

**TY2025 990-T MeF ATS Scenario 2**

**EIN:** 00-9111045

**Forms Required:** 990-T, Schedule A (Form 990-T) (3), Schedule D (Form 1120), Form 4797, Form 8949, Form 4562 (2), Form 8050

**Attachments:** See page 2

**PreparerFirmGrp**

**PreparerFirmEIN** – 00-0001873

**PreparerFirmName** – Cheatem & Co

**PreparerFirmUSAddress** – 100 Main St, Deadwood, SD 57732

**MultSoftwarePackagesUsedInd** -- no

**OriginatorGrp**

**EFIN** – as assigned

**OriginatorTypeCd** -ERO

**PractitionerPINGrp**

**EFIN** – as assigned

**PIN** – 15512

**PinEnteredByCd** – ERO or N/A for Online Filer

**SignatureOptionCd** – Pin Number or Binary Attachment 8453 Signature Document

**ReturnTypeCd** – 990-T

**TaxPeriodBeginDt** – 1/1/2025

**TaxPeriodEndDt** -12/31/2025

**Filer**

**EIN** – 00-9111045

**BusinessName** – Outdoor Sports Club, Inc.

**BusinessNameControlTxt** – OUTD

**USAddress** – 100 Browning St, Deadwood, SD 57732

**BusinessOfficerGrp**

**PersonNm** – James Hickok

**PersonTitleTxt** -- President

**PhoneNum** – 223-555-1212

**EmailAddressTxt** --

**SignatureDt** – self-select

**TaxpayerPIN** – self-select

**DiscussWithPaidPreparerInd** – Y

**TY2025 990-T MeF ATS Scenario 2 cont.**

**PreparerPersonGrp**

**PreparerPersonNm** – Moe Howard, CPA

**PTIN** – P09876542

**PhoneNum** – 233-555-1212

**EmailAddressTxt** --

**PreparationDt** – self select

**SelfEmployedInd** – N

**SigningOfficerGrp**

**PersonFirstNm** - James

**PersonLastNm** - Hickok

**SSN** – 999-00-9999

**binaryAttachmentCnt** – 0

**Attachments:**

1. OtherIncomeSchedule3 (Schedule A (990-T), 1 of 3, Part I, line 12)
2. OtherDeductionSchedule (Schedule A (990-T), 1 of 3, Part II, line 14))
3. ExpenseConnectedInvestmentIncome501c7917Schedule (Schedule A (990-T), 3 of 3, Part VII, line 3)

Outdoors Sports Club, Inc.  
EIN 00-9111045

**OtherIncomeSchedule3** (Schedule A (990-T), 1 of 3, Part I, line 12)

| Form Number                    | IRC Section Number | Other income description     | Other income amount |
|--------------------------------|--------------------|------------------------------|---------------------|
|                                |                    | Carryout Sales               | 6,000               |
|                                |                    | Non-Member Sports admissions | 10,000              |
|                                |                    |                              |                     |
| TOTAL – included on dependency |                    |                              | 16,000              |

**OtherDeductionSchedule** (Schedule A (990-T), 1 of 3, Part II, line 14)

| Specific Deduction Description | Amount                  |
|--------------------------------|-------------------------|
| Accounting                     | 1,000                   |
|                                |                         |
|                                |                         |
| Other Deductions Description   | Other Deductions Amount |
| Utilities                      | 4,000                   |
|                                |                         |
|                                |                         |

**ExpenseConnectedInvestmentIncome501c7917Schedule** (Schedule A (990-T), 2 of 3, Part VII, line 3)

| Line number from Schedule A    | Investment income description | Expense Description | Expense Amounts | Investment total amount | Percent allocable to investment | Expenses directly connected to investment income |
|--------------------------------|-------------------------------|---------------------|-----------------|-------------------------|---------------------------------|--------------------------------------------------|
| Line 1                         | CD Interest                   | Accounting          | 1,000           | 1,000                   | 100%                            | 1,000                                            |
|                                |                               |                     |                 |                         |                                 |                                                  |
| TOTAL - included on dependency |                               |                     |                 |                         |                                 | 1,000                                            |

Form **990-T****Exempt Organization Business Income Tax Return**  
**(and proxy tax under section 6033(e))**

OMB No. 1545-0047

**2025**Department of the Treasury  
Internal Revenue Service

For calendar year 2025 or other tax year beginning \_\_\_\_\_, 2025, and ending \_\_\_\_\_, 20\_\_\_\_

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSNs 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

|                                                                                                                                                                                                                                                                                                                        |                                                                                                                                      |                                |                   |                                            |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------|--------------------------------------------|-------------------------------------------------------------------|
| <b>A</b> <input type="checkbox"/> Check box if address changed.                                                                                                                                                                                                                                                        | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><b>Outdoor Sports Club, Inc.</b> |                                |                   |                                            | <b>D</b> Employer identification number<br><b>00-9111045</b>      |
| <b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501( c )( 7 )<br><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A                                | Number and street. If a P.O. box, see instructions.<br><b>100 Browning Street</b>                                                    |                                | Room or suite no. |                                            | <b>E</b> Group exemption number<br>(see instructions)             |
|                                                                                                                                                                                                                                                                                                                        | City or town<br><b>Deadwood</b>                                                                                                      | State or province<br><b>SD</b> | Country           | ZIP or foreign postal code<br><b>57732</b> |                                                                   |
|                                                                                                                                                                                                                                                                                                                        | C Book value of all assets at end of year <b>5,250,000</b>                                                                           |                                |                   |                                            | <b>F</b> <input type="checkbox"/> Check box if an amended return. |
| <b>G</b> 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 <input type="checkbox"/> State college/university<br><input type="checkbox"/> 6417(d)(1)(A) Applicable entity |                                                                                                                                      |                                |                   |                                            |                                                                   |

|                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>H</b> Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800                                                                        |
| <b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>                                                                                                                                      |
| <b>J</b> Enter the number of attached Schedules A (Form 990-T) <b>3</b>                                                                                                                                                                                                         |
| <b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the name and identifying number of the parent corporation |
| <b>L</b> The books are in care of <b>James Hickok 100 Browning Street Deadwood SD 57732</b> Telephone number <b>223-555-1212</b>                                                                                                                                                |

**Part I Total Unrelated Business Taxable Income**

|                                                                                                                                       |           |                |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| <b>1</b> Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)               | <b>1</b>  | <b>674,000</b> |
| <b>2</b> Reserved for future use                                                                                                      | <b>2</b>  | <b>0</b>       |
| <b>3</b> Add lines 1 and 2                                                                                                            | <b>3</b>  | <b>674,000</b> |
| <b>4</b> Charitable contributions (see instructions for limitation rules)                                                             | <b>4</b>  | <b>0</b>       |
| <b>5</b> Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3                             | <b>5</b>  | <b>674,000</b> |
| <b>6</b> Deduction for net operating loss. See instructions                                                                           | <b>6</b>  | <b>0</b>       |
| <b>7</b> Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | <b>7</b>  | <b>674,000</b> |
| <b>8</b> Specific deduction (generally \$1,000, but see instructions for exceptions)                                                  | <b>8</b>  | <b>1,000</b>   |
| <b>9</b> <b>Trusts.</b> Section 199A deduction. See instructions                                                                      | <b>9</b>  |                |
| <b>10</b> <b>Total deductions.</b> Add lines 8 and 9                                                                                  | <b>10</b> | <b>1,000</b>   |
| <b>11</b> <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero       | <b>11</b> | <b>673,000</b> |

**Part II Tax Computation**

|                                                                                                                                                                                                                                       |           |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| <b>1</b> <b>Organizations taxable as corporations.</b> Multiply Part I, line 11, by 21% (0.21)                                                                                                                                        | <b>1</b>  | <b>141,330</b> |
| <b>2</b> <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | <b>2</b>  | <b>0</b>       |
| <b>3</b> <b>Proxy tax.</b> See instructions                                                                                                                                                                                           | <b>3</b>  | <b>0</b>       |
| <b>4a</b> Amount from Form 4255, Part I, line 3, column (q)                                                                                                                                                                           | <b>4a</b> | <b>0</b>       |
| <b>b</b> Other tax amounts. See instructions                                                                                                                                                                                          | <b>4b</b> | <b>0</b>       |
| <b>5</b> Alternative minimum tax                                                                                                                                                                                                      | <b>5</b>  | <b>0</b>       |
| <b>6</b> <b>Tax on noncompliant facility income.</b> See instructions                                                                                                                                                                 | <b>6</b>  | <b>0</b>       |
| <b>7</b> <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies                                                                                                                                                        | <b>7</b>  | <b>141,330</b> |

