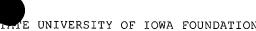
For	990-T	Ex	cempt Organization	Bus	siness I	ncome	Tax Retui	in 006	OMB No 1545-0047
• •		(and proxy tax under section 6033(e)) (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning $07/01$, 2019, and ending $06/30$, 20 2							2 019
	artment of the Treasury		► Go to www irs gov/Form990T for instructions and the latest information						
_	nal Revenue Service	▶ Do	not enter SSN numbers on this form						Open to Public Inspection for 501(c)(3) Organizations Only
A [—	Check box if address changed		Name of organization (Check b	ox if na	me changed and	d see instruction	s)		yer identification number yees' trust, see instructions)
	xempt under section	Daint	STATE UNIVERSITY OF						
×	501(C)(3 43	Print	Number, street, and room or suite no	If a P O	box, see instru	ctions			796760
-	408(e) 220(e)	Туре	D O DOY AFFO						ited business activity code structions)
	408A530(a))	P.O. BOX 4550						
	529(a) ook value of all assets	-	City or town, state or province, countr	•		istal code		90009	0.0
	end of year	F Gro	IOWA CITY, IA 52244			·		90003	
_	1522325755.		up exemption number (See instruct	<u> </u>		501/0	\	401(0)	trust Other trust
` ;		٠ـــــــــــــــــــــــــــــــــــــ	ck organization type X 501 inization's unrelated trades or busine			501(c	, <u></u>	401(a)	
			ESTMENT IN PARTNERSH		<u>.</u>	If only one		_	(or first) unrelated than one, describe the
			end of the previous sentence, co		Parts I and II		•		
	rade or business, th			mpicto	T arts T aris II	, complete a c	cricadic ivi for car	or addition	
			corporation a subsidiary in an affil	ıated o	roup or a pare	nt-subsidiary o	controlled group?		Yes X No
			identifying number of the parent co	_		,	om om or group		
	he books are in care			'		Telephon	e number ▶ 31	9-335-	3305
Pa	rt I Unrelated	Trade o	or Business Income		(A) In	come	(B) Expen	ses	(Ć) Net
1 a	Gross receipts or	sales						_	
b	Less returns and allowa	inces	c Balance >	1 c					
2	Cost of goods so	ld (Schedi	ule A, line 7)	2					
3			2 from line 1c	3		·		···	
4 a	Capital gain net ii	ncome (a	ttach Schedule D)	4a	2,6	551,289			2,651,289.
b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4797)	4b					
С			rusts	4c		/ 051			0.204.051
5			an S corporation (attach statement),	5	//:	304,251.	ATCH 1		2,304,251.
6						RE(SEIVEL)	
7			come (Schedule E)	7	/			기상 	
8 9			nts from a controlled organization (Schedule F)	8/		은 MAI	3 0 2021	 -	
10			1(c)(7) (9) or (17) organization (Schedule G)	10		<u> </u>	V O C LOCA	121	
11			ule J)	11		OGI			
12	-		tions, attach schedule)	12		UGI	JEIV, U I		
13			ough 12	13	4,9	55,540.			4,955,540.
			Taken Elsewhere See instr		ns for limit	ations on d	eductions)([Deductio	L
			ne unrelated business incom						,
14	Compensation of	officers,	directors, and trustees (Schedule K)						
15			/						
16			/						
17	Bad debts							. 17	
18	Interest (attach so	chedule) (see instructions)					. 18	
19	Taxes and licenses	s	. /			, ,			148,634.
20			4562)						
21	Less depreciation	claimed	on Schedule A and elsewhere on re	eturn		21a		21b	
22	Depletion	. <i>[</i>						. 22	504,959.
23			ompensation plans						
24									
25			Schedule I)						
26			chedule J)						0 001 510
27			chedule)						2,331,549.
28			s 14 through 27						2,985,142.
29	/		e income before net operating						1,970,398.
30			loss arising in tax years beginning						1 070 300
31/	Unrelated busines	s taxable	income Subtract line 30 from line	29		<u> </u>		. 31	1,970,398.

