990-T		Ex	empt Organization Busin	ness	Income 1	Tax Returi	1 01	AB No. 1545-068	37		
Form	330-1		(and proxy tax under		20 07						
Depar	tment of the Treasury al Revenue Service (77)	F	or calendar year 2007 or other tax year ending 06/30 , 20 08 .	begini		, 2007, and	Open	to Public Inspec c)(3) Organization	ction		
Δ.	Check box if		Name of organization (Check box if name	_	<u> </u>			identification nu			
BEV	address changed empt under section	1	University of Northern Iowa				(Employees' trust, see instructions for Block D on page 9.)				
	501()()	Print	Number, street, and room or suite no. If a P.O	box, s	ee page 9 of instruc	ctions.	42 6004333				
П	408(e) 220(e)	or	122 Lang Hall				E Unrelated business activity codes				
	408A 530(a)	Туре	City or town, state, and ZIP code				(See instruc	ctions for Block E on	page 9.)		
	529(a)	<u>7</u> 1130	0 7223	20							
C Bo	ok value of all assets end of year	F Gr	oup exemption number (See instructi	ons fo	r Block F on pa	age 9.) ▶					
	456,020,845	G Ch	neck organization type 🕨 🗌 501(c) o	corpor	ation 501	(c) trust 2 4	01(a) trus	t 🗌 Other	trust		
			n's primary unrelated business activity								
	f "Yes," enter the n	ame an	e corporation a subsidiary in an affiliated of didentifying number of the parent corporate			diary controlled gr	oup? .	► ☐ Yes	☑ No		
J			► Gary B Shontz		Tele	ephone number	► (319	9) 273-35	76		
Pa	rt I Unrelate	ed Tra	de or Business Income		(A) Income	(В) Ехре	nses	(C) Net			
1a	Gross receipts of	or sales	3,241,277								
b			cesc Balance ▶	1c	3,241,277						
2	•	•	chedule A, line 7)	2	2,271,559				-		
3	Gross profit. Su	ibtract I	ine 2 from line 1c	3	969,718			969,718			
4a	Capital gain net	incom	e (attach Schedule D)	4a							
b			'97, Part II, line 17) (attach Form 4797)								
С	Capital loss dec			4c							
5			hips and S corporations (attach statement)	5	470.400	470.0	50	P 261			
6	Rent income (So			6	479,420	473,8	59	5,561			
7			d income (Schedule E)	7					-		
8	Interest, annuit organizations (S		yalties, and rents from controlled e F)	8							
9	Investment incoorganization (Se		f a section 501(c)(7), (9), or (17)	9							
10			ity income (Schedule I)	10							
11	Advertising inco	me (Sc	hedule J)	11							
12			11 of the instructions; attach schedule.)	12			186				
13			through 12		1,449,138	473,8		975,279			
Pai			ot Taken Elsewhere (See page 12 tributions, deductions must be dire								
14	Compensation of	of office	ers, directors, and trustees (Schedule	K) .			_14	_			
15			· · · · · · · · · · · · · · · · · · ·				15	186,723			
16	Repairs and ma	intenan	ce				16	22,235			
17											
18			le)								
19											
20			s (See page 14 of the instructions for								
21	Depreciation (at	tach Fo	orm 4562)		21	105,206	150				
22	Less depreciation	on clain	ned on Schedule A and elsewhere on	returi	n 22a		22b	105,206			
23	Depletion						. 23				
24			ed compensation plans								
25	Employee benef	fit prog	rams				25				
26	Excess exempt	expens	ses (Schedule I)		<i>.</i> .		26				
27	Excess readersh	nip cos	ts (Schedule J)				. 27				
28			ch schedule)					1,088,120			
29			l lines 14 through 28					1,402,284			
30			able income before net operating loss					(427,005)			
31			uction (limited to the amount on line					/407.005			
32			able income before specific deductio					(427,005)			
33	Specific deducti	ion (Ge	nerally \$1,000, but see line 33 instruc	ctions	for exceptions.)		. 33		-		
34			exable income. Subtract line 33 from fixers or line 32	line 3	32. If fine 33 is	greater than lin	ie 34	(427 005)			

