Schedule D) ..... 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . . . . . . . 4 b 4 c c Capital loss deduction for trusts..... Income (loss) from partnerships and S corporations 5 (attach statement)..... 6 6 Unrelated debt-financed income (Schedule E)..... 7 Interest, annuities, royalties, and rents from controlled organizations (Schedule F). 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G).... 9 Exploited exempt activity income (Schedule I)..... 10 10 Advertising income (Schedule J)..... 11 Other income (See instructions; attach schedule)..... 12 12 SEE STATEMENT 1 51,042 51,042. 13 13 Total. Combine lines 3 through 12... 51,042. 51,042. Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for Part II contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K)..... 14 14 15 Salaries and wages..... 15 16 Repairs and maintenance..... 16 17 17 Interest (attach schedule)..... 18 18 19 Taxes and licenses..... 19 Charitable contributions (See instructions for limitation rules)..... 20 20 21 22 b 22 23 23 Contributions to deferred compensation plans..... 24 24 25 Employee benefit programs..... 25 26 Excess exempt expenses (Schedule I)..... 26 Excess readership costs (Schedule J)..... 27 27 Other deductions (attach schedule) SEE STATEMENT 2 28 28 82,782. 29 Total deductions. Add lines 14 through 28 ..... 82,782. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13...... 30 -31,740.30 Net operating loss deduction (limited to the amount on line 30)..... 31 31 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30..... -31,740. 32 32 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)..... 33 33 -31,740.Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.

35	Organizations Taxable as Corporations. See instructions for tax computation.	1000		
1.00	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and:			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		22	
-	(1)  \$   (2)  \$   (3)  \$			
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$			
	(2) Additional 3% tax (not more than \$100,000)	300		
c	Income tax on the amount on line 34.	35 c		0
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	350		0.
30	on line 34 from: Tax rate schedule or Schedule D (Form 1041)	36		
27		36		
	Proxy tax. See instructions	-		
	Alternative minimum tax	38	1 11 11 11 11	
	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39		0.
2 97 17 1996 107	t IV Tax and Payments			
40 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40 a			-5/61/25
b	Other credits (see instructions)			
С	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits. Add lines 40a through 40d	40 e		0.
41	Subtract line 40e from line 39	41	***	0.
42	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
	Other (attach schedule)	42		
43	Total tax. Add lines 41 and 42	43		0.
	Payments: A 2014 overpayment credited to 2015	20000		0.
	2015 estimated tax payments			
	Tax deposited with Form 8868			
	Foreign organizations: Tax paid or withheld at source (see instructions) 44 d	200		
	Backup withholding (see instructions)			
	Credit for small employer health insurance premiums (Attach Form 8941) 44f			
g	Other credits and payments: Form 2439			
	Form 4136         Other         Total         ▶         44 g			
	Total payments. Add lines 44a through 44g	45		0.
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached	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		
	Enter the amount of line 48 you want: Credited to 2016 estimated tax ► Refunded ►	49		
	t V Statements Regarding Certain Activities and Other Information (see instructions)	1 10		
				- N
	At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority or		Yes	No
	financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN		- 0.00 m.C. (100 m.C.)	
	Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		NAMES OF THE PROPERTY OF THE P	X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	a forei	gn trust?.	X
	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 ▶ \$ 0.			
9/5/	edule A — Cost of Goods Sold. Enter method of inventory valuation ▶			
	The thory at beginning or year.	6		
2	Purchases			
3	and in Part   line 2	7		
4 a	Additional section 263A costs (attach schedule)		Vac	No
	4a		Yes	No
b	Other costs (attach sch).  8 Do the rules of section 263A (wi property produced or acquired for			
5	(attach sch)			Х
	Total Add Into Tallough 15		VALUE OF THE PARTY	71
C:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has an			
Sign	Cynthia Herring for Scott Stanton 8-14-17 CFO	May the	IRS discuss this return	n with
Here	Sighature of officer Date Title	instructi	parer shown below (see ons)? X Yes	No
Paid	Print/Type preparer's name Preparer's afgnature Date Check if	PT	IN	
Pre-	MITCHELL G. PERRY, CPA /// T/N/S elf-employed	P	00285051	
pare			568850	
Use				
Only		12	14) 696-832	20
BAA	TEEA0202L 10/12/15	12-	Form <b>990-T</b> (2	
LJ PO PO				