**Part III Tax and Payments**

|                                                                                                                                                                                |           |                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|--|
| <b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)                                                                                          | <b>1a</b> | <b>0</b>       |  |
| <b>b</b> Other credits (see instructions)                                                                                                                                      | <b>1b</b> | <b>0</b>       |  |
| <b>c</b> General business credit. Attach Form 3800 (see instructions)                                                                                                          | <b>1c</b> | <b>0</b>       |  |
| <b>d</b> Credit for prior-year minimum tax (attach Form 8801 or 8827)                                                                                                          | <b>1d</b> | <b>0</b>       |  |
| <b>e</b> <b>Total credits.</b> Add lines 1a through 1d                                                                                                                         | <b>1e</b> | <b>0</b>       |  |
| <b>2</b> Subtract line 1e from Part II, line 7                                                                                                                                 | <b>2</b>  | <b>141,330</b> |  |
| <b>3a</b> Amount from Form 4255, Part I, line 3, column (r) (see instructions)                                                                                                 | <b>3a</b> | <b>0</b>       |  |
| <b>b</b> Amount due from Form 8611                                                                                                                                             | <b>3b</b> | <b>0</b>       |  |
| <b>c</b> Amount due from Form 8697                                                                                                                                             | <b>3c</b> | <b>0</b>       |  |
| <b>d</b> Amount due from Form 8866                                                                                                                                             | <b>3d</b> | <b>0</b>       |  |
| <b>e</b> Other amounts due (see instructions)                                                                                                                                  | <b>3e</b> | <b>0</b>       |  |
| <b>f</b> Total amounts due. Add lines 3a through 3e                                                                                                                            | <b>3f</b> | <b>0</b>       |  |
| <b>4</b> <b>Total tax.</b> Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here | <b>4</b>  | <b>141,330</b> |  |

**Part III Tax and Payments** (continued)

|                                                                            |                                                                                                          |           |         |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>5a</b>                                                                  | Current net 965 tax liability paid from Form 965-A, Part II, column (k)                                  | <b>5a</b> | 0       |
| <b>b</b>                                                                   | First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15     | <b>5b</b> | 0       |
| <b>6a</b>                                                                  | Payments: Preceding year's overpayment credited to the current year                                      | <b>6a</b> | 85,000  |
| <b>b</b>                                                                   | Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | <b>6b</b> | 95,000  |
| <b>c</b>                                                                   | Tax deposited with Form 8868                                                                             | <b>6c</b> | 0       |
| <b>d</b>                                                                   | Foreign organizations: Tax paid or withheld at source (see instructions)                                 | <b>6d</b> | 0       |
| <b>e</b>                                                                   | Backup withholding (see instructions)                                                                    | <b>6e</b> | 0       |
| <b>f</b>                                                                   | Credit for small employer health insurance premiums (attach Form 8941)                                   | <b>6f</b> | 0       |
| <b>g</b>                                                                   | Elective payment election amount from Form 3800                                                          | <b>6g</b> | 0       |
| <b>h</b>                                                                   | Payment from Form 2439                                                                                   | <b>6h</b> | 0       |
| <b>i</b>                                                                   | Credit from Form 4136                                                                                    | <b>6i</b> | 0       |
| <b>j</b>                                                                   | Other (see instructions)                                                                                 | <b>6j</b> | 0       |
| <b>k</b>                                                                   | Section 1062 applicable net tax liability. Enter amount from 1062, line 14                               | <b>6k</b> | 0       |
| <b>7</b>                                                                   | <b>Total payments and section 1062 applicable net tax liability.</b> Add lines 6a through 6k             | <b>7</b>  | 180,000 |
| <b>8</b>                                                                   | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>        | <b>8</b>  |         |
| <b>9</b>                                                                   | <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed         | <b>9</b>  |         |
| <b>10</b>                                                                  | <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid  | <b>10</b> | 38,670  |
| <b>11</b>                                                                  | Enter the amount of line 10 you want: <b>Credited to 2026 estimated tax</b> 0 <b>Refunded</b>            | <b>11</b> | 38,670  |
| For Refunded amount, also complete and attach Form 8050. See instructions. |                                                                                                          |           |         |

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

|                        |                                                                                                                                                                                                                                                                                                                                                                    |                                   |           |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------|
| <b>1</b>               | At any time during the 2025 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 | <b>Yes</b>                        | <b>No</b> |
| <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 . . . . \$ 0                                                                                                                                                                                                                                                                       |                                   |           |
| <b>4</b>               | Enter available pre-2018 NOL carryovers here \$ 0. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.                                                                                                                                             |                                   |           |
| <b>5</b>               | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.                                                                                                                                |                                   |           |
| Business Activity Code |                                                                                                                                                                                                                                                                                                                                                                    | Available post-2017 NOL carryover |           |
| -----                  |                                                                                                                                                                                                                                                                                                                                                                    | \$ -----                          |           |
| -----                  |                                                                                                                                                                                                                                                                                                                                                                    | \$ -----                          |           |
| -----                  |                                                                                                                                                                                                                                                                                                                                                                    | \$ -----                          |           |
| -----                  |                                                                                                                                                                                                                                                                                                                                                                    | \$ -----                          |           |
| <b>6a</b>              | Reserved for future use                                                                                                                                                                                                                                                                                                                                            |                                   |           |
| <b>b</b>               | Reserved for future use                                                                                                                                                                                                                                                                                                                                            |                                   |           |

**Part V Supplemental Information**

Provide any additional information. See instructions.

|                               |                                                                                                                                                                                                                                                                                                                        |  |                      |            |                                                 |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|------------|-------------------------------------------------|
| <b>Sign Here</b>              | 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. |  |                      |            |                                                 |
|                               | Signature of officer                                                                                                                                                                                                                                                                                                   |  | Date                 | Title      |                                                 |
| <b>Paid Preparer Use Only</b> | Enter preparer's name                                                                                                                                                                                                                                                                                                  |  | Preparer's signature | Date       | Check <input type="checkbox"/> if self-employed |
|                               | Firm's name                                                                                                                                                                                                                                                                                                            |  |                      | Firm's EIN |                                                 |
|                               | Firm's address                                                                                                                                                                                                                                                                                                         |  |                      | Phone no.  |                                                 |

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



SCHEDULE A  
(Form 990-T)Department of the Treasury  
Internal Revenue ServiceUnrelated Business Taxable Income  
From an Unrelated Trade or BusinessGo to [www.irs.gov/Form990T](https://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).

OMB No. 1545-0047

2025

Open to Public Inspection for  
501(c)(3) Organizations Only

|                                                                            |                                                              |
|----------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>A</b> Name of the organization<br><u>Outdoors Sports Club, Inc.</u>     | <b>B</b> Employer identification number<br><u>00-9111045</u> |
| <b>C</b> Unrelated business activity code (see instructions) <u>722513</u> | <b>D</b> Sequence: <u>1</u> of <u>3</u>                      |

**E** Describe the unrelated trade or business Non-Member Food and Beverage Sales

| Part I Unrelated Trade or Business Income |                                                                                        |                |                  | (A) Income | (B) Expenses   | (C) Net        |
|-------------------------------------------|----------------------------------------------------------------------------------------|----------------|------------------|------------|----------------|----------------|
| <b>1a</b>                                 | Gross receipts or sales                                                                | <u>305,000</u> |                  |            |                |                |
| <b>b</b>                                  | Less returns and allowances                                                            |                | <b>c</b> Balance | <b>1c</b>  |                |                |
| <b>2</b>                                  | Cost of goods sold (Part III, line 8)                                                  |                |                  | <b>2</b>   |                |                |
| <b>3</b>                                  | Gross profit. Subtract line 2 from line 1c                                             |                |                  | <b>3</b>   |                | <u>95,000</u>  |
| <b>4a</b>                                 | Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions |                |                  | <b>4a</b>  |                |                |
| <b>b</b>                                  | Net gain (loss) (Form 4797) (attach Form 4797). See instructions                       |                |                  | <b>4b</b>  |                |                |
| <b>c</b>                                  | Capital loss deduction for trusts                                                      |                |                  | <b>4c</b>  |                |                |
| <b>5</b>                                  | Income (loss) from a partnership or an S corporation (attach statement)                |                |                  | <b>5</b>   |                |                |
| <b>6</b>                                  | Rent income (Part IV)                                                                  |                |                  | <b>6</b>   | <u>24,000</u>  | <u>24,000</u>  |
| <b>7</b>                                  | Unrelated debt-financed income (Part V)                                                |                |                  | <b>7</b>   |                |                |
| <b>8</b>                                  | Interest, annuities, royalties, and rents from a controlled organization (Part VI)     |                |                  | <b>8</b>   |                |                |
| <b>9</b>                                  | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)          |                |                  | <b>9</b>   |                |                |
| <b>10</b>                                 | Exploited exempt activity income (Part VIII)                                           |                |                  | <b>10</b>  |                |                |
| <b>11</b>                                 | Advertising income (Part IX)                                                           |                |                  | <b>11</b>  |                |                |
| <b>12</b>                                 | Other income (see instructions; attach statement)                                      |                |                  | <b>12</b>  | <u>16,000</u>  | <u>16,000</u>  |
| <b>13</b>                                 | <b>Total.</b> Combine lines 3 through 12                                               |                |                  | <b>13</b>  | <u>135,000</u> | <u>135,000</u> |

