Form 990-T

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

OMB No. 1545-0687

For calendar year 2017 or other tax year beginning July 1 , 2017, and ending June 30, 20 18 ▶ Go to www.irs.gov/Form990T for instructions and the latest information. partment of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Name of organization (Check box if name changed and see instructions.) D Employer identification number A Check box if address changed (Employees' trust, see instructions.) University of Northern Iowa B Exempt under section **Print** Number, street, and room or suite no. If a P.O. box, see instructions. 426004333 501(or E Unrelated business activity codes 220(e) 408(e) Type 122 Lang Hall (See instructions.) City or town, state or province, country, and ZIP or foreign postal code 408A 530(a) 722320 711300 529(a) Cedar Falls, IA 50614-0003 ☐ 501(c) trust Other trust ☐ 401(a) trust 563,960,306 G Check organization type ► ☐ 501(c) corporation H Describe the organization's primary unrelated business activity. ▶ Promoting performing arts and similar events During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ ☐ Yes ☐ No If "Yes," enter the name and identifying number of the parent corporation. ▶ Telephone number ▶ (319) 273-6520 The books are in care of ▶ Tonya Gerbracht (C) Net (A) Income (B) Expenses Part I Unrelated Trade or Business Income 1a Gross receipts or sales 3,587,493 c Balance ▶ 1c **b** Less returns and allowances 3,587,493 2 Cost of goods sold (Schedule A, line 7) 2,229,228 2 3 1,358,265 1,358,265 3 4a 4a Capital gain net income (attach Schedule D) 4b **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4c C Income (loss) from partnerships and S corporations (attach statement) 5 5 6 (654,324)599,205 1,253,529 6 7 Unrelated debt-financed income (Schedule E) 7 8 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 11 11 12 Other income (See instructions; attach schedule) 12 13 1,957,470 1,253,529 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) . . 14 15 67,227 15 16 25,876 16 Repairs and maintenance 17 17 Bad debts 18 Interest (attach schedule) 18 19 19 20 Charitable contributions (See instructions for limitation rules) 20 21 22b 14,414 Less depreciation claimed on Schedule A and elsewhere on return 22 23 23 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 26 26 Excess exempt expenses (Schedule I) 27 27 28 1,025,187 28 29 1,132,704 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 (428,763)30 Net operating loss deduction (limited to the amount on line 30) 31 31 32 (428,763)Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . 32 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, 34 (428,763)