1197114 02

Par	Total Unrelated Business Taxable Income				
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	Τ.			
	instructions)	32	2,0	026,	181.
33	Amounts paid for disallowed fringes				
34	Charitable contributions (see instructions for limitation rules)	34			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line				
	34 from the sum of lines 32 and 33	35	2,0	026,	181.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)	36	2,0	026,	181.
37	·		<u> </u>	<u> </u>	
38	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	3-8		1.	000.
39	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,	100			
33	enter the smaller of zero or line 37	39			0.
Par		1 33 1			
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0 21)	40			
41					
41					
40	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041),				
42	Proxy tax See instructions				
43	Alternative minimum tax (trusts only)				
44	Tax on Noncompliant Facility Income See instructions	$\overline{}$			
45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45			
Par					
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	4			
	Other credits (see instructions)	4			
	General business credit Attach Form 3800 (see instructions)	4			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	-			
е	Total credits Add lines 46a through 46d	46e			
47	Subtract line 46e from line 45				
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .				
49	Total tax Add lines 47 and 48 (see instructions)	49			0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			
51 a	Payments A 2018 overpayment credited to 2019]			
b	2019 estimated tax payments				
С	Tax deposited with Form 8868] [
d	Foreign organizations Tax paid or withheld at source (see instructions)]			
е	Backup withholding (see instructions)	J l			
f	Credit for small employer health insurance premiums (attach Form 8941)]			
g	Other credits, adjustments, and payments Form 2439				
	Form 4136 Other Total ▶ 51g]			
52	Total payments Add lines 51a through 51g	52			
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53			
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55			
56	Enter the amount of line 55 you want	56			
Par	tVI Statements Regarding Certain Activities and Other Information (see instruction	ıs)			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	ay hav	e to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country	I.	
	here >	_			Х
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ian trust	,		Х
	If "Yes," see instructions for other forms the organization may have to file	J			
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				
	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the I	pest of my	y knowledge :	and beli	ef it is
Sigr	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Her	1 2/22/2021	•	RS discuss preparer sh		
,		e instructio			No
~~~~	Print/Type prenarer's name Print/Type dynastyre () Date	1 1	PTIN		,
Paid	Check	k L if employed	P004	8283	4
Prep	arer	s EIN 🟲	44-016		
Use			6-221-6		
		2110 22			





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ATION		ŗ

Form 990-T (2019)											Page 3
Schedule A - Cost of Go	1 1	iter method	d of invente					т		_	
1 Inventory at beginning of y	· <del>                                     </del>						ar	6			
						•	ld Subtract line				
3 Cost of labor	3						here and in Part				
4a Additional section 263A co	osts				I, line 2.			7	L	_	
(attach schedule)	<mark>4a</mark>			8	Do the	rules of	section 263A (w	ith re	espect to	Yes	No
b Other costs (attach schedu							or acquired for				
5 Total Add lines 1 through					to the org	anization? .		<u> </u>			X
Schedule C - Rent Income	e (From Real P	roperty a	nd Persoi	nal F	roperty	Leased V	Vith Real Proper	ty)			
(see instructions)											
Description of property											
(1)											
(2)											
(3)											
(4)							<del>,</del>				
	2 Rent recei	ved or accrue	ed								
(a) From personal property (if the for personal property is more th more than 50%)		percenta	age of rent fo	r perso	personal property (if the r personal property exceeds based on profit or income)  3(a) Deductions directly connected with the in columns 2(a) and 2(b) (attach scheduler).				ome		
(1)	······································										
(2)						•					
(3)	***************************************										
(4)							***************************************				
Total		Total									
(c) Total income. Add totals of cohere and on page 1, Part I, line 6,	, ,	•					(b) Total deduction Enter here and on Part I, line 6, colum	page 1			
Schedule E - Unrelated De	ebt-Financed I	ncome (se	e instructi	ons)							
1 Description of deb	t-financed property		2 Gross allocable t				Deductions directly con debt-finance	d prope	erty		
			pr	property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)											
(2)										-	
(3)			<u></u>	*******							
(4)											
