	Exempt Organization Business Income Tax Return						
	(and proxy tax under section 6033(e))						
	For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30 ¹ , 2019. • Go to www.irs.gov/Form990T for instructions and the latest information.						
					3)	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). Name of organization (
B Exempt under section Print AMERICAN ATHLET	d						
X 501(c)(3 03 or Number, street, and room or suite i	Number, street, and room or suite no. If a P.O. box, see instructions.						
— IVNA	Type 15 PARK ROW WEST, 3RD FLOOR						
408A 530(a) City or town, state or province, cou							
529(a) PROVIDENCE, RI							
at end of year	F Group exemption number (See instructions.)						
G Check organization type	G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust						
H Enter the number of the organization's unrelated trades or businesses				the only (or first)	unrelated		
trade or business here DISALLOWED EMPLOYED			 · ·	complete Parts I-			
describe the first in the blank space at the end of the previous sentence	ce, complete Pa	ırts I an	d II, complete a Schedule	M for each additi	onal trad	e or	
business, then complete Parts III-V.					 _	· · · · · · · · · · · · · · · · · · ·	
During the tax year, was the corporation a subsidiary in an affiliated g		nt-subs	idiary controlled group?	•	Y	es L No	
If "Yes," enter the name and identifying number of the parent corporat	tion.				461	070 0100	
J The books are in care of KAREN GIBLIN Part I Unrelated Trade or Business Income	 					272-9108 (C) Net	
			(A) Income	(B) Expens	88	(O) Net	
1a Gross receipts or sales						·	
b Less returns and allowances c Balance	ce -	10			<u> </u>		
2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c		3				<u> </u>	
3 Gross profit. Subtract line 2 from line 1c 4 a 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 a partnership or an S corporation (attach state	ment\	5	<u> </u>				
6 Rent income (Schedule C)		6					
7 Unrelated debt-financed income (Schedule E)		7	 				
8 Interest, annuries, royalties, and rents from a controlled organizat	ION (Schedule F)	8					
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)							
10 Exploited exempt activity income (Schedule I)		10					
11 Advertising income (Schedule J)		_11					
12 Other income (See instructions; attach schedule)		12					
13 Total. Combine lines 3 through 12		13	0.				
Part II Deductions Not Taken Elsewhere (See				.—	_		
(Except for contributions, deductions must be direct	tly connected	d with		1·			
14 Compensation of officers, directors, and trustees (Schedule K)		Γ	RECEIVE)\	14		
15 Salaries and wages		1 1		1661	15		
16 Repairs and maintenance		B098	NOV 2 1 201	8 188	16	 	
17 Bad debts		188	MOVEL	<u> ₩</u> .	17_		
18 Interest (attach schedule) (see instructions)		-	l		18		
19 Taxes and licenses		- 1	OGDEN, I	<u></u>	19		
20 Charitable contributions (See instructions for limitation rules)		ـــا	1 1		20		
Depreciation (attach Form 4562)	_		21		⊢		
Less depreciation claimed on Schedule A and elsewhere on retur	'n		228		22b		
23 Depletion	•				23		
Contribútions to deferred compensation plans					24		
25 Employee benefit programs 26 Excess exempt expenses (Schedule I)		-	••		25 26	 	
27 Excess readership costs (Schedule J)			•	-	27	 	
28 Other deductions (attach schedule)					28	 	
29 Total deductions. Add lines 14 through 28			1		29	0.	
30 Unrelated business taxable income before net operating loss ded	uction Subtrac	t line 2	 9 from line 13		30	0.	
31 Deduction for net operating loss arising in tax years beginning or					31		
32 Unrelated business taxable income. Subtract line 31 from line 30						0.	
823701 01-08-19 LHA For Paperwork Reduction Act Notice, see ins				· · · · · · · · · · · · · · · · · · ·		Form 990-T (2018)	

Part I		<u>-024</u>	14593	Page 2
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes	34	97,625.	
	•			31,023.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			07 605
	lines 33 and 34		36	97,625.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		_37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		1 1	06 605
D41	enter the smaller of zero or line 36		38	96,625.
	V Tax Computation		T	20 201
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)		39	20,291.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	_		
	Tax rate schedule or Schedule D (Form 1041)		40	
41	Proxy tax. See instructions		41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	20,291.
Part \				
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		1 1	
b	Other credits (see instructions) 45b		」	
C	General business credit. Attach Form 3800		↓	
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		_\ \ \	
е	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	20,291.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach s	chedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	20,291.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments: A 2017 overpayment credited to 2018			
b	2018 estimated tax payments 50b		7	
	Tax deposited with Form 8868 50c		7	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		1	
	Backup withholding (see instructions) 50e		1	
	Credit for small employer health insurance premiums (attach Form 8941) 50f		1	
	Other credits, adjustments, and payments: Form 2439		1 1	
y	Form 4136 Other Total > 50g			
51	Total payments. Add lines 50a through 50g		51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	851.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	21,142.
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	<u> </u>
55	Enter the amount of line 54 you want: Gredited to 2019 estimated tax		55	
Part V				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		_	Yes No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			163 110
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
67	here >			
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to	ustr.		
50	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\bigs\\$\$ Under penalties of pergry, I declare that I have examined this return, including accompanying schedules and statements, and to the best	of my kar	nwiedee and h	noted at as true
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		wiede and o	ener, it is true,
Here	CHIEF OPERATING			scuss this return with
	Signature of officer Date OFFICER			own below (see
			nstructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check		if PTIN	
Paid	1 (7) 16 24 1 7 14. 1 1 1 1 1 1 1 1 1 1	mployed	1	260145
Prepa	arer ANTHONY W. SCORPIO / WATTY 1/13/245			360145
Use (7/11 8	s EIN 🕨	<u>, 05-</u>	0392605
	67 CEDAR STREET		/ 401 \=	151 2060
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