Part	Ш	ax Computation						
35		zations Taxable as Corporations.		tion. Controlled gro	up	907		
		ers (sections 1561 and 1563) check h			8			
а		our share of the \$50,000, \$25,000, ar		kets (in that order):				
	(1) \$	(2) \$	(3) \$,				
b		rganization's share of: (1) Additional		\$		0000		
		litional 3% tax (not more than \$100,0		\$	_			
C		e tax on the amount on line 34			1	35c		
36		Taxable at Trust Rates. See			on	(924)		
07		ount on line 34 from: Tax rate sch				36		-
37	Proxy	tax. See instructions		* * * * * *	•	37		
38	Aiterna	tive minimum tax		* * * * ** **	. -	38		-
39 40	Tax on	Non-Compliant Facility Income. Se	ee instructions	# % % 9#2 #2 #3	٠ - ا	39		-
40 Dark	Total.	Add lines 37, 38 and 39 to line 35c or ax and Payments	36, whichever applies	W		40		
41a		tax credit (corporations attach Form 11	10: trusta attach Form 1116)	[ada]	- 1	HOCKETON		T
b		credits (see instructions)		41a 41b	6			
C		Il business credit. Attach Form 3800 (41c		120		
d		for prior year minimum tax (attach Fo	,	41d				
e		redits. Add lines 41a through 41d				410		
42	Subtrac	ct line 41e from line 40			. F	41e 42		-
43	Other ta	xes. Check if from: Form 4255 Form	n 8611 ☐ Form 8697 ☐ Form 8866 ☐	Other (attach schedule)	. -	43		-
44	Total ta	ax. Add lines 42 and 43	1 CON [CON COST FORM 6860 []	Other (attach schedule)	.	44		-
45a		nts: A 2016 overpayment credited to		45a		813/1		
b		stimated tax payments		45b		1234		
c		posited with Form 8868		45c				
d		organizations: Tax paid or withheld		45d				
е		withholding (see instructions)		45e				
f		for small employer health insurance p		45f		1513		
g			2439	1.5.		TOTAL S		
Ů	☐ Form	n 4136 ☐ Other		45g	1	175		
46	Total p	ayments. Add lines 45a through 45g				46		
47		ted tax penalty (see instructions). Che				47		
48		e. If line 46 is less than the total of lin			-	48		-
49		syment. If line 46 is larger than the to				49		_
50	Enter the	amount of line 49 you want: Credited to	2018 estimated tax ▶	Refunded		50		-
Part		tatements Regarding Certain Ad						
51	At any	time during the 2017 calendar year, c	did the organization have an interes	st in or a signature	or oth	er authori	ty Yes	No
	over a	financial account (bank, securities, o	r other) in a foreign country? If YE	S, the organization	may	have to f	ile	
		Form 114, Report of Foreign Bank	and Financial Accounts. If YES, er	nter the name of the	e fore	ign count	ry	
	here >	***************************************						V
52		he tax year, did the organization receive a		r of, or transferor to, a	a foreig	gn trust? .		V
		see instructions for other forms the o						T
53	Enter th	ne amount of tax-exempt interest rece	eived or accrued during the tax yea	ar ► \$			100	
Sign	true, co	penalties of perjury, I declare that I have examined orrect, and complete. Declaration of preparer (other	this return, including accompanying schedules than taxpaver) is based on all information of whi	and statements, and to the	ne best	of my knowle	edge and be	lief, it is
_	l No	Town to built	-			May the IRS		
Here		ure of officer	University Se	ecretary		with the prep (see instructio		
	Signat		Date Title	Ta				
Paid		Print/Type preparer's name	Preparer's signature	Date		k □ if	PTIN	
Prepa	arer					employed		
Use (Only	Firm's name				s EIN ▶		
		Firm's address ▶			Phon	e no.		

