	990-T	Ex	empt Organization Busir	1ess	Income T	ax Returr	1 0	MB No. 1545-068	7		
Form	<b>330 I</b>		(and proxy tax under					2008			
Depar	tment of the Treasury	F	or calendar year 2008 or other tax year	begin	ning 7/1	, 2008, and	Oper	to Public Inspec	tion		
	al Revenue Service		ending 6/30 , 20 09 .		See separate in		for 501	c)(3) Organization	is Only		
<b>A</b> $\Box$	Check box if address changed		Name of organization ( Check box if name	change	d and see instruction	ns.)		r identification nu trust, see instructions to			
B Ex	empt under section	Drint	University of Northern Iowa				on page 9.)				
	501( )( )	Print	Number, street, and room or suite no. If a P.O.	box, s	ee page 9 of instruct		42 6004333				
	408(e) 220(e)	Type	122 Lang Hall  City or town, state, and ZIP code		d business activity ctions for Block E on p						
닏	408A 📙 530(a)			12000							
C Bo	529(a) ok value of all assets	F C*	Cedar Falls, IA 50614-0009  oup exemption number (See instruction	60	r Plack Con no.	~~ 0 \ •	71130	0 72232	20		
at	end of year		eck organization type   501(c) c				01/0) +===	t D Othor	Avuot		
ш г			n's primary unrelated business activity				01(a) trus		trust		
			e corporation a subsidiary in an affiliated g						7		
			e corporation a subsidiary in an aniliated g d identifying number of the parent corpora			ary controlled gr	oup? .	✓ L Yes	<b>√</b> No		
			► Gary B Shontz	1011.		phone number	<b>▶</b> ( 319	9 ) 273-35	76		
			de or Business Income		(A) Income	(B) Expe		(C) Net			
	Gross receipts			T		That is a	200				
h	Less returns and			1c	3,224,674	0613					
2			chedule A, line 7)	2	2,319,255	Marie Control					
3	_		ine 2 from line 1c	3	905,419		1000	905,419			
4a			e (attach Schedule D)	4a			W14.55				
b			'97, Part II, line 17) (attach Form 4797)	4b			-77 (7.57)				
c	Capital loss ded		, , , , , , , , , , , , , , , , , , , ,	4c							
5	•		hips and S corporations (attach statement)	5		tatificació	am emile				
6	Rent income (S	•		6	412,095	497,58	82	(85,487)			
7	Unrelated debt-	finance	d income (Schedule E)	7			$\perp$				
8			yalties, and rents from controlled								
	organizations (S			8							
9			f a section 501(c)(7), (9), or (17)	9							
40	organization (S		•	10							
10		-	ity income (Schedule I)	11	-						
11 12	Advertising inco		hedule J)	12		ST 22 ST 24 ST	ALC: UNIVERSITY OF				
13			through 12		1,317,514	497.58	82	819,932			
	rt II Deducti	ons No	ot Taken Elsewhere (See page 11	of the		,					
			tributions, deductions must be direct								
14	Compensation	of office	ers, directors, and trustees (Schedule	K)			14				
15				,			15	136,712			
16			ice				16	23,401			
17							17				
18			le)				18				
19							. 19				
20			s (See page 13 of the instructions for				20				
21	Depreciation (at	tach Fo	orm 4562)		21	105,134	5/5/7				
22	Less depreciation	on clain	ned on Schedule A and elsewhere on	retur	1 <b>22</b> a		22b	105,134			
23							. 23				
24			ed compensation plans								
25			rams								
26			ses (Schedule I)								
27			ts (Schedule J)								
28			ch schedule)					1,136,026			
29			I lines 14 through 28					1,401,273			
30			able income before net operating loss of					(581,341)			
31			uction (limited to the amount on line				. 31	/E04 244\			
32			able income before specific deduction					(581,341)			
33			nerally \$1,000, but see line 33 instruc								
34	32, enter the en	ness ta	axable income. Subtract line 33 from f zero or line 32	i line	32. If line 33 is (	greater than lin	ie   34	(581,341)			
	J_, J. 1. 1 1 0 01						. 04	(001,071)			