**Part II Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

|           |                                                                                                                  |           |                |
|-----------|------------------------------------------------------------------------------------------------------------------|-----------|----------------|
| <b>1</b>  | Compensation of officers, directors, and trustees (Part X)                                                       | <b>1</b>  |                |
| <b>2</b>  | Salaries and wages                                                                                               | <b>2</b>  | <u>65,000</u>  |
| <b>3</b>  | Repairs and maintenance                                                                                          | <b>3</b>  | <u>20,000</u>  |
| <b>4</b>  | Bad debts                                                                                                        | <b>4</b>  |                |
| <b>5</b>  | Interest (attach statement). See instructions                                                                    | <b>5</b>  |                |
| <b>6</b>  | Taxes and licenses                                                                                               | <b>6</b>  | <u>3,000</u>   |
| <b>7</b>  | Depreciation (attach Form 4562). See instructions                                                                | <b>7</b>  | <u>8,000</u>   |
| <b>8</b>  | Less depreciation claimed in Part III and elsewhere on return                                                    | <b>8a</b> |                |
| <b>9</b>  | Depletion                                                                                                        | <b>9</b>  |                |
| <b>10</b> | Contributions to deferred compensation plans                                                                     | <b>10</b> |                |
| <b>11</b> | Employee benefit programs                                                                                        | <b>11</b> | <u>4,000</u>   |
| <b>12</b> | Excess exempt expenses (Part VIII)                                                                               | <b>12</b> |                |
| <b>13</b> | Excess readership costs (Part IX)                                                                                | <b>13</b> |                |
| <b>14</b> | Other deductions (attach statement)                                                                              | <b>14</b> | <u>5,000</u>   |
| <b>15</b> | <b>Total deductions.</b> Add lines 1 through 14                                                                  | <b>15</b> | <u>105,000</u> |
| <b>16</b> | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | <b>16</b> | <u>30,000</u>  |
| <b>17</b> | Deduction for net operating loss. See instructions                                                               | <b>17</b> |                |
| <b>18</b> | <b>Unrelated business taxable income.</b> Subtract line 17 from line 16                                          | <b>18</b> | <u>30,000</u>  |

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 740360

Schedule A (Form 990-T) 2025 Created 5/13/25

DRAFT — DO NOT FILE

DRAFT — DO NOT FILE

| <b>Part III Cost of Goods Sold</b> |                                                                                                                                                                                        | Enter method of inventory valuation | Cost             |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------|
| 1                                  | Inventory at beginning of year . . . . .                                                                                                                                               |                                     | <b>1</b> 65,000  |
| 2                                  | Purchases . . . . .                                                                                                                                                                    |                                     | <b>2</b> 200,000 |
| 3                                  | Cost of labor . . . . .                                                                                                                                                                |                                     | <b>3</b>         |
| 4                                  | Additional section 263A costs (attach statement) . . . . .                                                                                                                             |                                     | <b>4</b>         |
| 5                                  | Other costs (attach statement) . . . . .                                                                                                                                               |                                     | <b>5</b>         |
| 6                                  | <b>Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                          |                                     | <b>6</b> 265,000 |
| 7                                  | Inventory at end of year . . . . .                                                                                                                                                     |                                     | <b>7</b> 55,000  |
| 8                                  | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .                                                                                     |                                     | <b>8</b> 210,000 |
| 9                                  | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                  |

| <b>Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)</b> |                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1                                                                                               | Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.<br><b>A</b> <input checked="" type="checkbox"/> 100 Browning Street Deadwood SD 57732<br><b>B</b> <input type="checkbox"/><br><b>C</b> <input type="checkbox"/><br><b>D</b> <input type="checkbox"/> |
| 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%) . . . . . 24,000                                                                                                                                                                                      |
| 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) . . . . .                                                                                                                                                                   |
| c                                                                                               | Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . . 24,000                                                                                                                                                                                                                |
| 3                                                                                               | Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) . . . . . 24,000                                                                                                                                                                                      |
| 4                                                                                               | Deductions directly connected with the income in lines 2a and 2b (attach statement) . . . . .                                                                                                                                                                                                                         |
| 5                                                                                               | <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) . . . . .                                                                                                                                                                                                      |

| <b>Part V Unrelated Debt-Financed Income</b> (see instructions) |                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1                                                               | Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.<br><b>A</b> <input type="checkbox"/><br><b>B</b> <input type="checkbox"/><br><b>C</b> <input type="checkbox"/><br><b>D</b> <input type="checkbox"/> |
| 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 statement) . . . . .                                                                                                                                                                                                                   |
| b                                                               | Other deductions (attach statement) . . . . .                                                                                                                                                                                                                             |
| c                                                               | Total deductions (add lines 3a and 3b, columns A through D) . . . . .                                                                                                                                                                                                     |
| 4                                                               | Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .                                                                                                                                                                 |
| 5                                                               | Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .                                                                                                                                                                             |
| 6                                                               | Divide line 4 by line 5 . . . . . % % % %                                                                                                                                                                                                                                 |
| 7                                                               | Gross income reportable. Multiply line 2 by line 6 . . . . .                                                                                                                                                                                                              |
| 8                                                               | <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .                                                                                                                                                       |
| 9                                                               | Allocable deductions. Multiply line 3c by line 6 . . . . .                                                                                                                                                                                                                |
| 10                                                              | <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . .                                                                                                                                                |
| 11                                                              | <b>Total dividends — received deductions</b> included in line 10 . . . . .                                                                                                                                                                                                |

**Part VI 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)               |                                                   |                                     |                                                                                      |                                                            |

**Totals**Add columns 5 and 10.  
Enter here and on Part I,  
line 8, column (A).Add columns 6 and 11.  
Enter here and on Part I,  
line 8, column (B).**Part VII 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 statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4)                     |
|--------------------------|------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------|------------------------------------------------------------------------------|
| (1)                      |                                                                              |                                                     |                                  |                                                                              |
| (2)                      |                                                                              |                                                     |                                  |                                                                              |
| (3)                      |                                                                              |                                                     |                                  |                                                                              |
| (4)                      |                                                                              |                                                     |                                  |                                                                              |
|                          | Add amounts in column 2.<br>Enter here and on Part I,<br>line 9, column (A). |                                                     |                                  | Add amounts in column 5.<br>Enter here and on Part I,<br>line 9, column (B). |

**Totals****Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |                                                                                                                                          |   |
|---|------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1 | Description of exploited activity:                                                                                                       |   |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)                                    | 2 |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)                  | 3 |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7                   | 4 |
| 5 | Gross income from activity that is not unrelated business income                                                                         | 5 |
| 6 | Expenses attributable to income entered on line 5                                                                                        | 6 |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |

## Part IX Advertising Income

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

**B** ☐

**C** ☐

**D** ☐

Enter amounts for each periodical listed above in the corresponding column.

## 2 Gross advertising income

**A**

**B**

**C**

D

**a** Add columns A through D. Enter here and on Part I, line 11, column (A)

### 3 Direct advertising costs by periodical

**a** Add columns A through D. Enter here and on Part I, line 11, column (B)

**4** Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 . . .

## 5 Readership costs

6 Circulation income

**7** Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- . . . . .

**8** Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . .

**a** Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13

## Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name

## 2. Title

**3. Percentage of time devoted to business**

#### 4. Compensation attributable to unrelated business

(1)

(2)

(3)

(4)

**%**

%

%

%

**Total.** Enter here and on Part II, line 1**Part XI** Supplemental Information (see instructions)

Form **4562**Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2025**Attachment  
Sequence No. **179**

Name(s) shown on return

Outdoors Sports Club, Inc.