Schedule A-Cost	of Goods Sold. E	nter	method of inv	ventor	y va	luation ▶						
1 Inventory at be		1	69,500		6		ıt e	nd of year	6	6	2,500	
	·	2	827,572		7			ods sold. Subtract	The state of			
3 Cost of labor.		3	1,435,619					ne 5. Enter here and		tes		
4a Additional sec	tion 263A costs					-		2	al Property) s directly connected with the income s 2(a) and 2(b) (attach schedule) al Property) s directly connected with the income s 2(a) and 2(b) (attach schedule) 363,69 662,79 227,04 stions. on page 1, lumn (B) \(\) 1,253,52 rectly connected with or allocable to ebt-financed property rectation (b) Other deductions (attach schedule) s Allocable deductions (column 6 × total of column 3(a) and 3(b)) page 1, Enter here and on page			
(attach schedu	le)	4a			8			of section 263A (with			Yes	No
b Other costs (at	tach schedule)	4b				property p	roc	duced or acquired for	resale	e) apply	1205	
5 Total, Add line	s 1 through 4b	5	2,332,691									
Schedule C-Rent	Income (From R	eal F	Property and	Perso	onal	Property I	Le	ased With Real Pro	perty	/)		
(see instructions)												
 Description of property 												
(1) Performing Arts Cen	ter											_
(2) UNI Dome							_					
(3) Other							_					
(4)							_					
	2. Rent rec	eived o	or accrued				_					
(a) From personal property is more that	more than 10% but not	l p	(b) From real and percentage of rent for 50% or if the rent is	or perso	nal pro	operty exceeds		3(a) Deductions directly in columns 2(a) an	/ connec d 2(b) (a	cted with th ttach sched	e incom dule)	1e
(1) P	Performing Arts Cent	er				142,7	67				36	3,694
(2)	UNI Don					296,1	37				66	2,795
(3)	Oth					160,3	01				22	27,040
(4)												
Total		To	otal					(b) Total deductions.				
(c) Total income. Add t	otals of columns 2(a)	and 2	(b), Enter					Enter here and on page	1,			
here and on page 1, Par	t I, line 6, column (A)		ar_ •			599,2	05	Part I, line 6, column (B) 🕨		1,2	53,529
Schedule E-Unre	lated Debt-Finar	nced	Income (see	instruc	ctions	s)		O Datable discoller		d with or all	acable t	
						come from or		3. Deductions directly co	nnected nced pro	perty	ocable (O
1. Descr	iption of debt-financed p	roperty	/	alloca		debt-financed perty	h	(a) Straight line depreciation		(b) Other de		
					pre			(attach schedule)		(attach so	hedule)	
(1)							\perp		-			
(2)												
(3)							1					
(4)												
Amount of avera acquisition debt or allocable to debt-fina property (attach sche	n or O	f or allo	djusted basis beable to sed property schedule)		4 d	Column livided olumn 5		7. Gross income reportable (column 2 × column 6)		umn 6 × tot	al of co	
(1)						%	á	3				
(2)						%	ó					
(3)						%	ó					
(4)						%						
201							E	Enter here and on page 1	, Ent	er here an	d on p	age 1,
							1	Part I, line 7, column (A).	Pa	rt I, line 7,	colum	n (B).
Totals					92		>					
Total dividends-receiv	rod deductions includ	ed in	column 8	5 5 3 5 8 9	t 65 2 62	200 (200 B) (8) 100 (201 B) (9)		0 140 360 40 40 40 40 40 14	>			
Total dividends-receiv	Ca deadonono monte						_			Corm	990-1	r /201

Schedule F-Interest, Ann	uities, Royalties,	and Ren	ts From	Controlled Ord	anizations (se	e instru	ctions)	
		Exempt	Controlled	d Organizations	,		01.01.07	
Name of controlled organization	2. Employer identification number		ated income instructions)		5. Part of column included in the corganization's great	controlling	con	Deductions directly nected with income in column 5
(1)							-	
(2)							+	
(3)							-	
(4)				 			-	
Nonexempt Controlled Organiz	zations			L				
	l	.2						
7. Taxable Income	8. Net unrelated in (loss) (see instruct		9. Total of specified payments made		10. Part of column included in the corganization's grounds.	controlling	conne	Deductions directly ected with income in column 10
(1)					7		1	
(2)							1 -	
(3)								
(4)								
Totals		Nat 112 08 No	50 at 10		Add columns 5 Enter here and c Part I, line 8, co	n page 1	Enter	columns 6 and 11. here and on page 1, , line 8, column (B).
Schedule G-Investment I	Income of a Sect	ion 501(c	(7) (9)	or (17) Organi	zation (see inst	ructions	-1	
1. Description of income	2. Amount of		3. Deduction directly connected to the c		4. Set-asides (attach schedule)		5. T	otal deductions set-asides (col. 3
(1)			1000	ach schedule)				plus col. 4)
(2)								
(3)								
(4)								
Totals	Enter here and Part I, line 9, c	on page 1, olumn (A).			4	7370 S	Enter he Part I, I	ere and on page 1 ine 9, column (B).
Schedule I-Exploited Exe	empt Activity Inco	me, Oth	er Than	Advertising In	come (see inst	ructions	6	
Description of exploited activi	2. Gross unrelated	3. E d conne prod r	xpenses irectly ected with luction of related ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Exp	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								l
(2)				r		-		
(3)				i				1
(4)						-		
Totals	Enter here and page 1, Part line 10, col. (A	l. page	ere and on 1, Part I, 0, col. (B).					Enter here and on page 1, Part II, line 26.
Schedule J-Advertising In	ncome (see instruc	tions)		Haracon Louis and San Ann	1.0		BEHLIVA	
Part I Income From Po	eriodicals Report	ted on a	Consoli	dated Basis				
1. Name of periodical	2. Gross advertising income	3.	Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)		_		252 Trusting Avenue 156				33,41111 4).
(2)		_						the state of
(3)								75025
(4)								
, ,								BATTLE TAIL V
Totals (carry to Part II, line (5)) .	. •							