_	t III Tax Computation	
35	Organizations Taxable as Corporations. See instructions for tax computation on page 1	5
30	Controlled group members (sections 1561 and 1563) check here   Generalizations in tax computation on page in the computation of page in tax computation on page in tax computations and:	5.
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	:
	(1) (\$ (2) (\$ (3) (\$	
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	
	(2) Additional 3% tax (not more than \$100,000)	
С	Income tax on the amount on line 34	
36	Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax of the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	
37	Proxy tax. See page 16 of the instructions	
38	Alternative minimum tax	.   38
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	. 39
Par	Tax and Payments	Table of
40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . 40a	
b	Other credits (see page 17 of the instructions)	
c	General business credit. Attach Form 3800	- 67.6
d e	Total credits. Add lines 40a through 40d	40e
41	Subtract line 40e from line 39	14
42	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	
43	<b>Total tax.</b> Add lines 41 and 42	43
44a	Payments: A 2007 overpayment credited to 2008	_
b	2008 estimated tax payments	
C C	Tax deposited With Form Good	-
d e	Foreign organizations: Tax paid or withheld at source (see instructions)	
f	Other credits and payments:  Form 2439	
	☐ Form 4136 ☐ Other Total ▶ 44f	1835
45	Total payments. Add lines 44a through 44f	
46	Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached . •	4 ***
47 48	<b>Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed <b>Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>→</b> 47 <b>→</b> 48
49	Enter the amount of line 48 you want: Credited to 2009 estimated tax Refunded	
Par	t V Statements Regarding Certain Activities and Other Information (see instruction	ons on page 18)
1	At any time during the 2008 calendar year, did the organization have an interest in o	or a signature Yes No
	or other authority over a financial account (bank, securities, or other) in a fore	eign country?
	If YES, the organization may have to file Form TD F 90-22.1, Report of Foreig	
_	Financial Accounts. If YES, enter the name of the foreign country here ►	
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to If YES, see page 5 of the instructions for other forms the organization may have to file.	, a foreign trust? .
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$	
Sch	edule A—Cost of Goods Sold. Enter method of inventory valuation ▶	
1	Inventory at beginning of year 1 90,095 6 Inventory at end of year	6 137,107
2	Purchases	ne
3	Cost of labor	
4a	Additional section 263A costs (attach schedule)	
b	(attach schedule) 4a	
5	Total. Add lines 1 through 4b 5 2,456,362 to the organization?	
<u> </u>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	st of my knowledge and belief, it is true,
Sig	" \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	May the IRS discuss this return with
Her		the preparer shown below (see instructions)? Yes No
	Date	Preparer's SSN or PTIN
Paid	Check if	Tropard & GOIV OF FIRE
	parer's Firm's name (or	1
use	Only yours if self-employed), address, and ZIP code Phone no.	

Cabadula C. Dant Issa	ma (Eram D-	al Draz		and Daves	nal Prazi	seeks a 1	anned With De-	I Dramouted
Schedule C—Rent Income (see instructions on page		ai Prope	erty	ano Perso	nai Prope	erty L	eased with Rea	Property)
1 Description of property	19)							
(1) Performing Arts Center			_					
(2) UNI Dome								
(3) Other								
(4)								
	2 Rent receiv	ed or accru	ed					
for personal property is more than 10% but not percentage				al and personal rent for personal rent is based on	property exc	eeds		rly connected with the income and 2(b) (attach schedule)
(1)					254	4,386		160,212
(2)					77	7,823		242,482
(3)	_				79	9,886		94,888
(4)						,		
Total		Total		_	412	2,095		
(c) Total income. Add totals of chere and on page 1, Part I, line		2(b). Enter				2,095	(b) Total deduction for the control of the control	page 1,
Schedule E—Unrelated	Debt-Finance	ed Incor	ne (	see instruction	ons on pac	ie 19)		
						_	Deductions directly con	nected with or allocable to
1 Description of de	bt-financed propert	У		2 Gross inco allocable to de				ced property
	, ,	,		prop		(a) S	traight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)							(attach schedule)	(attach schedule)
(2)								
(3)								
4 Amount of overess	E Averess adi	atad basis						
acquisition debt on or allocable to debt-financed property (attach schedule)	allocable to debt-financed debt-financed prop			6 Column 4 divided by column 5		7 Gross income reportable (column 2 × column 6)		8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)					%			
(2)					%			
(3)					%			
(4)					%			_
Totals		 in column					here and on page 1, line 7, column (A).	Enter here and on page 1, Part i, line 7, column (B).
Schedule F-Interest, Ar	nuities, Roya	alties, an	ıd R	ents From	Controlle	d Or	ganizations (see i	nstructions on page 20)
<u> </u>				t Controlled			<b>J</b>	
1 Name of controlled organization	2 Employer identification num	mber 3 Net unre		related income e instructions)	4 Total of sp payments r	ecified	5 Part of column 4 tha included in the controll organization's gross inco	ling connected with income
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Orga	nizations							
7 Taxable Income 8 Net unrelated income (loss) (see instructions)			9 Total of specified payments made			10 Part of column 9 that included in the controll organization's gross inco	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	e 1, Enter here and on page 1,
Totals								