Business or activity to which this form relates

722513

Identifying number

00-9111045

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

|    |                                                                                                                                         |                              |                  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| 1  | Maximum amount (see instructions)                                                                                                       | 1                            |                  |
| 2  | Total cost of section 179 property placed in service (see instructions)                                                                 | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)                                                | 3                            |                  |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-                                                        | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property                                                                                                             | (b) Cost (business use only) | (c) Elected cost |
|    |                                                                                                                                         |                              |                  |
|    |                                                                                                                                         |                              |                  |
| 7  | Listed property. Enter the amount from line 29                                                                                          | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7                                                    | 8                            |                  |
| 9  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8                                                                       | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2024 Form 4562                                                                   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11                                                    | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2026. Add lines 9 and 10, less line 12                                                             | 13                           |                  |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |                                                                                                                                             |    |       |
|----|---------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. | 14 |       |
| 15 | Property subject to section 168(f)(1) election                                                                                              | 15 |       |
| 16 | Other depreciation (including ACRS)                                                                                                         | 16 | 6,500 |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

|    |                                                                                                                                                            |    |       |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2025                                                                           | 17 | 1,500 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |       |

**Section B—Assets Placed in Service During 2025 Tax Year Using the General Depreciation System**

| (a) Classification of property (see instructions) | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a 3-year property                               |                                      |                                                                            |                     |                |            |                            |
| b 5-year property                                 |                                      |                                                                            |                     |                |            |                            |
| c 7-year property                                 |                                      |                                                                            |                     |                |            |                            |
| d 10-year property                                |                                      |                                                                            |                     |                |            |                            |
| e 15-year property                                |                                      |                                                                            |                     |                |            |                            |
| f 20-year property                                |                                      |                                                                            |                     |                |            |                            |
| g 25-year property                                |                                      |                                                                            | 25 yrs.             |                | S/L        |                            |
| h 50-year property                                |                                      |                                                                            | 50 yrs.             | MM             | S/L        |                            |
| i Residential rental property                     |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
|                                                   |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
| j Nonresidential real property                    |                                      |                                                                            | 39 yrs.             | MM             | S/L        |                            |
|                                                   |                                      |                                                                            |                     | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2025 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |    |     |  |
|----------------|--|--|---------|----|-----|--|
| 20a Class life |  |  |         |    | S/L |  |
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 30-year      |  |  | 30 yrs. | MM | S/L |  |
| d 40-year      |  |  | 40 yrs. | MM | S/L |  |
| e 50-year      |  |  | 50 yrs. | MM | S/L |  |

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12906N

Form **4562** (2025) Created 10/9/25

DRAFT — DO NOT FILE

DRAFT — DO NOT FILE

**Part IV Summary** (See instructions.)

|                                                                                                                                                                                                                                                                                                       |            |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|
| <b>21</b> Listed property. Enter amount from line 28 . . . . .                                                                                                                                                                                                                                        | <b>21</b>  |       |
| <b>22 Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . .                                                                        | <b>22</b>  | 8,000 |
| <b>23a</b> For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f) . . . . .                                               | <b>23a</b> |       |
| <b>b</b> For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f) . . . . . | <b>23b</b> |       |

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

|                                                                                                                                                                                             |                                   |                                                                 |                                |                                                                  |                            |                              |                                   |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------|--------------------------------|------------------------------------------------------------------|----------------------------|------------------------------|-----------------------------------|-------------------------------------|
| <b>24a</b> Do you have evidence to support the business/investment use claimed? . . . . .                                                                                                   | <input type="checkbox"/> Yes      | <input type="checkbox"/> No                                     |                                |                                                                  |                            |                              |                                   |                                     |
| <b>b</b> If “Yes,” is the evidence written? . . . . .                                                                                                                                       | <input type="checkbox"/> Yes      | <input type="checkbox"/> No                                     |                                |                                                                  |                            |                              |                                   |                                     |
| <b>c</b> Do you own, lease, or charter an aircraft? Check all that apply. See instructions . . . . .                                                                                        | <input type="checkbox"/> Own      | <input type="checkbox"/> Lease <input type="checkbox"/> Charter |                                |                                                                  |                            |                              |                                   |                                     |
| <b>(a)</b> Type of property (list vehicles first)                                                                                                                                           | <b>(b)</b> Date placed in service | <b>(c)</b> Business/investment use percentage                   | <b>(d)</b> Cost or other basis | <b>(e)</b> Basis for depreciation (business/investment use only) | <b>(f)</b> Recovery period | <b>(g)</b> Method/Convention | <b>(h)</b> Depreciation deduction | <b>(i)</b> Elected section 179 cost |
| <b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . . . . . | <b>25</b>                         |                                                                 |                                |                                                                  |                            |                              |                                   |                                     |
| <b>26</b> Property used more than 50% in a qualified business use:                                                                                                                          |                                   |                                                                 |                                |                                                                  |                            |                              |                                   |                                     |
|                                                                                                                                                                                             |                                   | %                                                               |                                |                                                                  |                            |                              |                                   |                                     |
|                                                                                                                                                                                             |                                   | %                                                               |                                |                                                                  |                            |                              |                                   |                                     |
|                                                                                                                                                                                             |                                   | %                                                               |                                |                                                                  |                            |                              |                                   |                                     |
| <b>27</b> Property used 50% or less in a qualified business use:                                                                                                                            |                                   |                                                                 |                                |                                                                  |                            |                              |                                   |                                     |
|                                                                                                                                                                                             |                                   | %                                                               |                                |                                                                  |                            | S/L –                        |                                   |                                     |
|                                                                                                                                                                                             |                                   | %                                                               |                                |                                                                  |                            | S/L –                        |                                   |                                     |
|                                                                                                                                                                                             |                                   | %                                                               |                                |                                                                  |                            | S/L –                        |                                   |                                     |
| <b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21 . . . . .                                                                                               | <b>28</b>                         |                                                                 |                                |                                                                  |                            |                              |                                   |                                     |
| <b>29</b> Add amounts in column (i), line 26. Enter here and on line 7 . . . . .                                                                                                            | <b>29</b>                         |                                                                 |                                |                                                                  |                            |                              |                                   |                                     |

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other “more than 5% owner,” or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

|                                                                                                                    |                      |                      |                      |                      |                      |                      |
|--------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <b>30</b> Total business/investment miles driven during the year ( <b>don’t</b> include commuting miles) . . . . . | <b>(a)</b> Vehicle 1 | <b>(b)</b> Vehicle 2 | <b>(c)</b> Vehicle 3 | <b>(d)</b> Vehicle 4 | <b>(e)</b> Vehicle 5 | <b>(f)</b> Vehicle 6 |
| <b>31</b> Total commuting miles driven during the year . . . . .                                                   |                      |                      |                      |                      |                      |                      |
| <b>32</b> Total other personal (noncommuting) miles driven . . . . .                                               |                      |                      |                      |                      |                      |                      |
| <b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .                                    |                      |                      |                      |                      |                      |                      |
| <b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .                              | <b>Yes</b> <b>No</b> | <b>Yes</b> <b>No</b> | <b>Yes</b> <b>No</b> | <b>Yes</b> <b>No</b> | <b>Yes</b> <b>No</b> | <b>Yes</b> <b>No</b> |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .                      |                      |                      |                      |                      |                      |                      |
| <b>36</b> Is another vehicle available for personal use?                                                           |                      |                      |                      |                      |                      |                      |

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) *(continued)*

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

|                                                                                                                   |                                                                                                                                                                                                                              |            |           |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>37</b>                                                                                                         | Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .                                                                                    | <b>Yes</b> | <b>No</b> |
| <b>38</b>                                                                                                         | Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . |            |           |
| <b>39</b>                                                                                                         | Do you treat all use of vehicles by employees as personal use? . . . . .                                                                                                                                                     |            |           |
| <b>40</b>                                                                                                         | Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .                                               |            |           |
| <b>41</b>                                                                                                         | Do you meet the requirements concerning qualified automobile demonstration use? See instructions . . . . .                                                                                                                   |            |           |
| <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. |                                                                                                                                                                                                                              |            |           |

**Part VI Amortization**

| (a)<br>Description of costs                                                               | (b)<br>Date amortization begins                                                             | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------|---------------------|------------------------------------------|-----------------------------------|
| <b>42</b> Amortization of costs that begins during your 2025 tax year (see instructions): |                                                                                             |                           |                     |                                          |                                   |
|                                                                                           |                                                                                             |                           |                     |                                          |                                   |
|                                                                                           |                                                                                             |                           |                     |                                          |                                   |
| <b>43</b>                                                                                 | Amortization of costs that began before your 2025 tax year . . . . .                        |                           |                     |                                          | <b>43</b>                         |
| <b>44</b>                                                                                 | <b>Total.</b> Add amounts in column (f). See the instructions for where to report . . . . . |                           |                     |                                          | <b>44</b>                         |

SCHEDULE A  
(Form 990-T)Department of the Treasury  
Internal Revenue ServiceUnrelated Business Taxable Income  
From an Unrelated Trade or BusinessGo to [www.irs.gov/Form990T](http://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).