Schedule C — Rent Inco  1 Description of property	The (1 form feet)	roperty and	u i ci 30	nai i iopeity	Luas	- With Ne	1110	perty) (see instructions)		
(1)			10 - 10 - 12 - 12 - 12 - 12 - 12 - 12 -							
(2)										
(3)										
(4)										
	2 Rent received					3(a) Dedu	ctions d	lirectly connected with		
(a) From personal p (if the percentage of rent property is more than 1 more than 50%	for personal 0% but not	(if the perc property ex	entage of ceeds 509	ersonal propert rent for person % or if the rent or income)	al l	the incor	blumns 2(a) and 2(b)			
(1)										
(2)				No. 100						
(3)										
(4)	<b>-</b>	<u> </u>								
Total	Tot					(b) Total deducti	ons Ente	r		
(c) Total income. Add totals of here and on page 1, Part I, lin Schedule E — Unrelated	e 6, column (A)					here and on page I, line 6, column (	1. Part			
Schedule E - Unrelated	Debt-Financed i	ncome (see	Instructio	ns)	120	1 1 1 1				
1 Description of d	lebt-financed propert	y	or alloc	income from able to debt-		debt-	finance	onnected with or allocable to inced property		
			inanc	ed property		(a) Straight line eciation (attach		(b) Other deductions (attach schedule)		
(1)										
(2)	<del></del>				-					
(4)					-					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5</b> Average adjust or allocable to deproperty (attac	ebt-financed	t-financed divided by			<b>7</b> Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%						
(2)				%						
(3)				%				- 1,000 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(4)			l	્ર	F	1	1.5			
Totals Total dividends-received dedu					Part I	, line 7, columi	n (A). F	Enter here and on page 1 Part I, line 7, column (B).		
Schedule F – Interest, A					Orga	anizations (s	ee instr	ructions)		
		Exempt Con			9 -	(5				
1 Name of controlled organization	<b>2</b> Employer identification number	3 Net unr income (see instru	elated 4 Total of specified payments made			5 Part of column that is included the controlling organization's gross income		connected with income in column 5		
(1)										
(2)										
(3)						-				
(4) Nonexempt Controlled Organiz	<u>I</u>				-					
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	paymer	nts made included in th		in the	column 9 that is not the controlling of signs income		11 Deductions directly connected with income in column 10		
(1)										
(2)										
(3)										
(4)			2700 B			nd 10. Enter 1, Part I, line		columns 6 and 11. Enter and on page 1, Part I, line		
Totals				8,	column	(A).	.,5,5,6	8, column (B).		

1 Description of income	2 Amount of inc		3 dire	Deductions ctly connected ach schedule)	4 Set-aside (attach sched	es	5 Tota set-a	l deductions and sides (column 3 us column 4)
(1)								
(2)								
(3)					-			
(4)	Falabasas							
	Enter here and on p Part I, line 9, colur	nn (A).					Enter he	ere and on page 1 ine 9, column (B).
Totals	0.00 pp4							
Schedule I – Exploited Exemp	t Activity Incom	ie. Oth	er Tha	n Advertisina	ncome (see ins	truction	1	
Defication Expressed Exemp	2 Gross		ses directly	· · · · · · · · · · · · · · · · · · ·	5 Gross income from		penses	7 Excess exempt
1 Description of exploited activity	unrelated business income from trade or business	conne prod of u	cted with duction nrelated ss income	from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	activity that is not unrelated business income	attrib	utable to umn 5	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, column (A).	on p Part I	here and page 1, , line 10, mn (B).					Enter here and on page 1, Part II, line 26.
Totals								
Schedule J - Advertising Inco								
Part I Income From Periodic								
1 Name of periodical	<b>2</b> Gross advertising income	adve	Pirect ertising osts	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute col 5 through 7.	5 Circulation income		adership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)								
(2)								
(3)								
(4)								tukli a salah s
Totals (carry to Part II, line (5))  Part II Income From Periodic 7 on a line-by-line basis.)	als Reported or					Part II	, fill in col	umns 2 through
1 Name of periodical	<b>2</b> Gross advertising income	adve	Pirect ertising osts	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7.	5 Circulation income		adership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)								
(2)								
(3)					100.00			
(4)								
Totals from Part I ▶								
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A)	on p	here and page 1, , line 11, mn (B).				* · · · · · · · · · · · · · · · · · · ·	Enter here and on page 1, Part II, line 27.
Schedule K - Compensation	of Officers. Dire	ctors.	and Tr	ustees (see instr	uctions)			
1 Name	,			2 Title	3 Percent of time devote to busines	ed		ation attributable ated business
						१		
						8		
						ક		
						%		
Total, Enter here and on page 1, Part	II, line 14					▶	Andrew Co. (L. C.)	THE WAS TO SHOULD BE

2015	FEDERAL STATEMENTS INTERNATIONAL ASSOCIATION OF EXHIBITIONS & EVENTS	PAGE 75-259731
COMMISSIONS	TOTAL	\$ 2,924. 36,325. 11,793. 51,042.
OVERHEAD EXPENSES	TOTAL	\$ 10,081. 55,315. 17,386. 82,782.