Schedule G—Investment Ir	come of a Secti	on 501(c)(7)	. (9), or (17) Or	ganization (see	instructions of	on page 21)		
1 Description of income	2 Amount of incor	ne dire	3 Deductions ectly connected ttach schedule)	4 Set-asides (attach schedul	5 and	5 Total deductions and set-asides (col. 3 plus col. 4)		
(1)								
2)								
(3)								
4)								
	Enter here and on p Part I, line 9, column					ere and on page 1 ine 9, column (B).		
Totals <u>.</u> ▶		· Carrier	No. 20 Personal					
Schedule I—Exploited Exe	mpt Activity Inco	me, Other	Than Advertising	ig Income (see	instructions o	n page 21)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business 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 Expenses attributable to column 5	7 Excess exemp expenses (column 6 minus column 5, but no more than column 4).		
(1)								
(2)								
(3)								
4)								
	Enter here and on page 1, Part I, line 10, col. (A).					Enter here and on page 1, Part II, line 26.		
Totals	<u> </u>				STEPS THE TO S	- 1		
Schedule J—Advertising Ir						2		
Part I Income From Pe	eriodicals Report	ed on a Cor	nsolidated Bas	is				
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7,	5 Circulation income	6 Readership costs	7 Excess readersh costs (column 6 minus column 5, but not more tha column 4).		
(1)						151 2 2 2 2 2 2		
(1)			<b>新りたまがき</b>					
2)			70 T - 37850 W					
3)						2 10 TO 10 TO 14		
						-1102		
	eriodicals Repor		eparate Basis	(For each perio	odical listed	in Part II, fill		
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readersh costs (column 6 minus column 5, but not more than column 4).		
(1)								
(2)			The Control					
(3)								
4)						42		
5) Totals from Part I			Post Contract	P4 1				
	Enter here and on	Enter here and or	The state of the s	White or to		Enter here and		
Totals, Part II (lines 1-5)	page 1, Part I, line 11, col. (A).	page 1, Part I, line 11, col. (B).				on page 1, Part II, line 27.		
Schedule K—Compensation	on of Officers, Di	rectors, and	Trustees (see		age 22)			
1 Name			2 Title	3 Percent of time devoted to business		ation attributable to ted business		
				%				
				%				
				%				
_				%				
Total Enter here and on page 1 P	Part II. line 14	1						

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

Travel	5,363
General Supplies	48,180
Postage and Shipping	6,846
Business Meals and Entertainment	(687)
Dues and Subscriptions	1,591
Insurance	7,938
Rents/Leases	14,796
Telephone	3,581
Printing/Duplicating/AV/Photography Services	2,230
Computer Supplies	-
Purchased Services	31,895
Administrative Overhead	895,601
Advertising	-
Utilities	110,373
Miscellaneous	8,319
Other:	1,136,026