OMB No. 1545-0047

2025

Open to Public Inspection for  
501(c)(3) Organizations Only

|                                                                            |                                                              |
|----------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>A</b> Name of the organization<br><u>Outdoors Sports Club, Inc.</u>     | <b>B</b> Employer identification number<br><u>00-9111045</u> |
| <b>C</b> Unrelated business activity code (see instructions) <u>901101</u> | <b>D</b> Sequence: <u>2</u> of <u>3</u>                      |

**E** Describe the unrelated trade or business Investment Income

| Part I Unrelated Trade or Business Income                                                        |                  | (A) Income        | (B) Expenses | (C) Net |
|--------------------------------------------------------------------------------------------------|------------------|-------------------|--------------|---------|
| <b>1a</b> Gross receipts or sales                                                                |                  |                   |              |         |
| <b>b</b> Less returns and allowances                                                             | <b>c</b> Balance | <b>1c</b>         |              |         |
| <b>2</b> Cost of goods sold (Part III, line 8)                                                   |                  | <b>2</b>          |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c                                              |                  | <b>3</b>          |              |         |
| <b>4a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions |                  | <b>4a</b> 190,000 |              | 190,000 |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions                        |                  | <b>4b</b>         |              |         |
| <b>c</b> Capital loss deduction for trusts                                                       |                  | <b>4c</b>         |              |         |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)                 |                  | <b>5</b>          |              |         |
| <b>6</b> Rent income (Part IV)                                                                   |                  | <b>6</b>          |              |         |
| <b>7</b> Unrelated debt-financed income (Part V)                                                 |                  | <b>7</b>          |              |         |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)      |                  | <b>8</b>          |              |         |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)           |                  | <b>9</b> 45,000   | 1,000        | 44,000  |
| <b>10</b> Exploited exempt activity income (Part VIII)                                           |                  | <b>10</b>         |              |         |
| <b>11</b> Advertising income (Part IX)                                                           |                  | <b>11</b>         |              |         |
| <b>12</b> Other income (see instructions; attach statement)                                      |                  | <b>12</b>         |              |         |
| <b>13</b> <b>Total.</b> Combine lines 3 through 12                                               |                  | <b>13</b> 235,000 | 1,000        | 234,000 |

**Part II Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

|                                                                                                                            |           |           |
|----------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X)                                                        | <b>1</b>  |           |
| <b>2</b> Salaries and wages                                                                                                | <b>2</b>  |           |
| <b>3</b> Repairs and maintenance                                                                                           | <b>3</b>  |           |
| <b>4</b> Bad debts                                                                                                         | <b>4</b>  |           |
| <b>5</b> Interest (attach statement). See instructions                                                                     | <b>5</b>  |           |
| <b>6</b> Taxes and licenses                                                                                                | <b>6</b>  |           |
| <b>7</b> Depreciation (attach Form 4562). See instructions                                                                 | <b>7</b>  |           |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return                                                     | <b>8a</b> | <b>8b</b> |
| <b>9</b> Depletion                                                                                                         | <b>9</b>  |           |
| <b>10</b> Contributions to deferred compensation plans                                                                     | <b>10</b> |           |
| <b>11</b> Employee benefit programs                                                                                        | <b>11</b> |           |
| <b>12</b> Excess exempt expenses (Part VIII)                                                                               | <b>12</b> |           |
| <b>13</b> Excess readership costs (Part IX)                                                                                | <b>13</b> |           |
| <b>14</b> Other deductions (attach statement)                                                                              | <b>14</b> |           |
| <b>15</b> <b>Total deductions.</b> Add lines 1 through 14                                                                  | <b>15</b> | 0         |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | <b>16</b> | 234,000   |
| <b>17</b> Deduction for net operating loss. See instructions                                                               | <b>17</b> |           |
| <b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16                                          | <b>18</b> | 234,000   |

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 740360

Schedule A (Form 990-T) 2025 Created 5/13/25

DRAFT — DO NOT FILE

DRAFT — DO NOT FILE

**Part III Cost of Goods Sold**

Enter method of inventory valuation

|   |                                                                                                                                                                             |   |  |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| 1 | Inventory at beginning of year . . . . .                                                                                                                                    | 1 |  |
| 2 | Purchases . . . . .                                                                                                                                                         | 2 |  |
| 3 | Cost of labor . . . . .                                                                                                                                                     | 3 |  |
| 4 | Additional section 263A costs (attach statement) . . . . .                                                                                                                  | 4 |  |
| 5 | Other costs (attach statement) . . . . .                                                                                                                                    | 5 |  |
| 6 | <b>Total.</b> Add lines 1 through 5 . . . . .                                                                                                                               | 6 |  |
| 7 | Inventory at end of year . . . . .                                                                                                                                          | 7 |  |
| 8 | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .                                                                          | 8 |  |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

|   |                                                                                                                                                                                                                                                                  |   |   |   |   |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| 1 | Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.<br>A <input type="checkbox"/> _____<br>B <input type="checkbox"/> _____<br>C <input type="checkbox"/> _____<br>D <input type="checkbox"/> _____ |   |   |   |   |
| 2 | Rent received or accrued                                                                                                                                                                                                                                         | A | B | C | D |
| 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) . . . . .                                                                                                              |   |   |   |   |
| c | Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .                                                                                                                                                                  |   |   |   |   |
| 3 | Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) . . . . .                                                                                                                                        |   |   |   |   |
| 4 | Deductions directly connected with the income in lines 2a and 2b (attach statement) . . . . .                                                                                                                                                                    |   |   |   |   |
| 5 | <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) . . . . .                                                                                                                                                 |   |   |   |   |

**Part V Unrelated Debt-Financed Income** (see instructions)

|    |                                                                                                                                                                                                                                                                       |   |   |   |   |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| 1  | Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.<br>A <input type="checkbox"/> _____<br>B <input type="checkbox"/> _____<br>C <input type="checkbox"/> _____<br>D <input type="checkbox"/> _____ |   |   |   |   |
| 2  | Gross income from or allocable to debt-financed property . . . . .                                                                                                                                                                                                    | A | B | C | D |
| 3  | Deductions directly connected with or allocable to debt-financed property                                                                                                                                                                                             |   |   |   |   |
| a  | Straight line depreciation (attach statement) . . . . .                                                                                                                                                                                                               |   |   |   |   |
| b  | Other deductions (attach statement) . . . . .                                                                                                                                                                                                                         |   |   |   |   |
| c  | Total deductions (add lines 3a and 3b, columns A through D) . . . . .                                                                                                                                                                                                 |   |   |   |   |
| 4  | Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .                                                                                                                                                             |   |   |   |   |
| 5  | Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .                                                                                                                                                                         |   |   |   |   |
| 6  | Divide line 4 by line 5 . . . . .                                                                                                                                                                                                                                     | % | % | % | % |
| 7  | Gross income reportable. Multiply line 2 by line 6 . . . . .                                                                                                                                                                                                          |   |   |   |   |
| 8  | <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .                                                                                                                                                   |   |   |   |   |
| 9  | Allocable deductions. Multiply line 3c by line 6 . . . . .                                                                                                                                                                                                            |   |   |   |   |
| 10 | <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . .                                                                                                                                            |   |   |   |   |
| 11 | <b>Total dividends — received deductions</b> included in line 10 . . . . .                                                                                                                                                                                            |   |   |   |   |

**Part VI 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)               |                                                   |                                     |                                                                                      |                                                            |

**Totals**Add columns 5 and 10.  
Enter here and on Part I,  
line 8, column (A).Add columns 6 and 11.  
Enter here and on Part I,  
line 8, column (B).**Part VII 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 statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4)                     |
|---------------------------|------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------|------------------------------------------------------------------------------|
| (1) CD Interest           | 25,000                                                                       | 1,000                                               |                                  | 1,000                                                                        |
| (2) Dividend              | 5,000                                                                        |                                                     |                                  |                                                                              |
| (3) Money Market Interest | 15,000                                                                       |                                                     |                                  |                                                                              |
| (4)                       |                                                                              |                                                     |                                  |                                                                              |
|                           | Add amounts in column 2.<br>Enter here and on Part I,<br>line 9, column (A). |                                                     |                                  | Add amounts in column 5.<br>Enter here and on Part I,<br>line 9, column (B). |
| <b>Totals</b>             | 45,000                                                                       |                                                     |                                  | 1,000                                                                        |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |                                                                                                                                          |   |
|---|------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1 | Description of exploited activity:                                                                                                       |   |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)                                    | 2 |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)                  | 3 |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7                   | 4 |
| 5 | Gross income from activity that is not unrelated business income                                                                         | 5 |
| 6 | Expenses attributable to income entered on line 5                                                                                        | 6 |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |

## Part IX Advertising Income

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

**B** ☐

**C** ☐

**D** ☐

Enter amounts for each periodical listed above in the corresponding column.