	330-1 (200	<u> </u>							•	age =
Par	t []]	Tax Computation								
35	Control	led group members (section	porations. See instructions ons 1561 and 1563) check h 25,000, and \$9,925,000 taxa	nere 🕨 🗌 See	instruct	ions and:				
а										
1.	(1) \$	(2)	•	3) \$	I¢.					
b			Additional 5% tax (not more t				-			
		-	han \$100,000)				250			
c			9 34				35c			
36			See instructions for tax com Fax rate schedule or \Box Sc				26			
		36								
37	Proxy t	37								
38 39		ive minimum tax Add lines 37 and 38 to line	39							
		Tax and Payments	s 35c of 36, whichever appli				33			
				T 4446\	40a					
40a	_		ach Form 1118; trusts attach		40b		1			
b			instructions) , , ,		400		1			
С			re and indicate which forms		40c					
			/) > 0001 0007		40d		1			
d			(attach Form 8801 or 8827)				40e			
е			ugh 40d				41			
41		t line 40e from line 39 .			 Tout (-4		42			
42			5 Form 8611 Form 8697		Other (at	tach schedule) .	43			
43					44a		45			
44a		• •	credited to 2007		44b		1			
b		, -			44c		1			
c					44d		1			
d	_		withheld at source (see inst		44e		-			
e		- 1	ons) , , , , ,		446		1			
f	Other c	redits and payments:	Form 2439		115					
			Other				45			
45			nrough 44f				46			
46			4 of the instructions). Check				47			
47			e total of lines 43 and 46, e than the total of lines 43 an			.	48			
48 49			Credited to 2008 estimated tax		IOUITE OVE	rpaid ► Refunded ►	49			
_			Certain Activities and		nation (s			age 18)		
									Yes	No
1	-	-	dar year, did the organization			•		, ,	163	140
			curities, or other) in a foreign							1
^			the name of the foreign cou							∀
2			ion receive a distribution from, it ions for other forms the org				toreign	i trust? .		Y
3			nterest received or accrued							
			I. Enter method of inventor		•	<u> </u>				
							6	90	.095	
1		ry at beginning of year	2 1,450,997	Inventory at	end of y	ear	0	30	,033	
2	Purchas		3 751,689	Cost of goo						
3	Cost of		3 731,089			here and in		2 274	550	
4a		nal section 263A costs	40	Part I, line 2			7	2,271		
		schedule)	4a 8			tion 263A (wi			Yes	No
р 5		osts (attach schedule) add lines 1 through 4b	5 2,361,654	to the organ		r acquired for		e) apply		,
_ _			ave examined this return, including acco			ofs, and to the best of		weledge and t	naliaf #	l is to:c
Sig			ave examined this return, including account in a second and a second are returned to the second are re				n my KAC	-wiedde gud (Jenen, (t	io u ue,
Hei		G Mont	اصمحا بيراريها					RS discuss th		
		iture of officer	04/14/2009 Date	Title			the prepa instructio	rer shown be		e No
			Date	Date			_	arer's SSN o		لــــــــــــــــــــــــــــــــــــــ
Paid		Preparer's signature		Dute		Check if	riepa	21 61 9 99 N O	. 1 1111	
Pre	oarer's	Firm's name (or				self-employed				
Use	Only	yours if self-employed),				EIN :		\		
	1	address, and ZIP code				Phone no.	1	J		