Department of the Treasury Internal Revenue Service

## **Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. **67** 

Name(s) shown on return

► See separate instructions. Business or activity to which this form relates

Identifying number

Par			Certain Property Ur sted property, comp			u complete Par	t. 1.	
_			tions for a higher limit				1	\$250,000
1			y placed in service (se				2	7200,000
2 3			pperty before reduction				3	\$800,000
4			ine 3 from line 2. If ze			detions)	4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5			ract line 4 from line 1.			If married filing		
Ü	separately, see inst						5	
	(a)	(c) Elected cos	-	THE RESIDENCE OF STREET				
6								
	_							
7	Listed property. Ent	ter the amoun	t from line 29		. 7			
8			property. Add amoun		(c), lines 6	and 7	8	
9			naller of line 5 or line				9	
10	Carryover of disallo	wed deduction	n from line 13 of your	2007 Form 4	562		10	
11	Business income limita	ation. Enter the s	maller of business incom	e (not less than	zero) or line	5 (see instructions)	11	
12	•		Add lines 9 and 10, b			an line 11. , <u>,</u>	12	
13			2009. Add lines 9 and					
			ow for listed property.					
Par	t II Special Der	oreciation Al	lowance and Other	Depreciation	n (Do not	include listed pr	oper	ty.) (See instructions.)
14	Special depreciation	n allowance for	qualified property (otl	her than listed	property)	placed in service		
	during the tax year	(see instruction	ons)				14	
15	Property subject to	1,7	. ,				15	
16	Other depreciation						16	
Par	t III MACRS D	epreciation_	(Do not include list		) (See ins	tructions.)		
				Section A				
17			aced in service in tax				17	105,134
18			assets placed in servi				635	
	general asset accou		ere				aniati	ion Custom
	Section b—	(b) Month and	(c) Basis for depreciation		J Using t	le delleral Depr	ecial	on System
(a)	Classification of property	year placed in service	(business/investment use only—see instructions)	(d) Recovery period	(e) Conver	ntion (f) Metho	d 	(g) Depreciation deduction
19a	3-year property	ST BUSEN						
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	ММ	S/L		
	property			27.5 yrs.	MM	S/L		
į	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
	Section C—A	ssets Placed	in Service During 20	008 Tax Year	Using the		recia	ation System
20a	Class life					S/L		
	12-year			12 yrs.		5/L		
	40-year			40 yrs.	MM	S/L		
Pai	t IV Summary	(See instruct	ions.)					
21	Listed property. En	ter amount fro	om line 28				21	
22	Total. Add amounts			nes 19 and 20	in column	(a) and line 21		
	Enter here and on the		lines of your return. Pa				22	105,134

Form	1 4562 (2008)														Page 2
Pa		<b>Property</b> (In							, cellul	ar tele	phone	s, cert	ain cor	nputer	s, and
		For any vehicle lb, columns (a											oense, d	comple	te <b>onl</b> y
	ction A—Depre														
24a	Do you have evid	ence to support		investme	ent use clai	med?	☐ Yes	☐ No	24b	f "Yes,"	is the e	evidence	written?	☐ Ye	s 🗌 No
Ту	(a) pe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cos	(d) st or other basis			preciation vestment nly)		y Me	(g) hthod/ vention	Depr	(h) eciation luction	E/e sect	(i) ected ion 179 cost
25	Special deprec year and used														
26	Property used	more than 50	% in a qua	alified b	ousiness	use:									
			%												
			%												
07	Duamant	500/ l	%												
27	Property used	50% or less i	n a quaiile		ness use	<u>.</u>				GII					
_		<u> </u>	%							5/L ·			_		
			%			+				5/L					
28	Add amounts	in column (h).			27. Enter	here	and or	line 21	t. page		28				
29	Add amounts	in column (i),	line 26. En	ter here	and on	line 7	, page	1					. 29		-
			S	ection	B—Infor	matic	n on t	Jse of \	/ehicles	6				_	
Con	nplete this section of provided vehicles	on for vehicles to your employee	s used by a es, first answe	a sole per the que	proprieto estions in S	r, part Section	ner, or C to see	other"r if you m	more that eet an exc	an 5% ception t	owner, o comple	" or rela eting this	ated pe section f	rson. or those	vehicles
30	Total business/i	investment mile	e driven	(	(a)	(	b)	(	c)	((	i)	(-	e)	(1	)
50	during the year (o	do not include c	ommuting	Veh	hicle 1 Vehicle 2		Vehi	ehicle 3 Vehicle		cle 4	Vehicle 5		Vehicle 6		
31	Total commuting i								_						
32	Total other permites driven .														
33	Total miles driv lines 30 through		ear. Add												
34	Was the vehicle use during off-			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehic more than 5% o														
36	Is another vehicuse?	ele available for													
	S	ection C-Q	uestions fo	r Emp	loyers W	ho P	rovide	Vehicle	s for U	se by	Their E	mploy	ees		
	wer these quest more than 5%						comp	leting S	ection E	3 for ve	hicles	used by	y emplo	yees w	/ho are
37	Do you mainta		olicy staten											Yes	No
38	Do you maintain See the instruct	a written policy	statement t	hat proh	ibits perso	nal us	e of veh	icles, ex	cept com	muting,	by your	r employ	ees?		
39	Do you treat a		•	,											
40	Do you provid			-	-										
	the use of the														
41	Do you meet the Note: If your ar	e requirements	concerning (	qualified	automob	ile der	nonstrat	ion use?	(See ins	struction	ıs.) .			MEETS	
Pa		ization	, ,, ,,				,							of an in the last	
	(a) Description o	of costs	Date am	b) ortization gins		Amor	c) tizable ount		(c Co sect	de	Amort perio	e) tization od or entage		(f) rtization f nis year	or
42	Amortization of	costs that beg	gins during	your 20	08 tax ye	ar (se	e instru	ctions):							