## 2 Gross advertising income

**A**

**B**

C

D

**a** Add columns A through D. Enter here and on Part I, line 11, column (A)

### 3 Direct advertising costs by periodical

**a** Add columns A through D. Enter here and on Part I, line 11, column (B)

**4** Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 . . .

## 5 Readership costs

6 Circulation income

**7** Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- . . . . .

**8** Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . .

**a** Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13

## Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name

## 2. Title

**3. Percentage of time devoted to business**

#### 4. Compensation attributable to unrelated business

(1)

(2)

(3)

(4)

**%**

%

%

%

**Total.** Enter here and on Part II, line 1**Part XI**   **Supplemental Information** (see instructions)

**SCHEDULE D  
(Form 1120)**Department of the Treasury  
Internal Revenue Service**Capital Gains and Losses**Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC,  
1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2025**

|                                           |                                                     |
|-------------------------------------------|-----------------------------------------------------|
| Name<br><b>Outdoors Sports Club, Inc.</b> | Employer identification number<br><b>00-9111045</b> |
|-------------------------------------------|-----------------------------------------------------|

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.                                                                                                                                                        | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . . | 85,000                           | 65,000                          |                                                                               | 20,000                                                                                           |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> or <b>Box G</b> checked . . . . .                                                                                                                                                                                                 |                                  |                                 |                                                                               |                                                                                                  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> or <b>Box H</b> checked . . . . .                                                                                                                                                                                                  |                                  |                                 |                                                                               |                                                                                                  |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> or <b>Box I</b> checked . . . . .                                                                                                                                                                                                  | 650,000                          | 550,000                         |                                                                               | 100,000                                                                                          |
| <b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .                                                                                                                                                                                                                    |                                  |                                 | <b>4</b>                                                                      |                                                                                                  |
| <b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .                                                                                                                                                                                                                       |                                  |                                 | <b>5</b>                                                                      |                                                                                                  |
| <b>6</b> Unused capital loss carryover (attach computation) . . . . .                                                                                                                                                                                                                                              |                                  |                                 | <b>6</b> ( )                                                                  |                                                                                                  |
| <b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .                                                                                                                                                                                                                   |                                  |                                 | <b>7</b>                                                                      | 120,000                                                                                          |

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.                                                                                                                                                       | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B or Form 1099-DA for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . . | 20,000                           | 30,000                          |                                                                                | -10,000                                                                                          |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> or <b>Box J</b> checked . . . . .                                                                                                                                                                                                |                                  |                                 |                                                                                |                                                                                                  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> or <b>Box K</b> checked . . . . .                                                                                                                                                                                                 |                                  |                                 |                                                                                |                                                                                                  |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> or <b>Box L</b> checked . . . . .                                                                                                                                                                                                | 850,000                          | 775,000                         |                                                                                | 75,000                                                                                           |
| <b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .                                                                                                                                                                                                                                                        |                                  |                                 | <b>11</b>                                                                      | 425,000                                                                                          |
| <b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .                                                                                                                                                                                                                   |                                  |                                 | <b>12</b>                                                                      |                                                                                                  |
| <b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .                                                                                                                                                                                                                      |                                  |                                 | <b>13</b>                                                                      |                                                                                                  |
| <b>14</b> Capital gain distributions (see instructions) . . . . .                                                                                                                                                                                                                                                 |                                  |                                 | <b>14</b>                                                                      |                                                                                                  |
| <b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .                                                                                                                                                                                                                 |                                  |                                 | <b>15</b>                                                                      | 490,000                                                                                          |

**Part III Summary of Parts I and II**

|                                                                                                                                      |           |         |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .                   | <b>16</b> | 120,000 |
| <b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . . | <b>17</b> | 490,000 |
| <b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns . . . . .        | <b>18</b> | 610,000 |

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.





Form **4797**Department of the Treasury  
Internal Revenue Service**Sales of Business Property**  
**(Also Involuntary Conversions and Recapture Amounts**  
**Under Sections 179 and 280F(b)(2))**

Attach to your tax return.

Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2025**Attachment  
Sequence No. **27**

Name(s) shown on return

Outdoors Sports Club, Inc.

Identifying number

00-9111045

|           |                                                                                                                                                                                                         |           |   |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>1a</b> | Enter the gross proceeds from sales or exchanges reported to you for 2025 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . . | <b>1a</b> | 0 |
| <b>b</b>  | Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets . . . . .                                                                  | <b>1b</b> | 0 |
| <b>c</b>  | Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets . . . . .                                                                       | <b>1c</b> | 0 |

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

| 2                                                                                                                                                                                                                                                                                                                                                                                                                                           | (a) Description of property                                                                                                                                                                                                                                                                                                         | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------|-----------------------|---------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                                   |                               |                       |                                                         |                                                                |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                                   |                               |                       |                                                         |                                                                |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                                   |                               |                       |                                                         |                                                                |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                                   |                               |                       |                                                         |                                                                |                                                             |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                           | Gain, if any, from Form 4684, line 39 . . . . .                                                                                                                                                                                                                                                                                     |                                   |                               |                       |                                                         |                                                                | 3                                                           |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                           | Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .                                                                                                                                                                                                                                                    |                                   |                               |                       |                                                         |                                                                | 4                                                           |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                           | Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .                                                                                                                                                                                                                                                       |                                   |                               |                       |                                                         |                                                                | 5                                                           |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                           | Gain, if any, from line 32, from other than casualty or theft . . . . .                                                                                                                                                                                                                                                             |                                   |                               |                       |                                                         |                                                                | 6425,000                                                    |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                           | Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows . . . . .                                                                                                                                                                                                                           |                                   |                               |                       |                                                         |                                                                | 7425,000                                                    |
| <b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                     |                                   |                               |                       |                                                         |                                                                |                                                             |
| <b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. |                                                                                                                                                                                                                                                                                                                                     |                                   |                               |                       |                                                         |                                                                |                                                             |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                           | Nonrecaptured net section 1231 losses from prior years. See instructions . . . . .                                                                                                                                                                                                                                                  |                                   |                               |                       |                                                         |                                                                | 8                                                           |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                                           | Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions . . . . . |                                   |                               |                       |                                                         |                                                                | 9                                                           |

**Part II Ordinary Gains and Losses** (see instructions)

|           |                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |               |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|---------------|
| <b>10</b> | Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):                                                                                                                                                                                                                             |  |  |  |  |  |               |
|           |                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |               |
|           |                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |               |
|           |                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |               |
| <b>11</b> | Loss, if any, from line 7 . . . . .                                                                                                                                                                                                                                                                                               |  |  |  |  |  | <b>11</b> ( ) |
| <b>12</b> | Gain, if any, from line 7 or amount from line 8, if applicable . . . . .                                                                                                                                                                                                                                                          |  |  |  |  |  | <b>12</b>     |
| <b>13</b> | Gain, if any, from line 31 . . . . .                                                                                                                                                                                                                                                                                              |  |  |  |  |  | <b>13</b>     |
| <b>14</b> | Net gain or (loss) from Form 4684, lines 31 and 38a . . . . .                                                                                                                                                                                                                                                                     |  |  |  |  |  | <b>14</b>     |
| <b>15</b> | Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .                                                                                                                                                                                                                                                      |  |  |  |  |  | <b>15</b>     |
| <b>16</b> | Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .                                                                                                                                                                                                                                                         |  |  |  |  |  | <b>16</b>     |
| <b>17</b> | Combine lines 10 through 16 . . . . .                                                                                                                                                                                                                                                                                             |  |  |  |  |  | <b>17</b>     |
| <b>18</b> | For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.                                                                                                                                       |  |  |  |  |  |               |
| <b>a</b>  | If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions . . . . . |  |  |  |  |  | <b>18a</b>    |
| <b>b</b>  | Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 . . . . .                                                                                                                                                                             |  |  |  |  |  | <b>18b</b>    |

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 130861

Form **4797** (2025) Created 4/16/25

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**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
(see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: |  | (b) Date acquired<br>(mo., day, yr.) | (c) Date sold<br>(mo., day, yr.) |
|-------------------------------------------------------------------------|--|--------------------------------------|----------------------------------|
| A Land                                                                  |  | 6/30/04                              | 12/15/25                         |
| B                                                                       |  |                                      |                                  |
| C                                                                       |  |                                      |                                  |
| D                                                                       |  |                                      |                                  |