		_							
Schedule C—Rent Inco		al Property	and Perso	nal Prope	erty L	eased With Real	Property)		
(see instructions on page	20)								
1 Description of property									
(1) Performing Arts Center									
(2) UNI Dome									
(3) Other									
(4)	2 Rent receive	ed or approad				_	_		
	2 Herri receive	ed or accrued							
 (a) From personal property (if the for personal property is more than more than 50%) 	eal and personal rent for persona rent is based or	property exc	eeds	Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)					
(1)				122	2,038		15	4,120	
(2)				287	7,298		24	8,675	
(3)		_		70	0,084		7	1,064	
(4)									
Total		Total		479	3,420	T	<u> </u>		
Total income. Add totals of co	olumns 2(a) and 2	(b). Enter	_			Total deductions. here and on page 1,			
here and on page 1, Part I, line		▶		479	3,420			3,859	
Schedule E—Unrelated	Debt-Finance	d Income	(see instruction	ons on pag	je 20)				
			2 Gross inco	me from or	3	Deductions directly con		to	
1 Description of de	bt-financed property	/	allocable to d	ebt-financed	(a) Si	traight line depreciation	ed property (b) Other deduction	ne	
		prop	erty ————		(attach schedule)	(attach schedule)			
(1)									
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	acquisition debt on or allocable to debt-financed debt-financed property			mn 4 d by nn 5		oss income reportable olumn 2 × column 6)	8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))		
	(dildon be			%	-				
(1) (2)	_			%	-				
(3)	-		%						
(4)	_			%					
Totals Total dividends-received dedu				•	Part I	here and on page 1, , line 7, column (A).	Enter here and on pa Part I, line 7, column		
Schedule F—Interest, Ar							nstructions on page	21)	
,,,,			ot Controlled			3	not de la page		
Name of Controlled Organization	2 Employer Identification Numb	per 3 Net un	nrelated income ee instructions)	4 Total of sp payments r	ecified	5 Part of column 4 tha included in the controll organization's gross inc	ntrolling connected with income		
(1)					1				
(2)									
(3)									
(4)									
Nonexempt Controlled Orga	inizations	· · ·							
7 Taxable Income 8 Net unrelated income (loss) (see instructions)				of specified lents made		10 Part of column 9 that included in the controll organization's gross included	ing connected with inc	g connected with income in	
(1)									
(2)									
(3)									
(4)									
						Add columns 5 and 10. Enter here and on page Part I, line 8, column (A	1, Enter here and on p	page 1,	
Totals									

Schedule G—Investment Ir (see instructions on page 22)		ion 501(c)(7	7), (9), or (17) (Organ	nization			
1 Description of income	2 Amount of inco		3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedu		and s	otal deductions set-asides (col. 3 plus col. 4)	
(1)								
(2)			×1.					
(3)								
(4)								
	Enter here and on Part I, line 9, colum							re and on page 1, ne 9, column (B).
Totals								
Schedule I—Exploited Exe	mpt Activity Inc	ome, Other	Than Advertis	sing l	Income			
(see instructions on page 22)				_				1
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected wit production of unrelated business incon	f (column 2 minus column 3). If a	fro s is bu	not unrelated atti		openses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)				_				
(4)				_				
	Enter here and on page 1, Part I, line 10, col. (A). line 10		art I,					Enter here and on page 1, Part II, line 26.
Totals		otiona on nac	70 22)					
Schedule J—Advertising In Part I Income From Pe				oio				
Part I Income From Pe	eriodicais nepor	ted on a C	onsolidated ba	1515				
1 Name of periodical	2 Gross advertising income	3 Direct advertising cos	4 Advertising gain or (loss) (co 2 minus col. 3). a gain, compute cols, 5 through	Jf e			adership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)			No. of the last					
(2)					-			-
(3)			100					1
(4)								
(4)								
Tatala (serre) to Dort II line (5)								
Totals (carry to Part II, line (5)) . Part II Income From Percolumns 2 through	eriodicals Repo		Separate Basi	s (Fo	r each peri	odical	listed i	n Part II, fill in
(1)								
(2)								
(3)								
(4)								
			Exp. 72			-		
(5) Totals from Part I	Enter here and on	Enter here and	00					Enter here and
Totals, Part II (lines 1-5)	page 1. Part I, line 11, col. (A).	page 1, Part line 11, col. (E	I. Take					on page 1, Part II, line 27.
Schedule K—Compensation	on of Officers D	irectors ar	nd Trustees (se	e inst	ructions on n	age 2	3)	
ochedule K oompensatio	on or omeers, b	irectors, ar	id iidstees (se	e iiisi	3 Percent of	1		
1 Name			2 Title		time devoted to business			ion attributable to ed business
					9/	1		-
					9/			
					9/	ó		
					9/			
Total. Enter here and on page 1. P	art II. line 14					.		

University of Northern Iowa Unrelated Business Income Tax Form 990-T Other Deductions line 28

Travel	8,104
General Supplies	41,948
Postage and Shipping	2,419
Business Meals and Entertainment	2,009
Dues and Subscriptions	1,306
Insurance	7,869
Rents/Leases	10,559
Telephone	4,833
Printing/Duplicating/AV/Photography Services	3,656
Computer Supplies	253
Purchased Services	41,773
Administrative Overhead	843,797
Advertising	-
Utilities	112,257
Miscellaneous	7,337
Other:	1,088,120

Form 4562

Internal Revenue Service Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. Attach to your tax return.