Total. Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 7. Excess readership 4. Advertising costs (column 6 gain or (loss) (col. 2. Gross 6. Readership 5. Circulation 3. Direct advertising 2 minus col. 3). If minus column 5, but 1. Name of periodical advertising costs income costs not more than a gain, compute income cols, 5 through 7. column 4). (1) (2) (3) (4)Totals from Part I Enter here and Enter here and on Enter here and on on page 1, Part II, line 27. page 1, Part I, line 11, col. (A). page 1, Part I, line 11, col. (B). Totals, Part II (lines 1-5) . Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to 2. Title 1. Name unrelated business % (1) % (2)% (3)% (4)

Form **990-T** (2017)

Form **4562**

Department of the Treasury

Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No. 179

Identifying number Business or activity to which this form relates Name(s) shown on return 42-600433 Unrelated Business Income Tax University of Northern Iowa Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 2 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (a) Description of property (b) Cost (business use only) 6 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . 8 9 10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 12 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2018. 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 14 during the tax year (see instructions) 14,414 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) . . . 16 Part III MACRS Depreciation (Don't include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2017 17 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 Section B-Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (g) Depreciation deduction (a) Classification of property (business/investment use only—see instructions) (e) Convention (f) Method service 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs. 9/1 g 25-year property 27.5 yrs. MM S/L h Residential rental S/L property 27.5 yrs. MM ММ i Nonresidential real 39 yrs. S/L property MM S/L Section C-Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12 yrs. b 12-year S/L c 40-year 40 yrs. MM Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. 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 22 14,414 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 4562 (2017) Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property Part V 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.) (g) Business/ Basis for depreciation Type of property (list Date placed Method/ Depreciation Recovery Elected section 179 Cost or other basis nvestment use (business/investment vehicles first) in service period Convention deduction cost percentage use only) 25 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) 25 26 Property used more than 50% in a qualified business use: % % Property used 50% or less in a qualified business use: % S/L -% S/L -% S/L -Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Sec	tion B-	-Informa	ation o	n Us	e 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.

30	Total business/investment miles driven during the year (don't include commuting miles) .	(a Vehi		(b Vehic		(c Vehi		(c Vehic		(∈ Vehid		(1 Vehi	
	Total commuting miles driven during the year Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

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).

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by	Yes	No
	your employees?		
38	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		
39	Do you treat all use of vehicles by employees as personal use?		
40	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?		
41	Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
	Note: 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) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortiza period percent	or	(f) Amortization for this year			
42	Amortization of costs that beg	ins during your 20	17 tax year (see instruction	ons):						
						-11				
43	Amortization of costs that beg	43								
44	14 Total. Add amounts in column (f). See the instructions for where to report									

University of Northern Iowa 42-6004333

Unrelated Business Income Tax Form 990-T

June 30, 2018

Other Deductions, line 28

Travel	79,853
General Supplies	34,601
Postage and Shipping	27,121
Business Meals and Entertainment	3,578
Dues and Subscriptions	2,602
Insurance	9,465
Rents/Leases	95,598
Telephone	10,579
Printing/Duplicating/AV/Photography Services	14,438
Computer Supplies	-
Purchased Services	219,371
Administrative Overhead	390,911
Advertising	₹.
Utilities	103,074
Miscellaneous	33,996
Other Deductions	1,025,187

	×			