  

| These columns relate to the properties on lines 19A through 19D.                                                                                    |                                                                                                                                                                                  | Property A | Property B | Property C | Property D |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|
| 20                                                                                                                                                  | Gross sales price ( <b>Note:</b> See line 1a before completing.) . . . . .                                                                                                       | 20 650,000 |            |            |            |
| 21                                                                                                                                                  | Cost or other basis plus expense of sale . . . . .                                                                                                                               | 21 425,000 |            |            |            |
| 22                                                                                                                                                  | Depreciation (or depletion) allowed or allowable . . . . .                                                                                                                       | 22 200,000 |            |            |            |
| 23                                                                                                                                                  | Adjusted basis. Subtract line 22 from line 21. . . . .                                                                                                                           | 23 225,000 |            |            |            |
| 24                                                                                                                                                  | Total gain. Subtract line 23 from line 20 . . . . .                                                                                                                              | 24 425,000 |            |            |            |
| <b>25 If section 1245 property:</b>                                                                                                                 |                                                                                                                                                                                  |            |            |            |            |
| a                                                                                                                                                   | Depreciation allowed or allowable from line 22 . . . . .                                                                                                                         | 25a        |            |            |            |
| b                                                                                                                                                   | Enter the <b>smaller</b> of line 24 or 25a . . . . .                                                                                                                             | 25b        |            |            |            |
| <b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. |                                                                                                                                                                                  |            |            |            |            |
| a                                                                                                                                                   | Additional depreciation after 1975. See instructions . . . . .                                                                                                                   | 26a        |            |            |            |
| b                                                                                                                                                   | Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions . . . . .                                                                        | 26b        |            |            |            |
| c                                                                                                                                                   | Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e . . . . .                                             | 26c        |            |            |            |
| d                                                                                                                                                   | Additional depreciation after 1969 and before 1976 . . . . .                                                                                                                     | 26d        |            |            |            |
| e                                                                                                                                                   | Enter the <b>smaller</b> of line 26c or 26d . . . . .                                                                                                                            | 26e        |            |            |            |
| f                                                                                                                                                   | Section 291 amount (corporations only) . . . . .                                                                                                                                 | 26f        |            |            |            |
| g                                                                                                                                                   | Add lines 26b, 26e, and 26f . . . . .                                                                                                                                            | 26g 0      |            |            |            |
| <b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.       |                                                                                                                                                                                  |            |            |            |            |
| a                                                                                                                                                   | Soil, water, and land clearing expenses . . . . .                                                                                                                                | 27a        |            |            |            |
| b                                                                                                                                                   | Line 27a multiplied by applicable percentage. See instructions . . . . .                                                                                                         | 27b        |            |            |            |
| c                                                                                                                                                   | Enter the <b>smaller</b> of line 24 or 27b . . . . .                                                                                                                             | 27c        |            |            |            |
| <b>28 If section 1254 property:</b>                                                                                                                 |                                                                                                                                                                                  |            |            |            |            |
| a                                                                                                                                                   | Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions . . . . . | 28a        |            |            |            |
| b                                                                                                                                                   | Enter the <b>smaller</b> of line 24 or 28a . . . . .                                                                                                                             | 28b        |            |            |            |
| <b>29 If section 1255 property:</b>                                                                                                                 |                                                                                                                                                                                  |            |            |            |            |
| a                                                                                                                                                   | Applicable percentage of payments excluded from income under section 126. See instructions . . . . .                                                                             | 29a        |            |            |            |
| b                                                                                                                                                   | Enter the <b>smaller</b> of line 24 or 29a. See instructions . . . . .                                                                                                           | 29b 0      |            |            |            |

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

|    |                                                                                                                                                                                   |            |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 30 | Total gains for all properties. Add property columns A through D, line 24 . . . . .                                                                                               | 30 425,000 |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . . . . .                                                                          | 31 0       |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . . | 32 425,000 |

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
(see instructions)

|    |                                                                                                     | (a) Section 179 | (b) Section 280F(b)(2) |
|----|-----------------------------------------------------------------------------------------------------|-----------------|------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years . . . . .                    | 33              |                        |
| 34 | Recomputed depreciation. See instructions . . . . .                                                 | 34              |                        |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report . . . . . | 35              |                        |

SCHEDULE A  
(Form 990-T)Department of the Treasury  
Internal Revenue ServiceUnrelated Business Taxable Income  
From an Unrelated Trade or BusinessGo to [www.irs.gov/Form990T](http://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).

OMB No. 1545-0047

2025

Open to Public Inspection for  
501(c)(3) Organizations Only

A Name of the organization

Outdoors Sports Club, Inc.

B Employer identification number

00-9111045

C Unrelated business activity code (see instructions) 531190

D Sequence: 3 of 3

E Describe the unrelated trade or business Real Property Leasing

| 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                                         | Cost of goods sold (Part III, line 8)                                                  |  |           | 2          |              |         |
| 3                                         | Gross profit. Subtract line 2 from line 1c                                             |  |           | 3          |              |         |
| 4a                                        | Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions |  |           | 4a         | 420,000      | 420,000 |
| b                                         | Net gain (loss) (Form 4797) (attach Form 4797). See instructions                       |  |           | 4b         |              |         |
| c                                         | Capital loss deduction for trusts                                                      |  |           | 4c         |              |         |
| 5                                         | Income (loss) from a partnership or an S corporation (attach statement)                |  |           | 5          |              |         |
| 6                                         | Rent income (Part IV)                                                                  |  |           | 6          | 35,000       | 35,000  |
| 7                                         | Unrelated debt-financed income (Part V)                                                |  |           | 7          |              |         |
| 8                                         | Interest, annuities, royalties, and rents from a controlled organization (Part VI)     |  |           | 8          |              |         |
| 9                                         | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)          |  |           | 9          |              |         |
| 10                                        | Exploited exempt activity income (Part VIII)                                           |  |           | 10         |              |         |
| 11                                        | Advertising income (Part IX)                                                           |  |           | 11         |              |         |
| 12                                        | Other income (see instructions; attach statement)                                      |  |           | 12         |              |         |
| 13                                        | Total. Combine lines 3 through 12                                                      |  |           | 13         | 455,000      | 455,000 |

**Part II Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

|    |                                                                                                                  |    |        |           |
|----|------------------------------------------------------------------------------------------------------------------|----|--------|-----------|
| 1  | Compensation of officers, directors, and trustees (Part X)                                                       |    | 1      |           |
| 2  | Salaries and wages                                                                                               |    | 2      |           |
| 3  | Repairs and maintenance                                                                                          |    | 3      | 12,000    |
| 4  | Bad debts                                                                                                        |    | 4      |           |
| 5  | Interest (attach statement). See instructions                                                                    |    | 5      |           |
| 6  | Taxes and licenses                                                                                               |    | 6      | 8,000     |
| 7  | Depreciation (attach Form 4562). See instructions                                                                | 7  | 25,000 |           |
| 8  | Less depreciation claimed in Part III and elsewhere on return                                                    | 8a |        | 8b 25,000 |
| 9  | Depletion                                                                                                        |    | 9      |           |
| 10 | Contributions to deferred compensation plans                                                                     |    | 10     |           |
| 11 | Employee benefit programs                                                                                        |    | 11     |           |
| 12 | Excess exempt expenses (Part VIII)                                                                               |    | 12     |           |
| 13 | Excess readership costs (Part IX)                                                                                |    | 13     |           |
| 14 | Other deductions (attach statement)                                                                              |    | 14     |           |
| 15 | Total deductions. Add lines 1 through 14                                                                         |    | 15     | 45,000    |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) |    | 16     | 410,000   |
| 17 | Deduction for net operating loss. See instructions                                                               |    | 17     |           |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16                                                 |    | 18     | 410,000   |

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 740360

Schedule A (Form 990-T) 2025 Created 5/13/25

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**Part III Cost of Goods Sold** Enter method of inventory valuation

|   |                                                                                                                                                                             |   |  |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| 1 | Inventory at beginning of year . . . . .                                                                                                                                    | 1 |  |
| 2 | Purchases . . . . .                                                                                                                                                         | 2 |  |
| 3 | Cost of labor . . . . .                                                                                                                                                     | 3 |  |
| 4 | Additional section 263A costs (attach statement) . . . . .                                                                                                                  | 4 |  |
| 5 | Other costs (attach statement) . . . . .                                                                                                                                    | 5 |  |
| 6 | <b>Total.</b> Add lines 1 through 5 . . . . .                                                                                                                               | 6 |  |
| 7 | Inventory at end of year . . . . .                                                                                                                                          | 7 |  |
| 8 | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .                                                                          | 8 |  |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☒ 100 Browning Street, Deadwood, SD 57332

B ☒ 100 Browning Street, Deadwood, SD 57332

C ☐

D ☐

|                                                                                                                                                       | A      | B      | C | D      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|---|--------|
| 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%) . . . . .                           | 15,000 | 20,000 |   |        |
| 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) . . . . . |        |        |   |        |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .                                                     | 15,000 | 20,000 |   |        |
| 3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) . . . . .                           |        |        |   | 35,000 |
| 4 Deductions directly connected with the income in lines 2a and 2b (attach statement) . . . . .                                                       | 0      | 0      |   | 0      |
| 5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) . . . . .                                    |        |        |   | 0      |

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐

B ☐

C ☐

D ☐

|                                                                                                                               | A | B | C | D |
|-------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| 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 statement) . . . . .                                                                     |   |   |   |   |
| b Other deductions (attach statement) . . . . .                                                                               |   |   |   |   |
| c Total deductions (add lines 3a and 3b, columns A through D) . . . . .                                                       |   |   |   |   |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .                   |   |   |   |   |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .                               |   |   |   |   |
| 6 Divide line 4 by line 5 . . . . .                                                                                           | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 . . . . .                                                                |   |   |   |   |
| 8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .         |   |   |   |   |
| 9 Allocable deductions. Multiply line 3c by line 6 . . . . .                                                                  |   |   |   |   |
| 10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . . |   |   |   |   |
| 11 <b>Total dividends — received deductions</b> included in line 10 . . . . .                                                 |   |   |   |   |

**Part VI 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)               |                                                   |                                     |                                                                                      |                                                            |

Totals . . . . .