Business or activity to which this form relates

OMB No. 1545-0172

Attachment Sequence No. 67

Identifying number

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. \$125,000 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 Total cost of section 179 property placed in service (see instructions) 3 \$500,000 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-... Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. Tentative deduction. Enter the smaller of line 5 or line 8. 9 10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562 . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 5,558 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 99,648 MACRS deductions for assets placed in service in tax years beginning before 2007 . . . 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 2007 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction year placed in (business/investment use only-see instructions) 19a 3-year property b 5-year property 7-year property С d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. S/L 27.5 yrs. MM S/L h Residential rental 27.5 yrs. MM property S/L 39 yrs. MM S/L i Nonresidential real MM S/L property Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L c 40-year 40 yrs. MM S/L Part IV Summary (see instructions) Listed property. Enter amount from line 28 . . . 21 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 instr. 22 105,206 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form	4562 (2007)														Page 🛮
Pa	rt V Listed	d Property (In	clude aut	omobi	les, ce	rtain c	other v	ehicles	, cellul	ar telep	hone	s, cert	ain coi	nputer	s, and
	prope	erty used for e	entertainm	ent, re	creatio	on, or	amuse	ment.)							
		For any vehicle											oense,	comple	te onl y
		4b, columns (a)													
-		ciation and O							1						
24a	Do you have evi	dence to support t		investme	nt use cl	aimed?			24b	1 "Yes,"	is the e	vidence	written'	Ye	s∐No
Туј	(a) pe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use	Cos	(d) t or other basis		siness/in	preciation vestment	(f) Recover	y Met	g) hod/ ention		(h) reciation duction	sect	(ii) ected on 179
	· · · · · · · · · · · · · · · · · · ·		percentage				use o		<u>'</u>		_				ost
25		ance for qualificused more that								_				10.1	
26	·	d more than 50					30 (300	motrac	iloria).		2.0				286
20	rroperty used	d filore triair 50	%	amica t	743111630	, usc.						<u> </u>	_		
_			%		7										
_			%	7										-	- OP-1
27	Property used	d 50% or less i		ed busi	ness us	e:				-					
			%				==97			S/L -					_
			%							S/L-					
			%							5/L -					
28	Add amounts	in column (h),	lines 25 th	rough :	27. Ente	er here	and or	line 2	1, page	1	28				
29		in column (i), l											. 29	•	
			Se	ection	B—Info	rmatic	on on U	Jse of \	/ehicle:	S					
Con	nplete this sect	tion for vehicles	s used by a	a sole p	propriet	or, part	tner, or	other"	more th	an 5% d	owner,	or rela	ated pe	rson.	
If you	u provided vehicles	s to your employee	s, first answe	r the que	estions in	Section	C to see	if you m	eet an ex	ception to	comple	eting this	section	or those	vehicles.
30	Total husiness	/investment mile	s driven	(a)	(b)	(c)	(d)	((e)	(f)	
00	during the year	during the year (do not include commuting miles)		Vehicle 1 Vehicle 2			Veh	Vehicle 3 Vehicl			cle 4 Vehicle 5			Vehicle 6	
31		miles driven durin													
32	Total other p	r personal (noncommuting)													
33		ven during the y													
34	=	cle available for		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehi	cle used primar owner or related	rily by a												
36		icle available for	•								_				
		Section C—Qu	petions fo	r Emp	lovere	Who P	rovide	Vehicle	e for l	lse hy T	hair F	mploy	000		
	wer these ques	stions to detern owners or rela	nine if you	meet a	n exce	otion to								oyees v	/ho are
37	Do you maint	ain a written po	olicy staten	nent the	at prohi	bits all							ıting,	Yes	No
38	Do you maintai	oyees? n a written policy tions for vehicles	statement th	nat proh	ibits pers	sonal us	se of veh	icles, ex	cept con	nmuting,	by you	employ			
20															
39		all use of vehic													
40		de more than fi e vehicles, and													
41		e verncies, and ne requirements (
71		answer to 37, 38										nicles.			
Pa		tization	, 22, 10, 0	,	,				, 0, 1		32 701	0,00,			
تتعبير			,	-	T		-1		,	41	- (Đ)		(6)	
	(a) Description		Date am	b) ortization gins		Amor	(c) Amortizable amount		(d) Cod secti		Amortization		(f) Amortization for this year		or
42	Amortization of	of costs that beg	gins durina	your 20	07 tax v	ear (se	e instru	ctions):				90			
						1-0									
											1				