Add columns 5 and 10.  
Enter here and on Part I,  
line 8, column (A).Add columns 6 and 11.  
Enter here and on Part I,  
line 8, column (B).**Part VII 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 statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4)                     |
|--------------------------|------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------|------------------------------------------------------------------------------|
| (1)                      |                                                                              |                                                     |                                  |                                                                              |
| (2)                      |                                                                              |                                                     |                                  |                                                                              |
| (3)                      |                                                                              |                                                     |                                  |                                                                              |
| (4)                      |                                                                              |                                                     |                                  |                                                                              |
|                          | Add amounts in column 2.<br>Enter here and on Part I,<br>line 9, column (A). |                                                     |                                  | Add amounts in column 5.<br>Enter here and on Part I,<br>line 9, column (B). |

Totals . . . . .

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |                                                                                                                                          |   |
|---|------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1 | Description of exploited activity: _____                                                                                                 |   |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)                                    | 2 |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)                  | 3 |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7                   | 4 |
| 5 | Gross income from activity that is not unrelated business income                                                                         | 5 |
| 6 | Expenses attributable to income entered on line 5                                                                                        | 6 |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |



Form **4562**Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2025**Attachment  
Sequence No. **179**

Name(s) shown on return

Outdoors Sports Club, Inc.

Business or activity to which this form relates

531190

Identifying number

00-9111045

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

|    |                                                                                                                                         |                              |                  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| 1  | Maximum amount (see instructions)                                                                                                       | 1                            |                  |
| 2  | Total cost of section 179 property placed in service (see instructions)                                                                 | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)                                                | 3                            |                  |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-                                                        | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property                                                                                                             | (b) Cost (business use only) | (c) Elected cost |
|    |                                                                                                                                         |                              |                  |
|    |                                                                                                                                         |                              |                  |
| 7  | Listed property. Enter the amount from line 29                                                                                          | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7                                                    | 8                            |                  |
| 9  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8                                                                       | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2024 Form 4562                                                                   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11                                                    | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2026. Add lines 9 and 10, less line 12                                                             | 13                           |                  |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |                                                                                                                                             |    |        |
|----|---------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. | 14 |        |
| 15 | Property subject to section 168(f)(1) election                                                                                              | 15 |        |
| 16 | Other depreciation (including ACRS)                                                                                                         | 16 | 18,500 |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

|    |                                                                                                                                                            |    |       |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2025                                                                           | 17 | 6,500 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |       |

**Section B—Assets Placed in Service During 2025 Tax Year Using the General Depreciation System**

| (a) Classification of property (see instructions) | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a 3-year property                               |                                      |                                                                            |                     |                |            |                            |
| b 5-year property                                 |                                      |                                                                            |                     |                |            |                            |
| c 7-year property                                 |                                      |                                                                            |                     |                |            |                            |
| d 10-year property                                |                                      |                                                                            |                     |                |            |                            |
| e 15-year property                                |                                      |                                                                            |                     |                |            |                            |
| f 20-year property                                |                                      |                                                                            |                     |                |            |                            |
| g 25-year property                                |                                      |                                                                            | 25 yrs.             |                | S/L        |                            |
| h 50-year property                                |                                      |                                                                            | 50 yrs.             | MM             | S/L        |                            |
| i Residential rental property                     |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
|                                                   |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
| j Nonresidential real property                    |                                      |                                                                            | 39 yrs.             | MM             | S/L        |                            |
|                                                   |                                      |                                                                            |                     | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2025 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |    |     |  |
|----------------|--|--|---------|----|-----|--|
| 20a Class life |  |  |         |    | S/L |  |
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 30-year      |  |  | 30 yrs. | MM | S/L |  |
| d 40-year      |  |  | 40 yrs. | MM | S/L |  |
| e 50-year      |  |  | 50 yrs. | MM | S/L |  |

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12906N

Form **4562** (2025) Created 10/9/25

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**Part IV Summary** (See instructions.)

|                                                                                                                                                                                                                                                                                                       |            |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>21</b> Listed property. Enter amount from line 28 . . . . .                                                                                                                                                                                                                                        | <b>21</b>  |        |
| <b>22 Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . .                                                                        | <b>22</b>  | 25,000 |
| <b>23a</b> For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f) . . . . .                                               | <b>23a</b> |        |
| <b>b</b> For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f) . . . . . | <b>23b</b> |        |

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

|                                                                                                      |                              |                                                                 |
|------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------|
| <b>24a</b> Do you have evidence to support the business/investment use claimed? . . . . .            | <input type="checkbox"/> Yes | <input type="checkbox"/> No                                     |
| <b>b</b> If "Yes," is the evidence written? . . . . .                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No                                     |
| <b>c</b> Do you own, lease, or charter an aircraft? Check all that apply. See instructions . . . . . | <input type="checkbox"/> Own | <input type="checkbox"/> Lease <input type="checkbox"/> Charter |

| (a)<br>Type of property (list vehicles first)                                                                                                                                               | (b)<br>Date placed in service | (c)<br>Business/investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period | (g)<br>Method/Convention | (h)<br>Depreciation deduction | (i)<br>Elected section 179 cost |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------|----------------------------|--------------------------------------------------------------|------------------------|--------------------------|-------------------------------|---------------------------------|
| <b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . . . . . |                               |                                           |                            |                                                              |                        | <b>25</b>                |                               |                                 |
| <b>26</b> Property used more than 50% in a qualified business use:                                                                                                                          |                               | %                                         |                            |                                                              |                        |                          |                               |                                 |
|                                                                                                                                                                                             |                               | %                                         |                            |                                                              |                        |                          |                               |                                 |
|                                                                                                                                                                                             |                               | %                                         |                            |                                                              |                        |                          |                               |                                 |
| <b>27</b> Property used 50% or less in a qualified business use:                                                                                                                            |                               | %                                         |                            |                                                              |                        | S/L -                    |                               |                                 |
|                                                                                                                                                                                             |                               | %                                         |                            |                                                              |                        | S/L -                    |                               |                                 |
|                                                                                                                                                                                             |                               | %                                         |                            |                                                              |                        | S/L -                    |                               |                                 |
| <b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21 . . . . .                                                                                               |                               |                                           |                            |                                                              |                        | <b>28</b>                |                               |                                 |
| <b>29</b> Add amounts in column (i), line 26. Enter here and on line 7 . . . . .                                                                                                            |                               |                                           |                            |                                                              |                        |                          | <b>29</b>                     |                                 |

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

|                                                                                                                    | (a)<br>Vehicle 1 |    | (b)<br>Vehicle 2 |    | (c)<br>Vehicle 3 |    | (d)<br>Vehicle 4 |    | (e)<br>Vehicle 5 |    | (f)<br>Vehicle 6 |    |
|--------------------------------------------------------------------------------------------------------------------|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| <b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) . . . . . |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>31</b> Total commuting miles driven during the year . . . . .                                                   |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>32</b> Total other personal (noncommuting) miles driven . . . . .                                               |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .                                    |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .                              | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .                      |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| <b>36</b> Is another vehicle available for personal use? . . . . .                                                 |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) *(continued)*

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

|                                                                                                                                                                                                                                            | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .                                                                                        |     |    |
| <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . . |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .                                                                                                                                                         |     |    |
| <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .                                                   |     |    |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions . . . . .                                                                                                                       |     |    |
| <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.                                                                                                                          |     |    |

**Part VI Amortization**

| (a)<br>Description of costs                                                                    | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|------------------------------------------------------------------------------------------------|---------------------------------|---------------------------|---------------------|------------------------------------------|-----------------------------------|
| <b>42</b> Amortization of costs that begins during your 2025 tax year (see instructions):      |                                 |                           |                     |                                          |                                   |
|                                                                                                |                                 |                           |                     |                                          |                                   |
|                                                                                                |                                 |                           |                     |                                          |                                   |
| <b>43</b> Amortization of costs that began before your 2025 tax year . . . . .                 |                                 |                           |                     | <b>43</b>                                |                                   |
| <b>44 Total.</b> Add amounts in column (f). See the instructions for where to report . . . . . |                                 |                           |                     | <b>44</b>                                |                                   |