4 Amount of average adjusted basis acquisition debt on or allocable to debt-financed property (attach schedule)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)			4	Colum dıvıde columr	đ		income reportable n 2 x column 6)		Allocable ded imn 6 x total 3(a) and 3(	of colum	
(1)					%						
(2)					%						
(3)					%						
(4)					%						
							e and on page 1, e 7, column (A)		r here and o		
Totals						· · · · · ·	▶				

Form **990-T** (2019)



UNIVERSITY OF IOWA FOUNDATION Page 4 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 1 Name of controlled 2 Employer 5 Part of column 4 that is 6 Deductions directly 3 Net unrelated income 4 Total of specified identification number organization included in the controlling connected with income (loss) (see instructions) payments made organization's gross income in column 5 (1) (2) (3) (4) Nonexempt Controlled Organizations 10. Part of column 9 that is 11 Deductions directly 9 Total of specified 8. Net unrelated income connected with income in 7 Taxable Income included in the controlling (loss) (see instructions) payments made organization's gross income column 10 (1) (2) (3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Enter here and on page 1, Part I, line 8, column (A) Part I, line 8, column (B) Totals Schedule G-Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3 Deductions Total deductions 4 Set-asides directly connected (attach schedule) and set-asides (col 3 plus col 4) 1 Description of income 2 Amount of income (1) (2)(3) (4)Cnter here and on page 1, Part I line 9 column (B) Enter here and on page 1, " ," " 4"", Part I line 9 column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4 Net income (loss) 3 Expenses 7 Excess exempt 2 Gross unrelated from unrelated trade directly connected with expenses (column 6 minus 5 Gross income 6 Expenses attributable to column 5 or business (column from activity that business income from trade or 2 minus column 3) 1 Description of exploited activity production of unrelated column 5, but not more than is not unrelated If a gain, compute cols 5 through 7 business income business business income column 4) (1) (2)(3)(4)Enter here and on Enter here and on Enter here and page 1, Part I. page 1, Part I, line 10, col (A) on page 1, line 10, col (B) Part II, line 25 Schedule J-Advertising Income (see instructions) Income From Periodicals Reported on a Consolidated Basis 7 Excess readership 4 Advertising 2 Gross costs (column 6 gain or (loss) (col 3 Direct 5 Circulation 6 Readership 1 Name of periodical advertising 2 minus cot 3) If minus column 5, but advertising costs income costs ıncome not more than a gain, compute cols 5 through 7 column 4) (1) (2)(3) (4)

Form 990-T (2019)

Totals (carry to Part II, line (5))



Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

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 readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶				•		
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		, , <b>.</b>		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶			, ,			

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2) ATCH 3		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			

Form **990-T** (2019)

#### SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning  $\frac{07/01}{}$  , 2019, and ending  $\frac{}{}$ 

► Go to www irs gov/Form990T for instructions and the latest information.

Name of the organization

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Employer identification number

STATE UNIVERSITY OF IOWA FOUNDATION

42-0796760

Unrelated Business Activity Code (see instructions) ▶ 812900 Describe the unrelated trade or business ► TRAVEL TOURS

Pai	tl Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 129, 802.				
b	Less returns and allowances C Balance	1c	129,802.		į
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	129,802.		129,802.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total Combine lines 3 through 12	13	129,802.		129,802.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		63,211.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)		
27	Other deductions (attach schedule)	27	11,726.
28	Total deductions. Add lines 14 through 27	28	74,937.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	54,865.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions),	1	
31	Unrelated business taxable income Subtract line 30 from line 29	$\overline{}$	54,865.
	<del></del>		

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

#### SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury

07/01 , 2019, and ending For calendar year 2019 or other tax year beginning _ ► Go to www irs gov/Form990T for instructions and the latest information

06/30 .20 20

Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Employer identification number Name of the organization

STATE UNIVERSITY OF IOWA FOUNDATION

42-0796760

Unrelated Business Activity Code (see instructions) ▶ 541800 Describe the unrelated trade or business ▶ CREDIT CARD MARKETING

Part I Unrelated Trade or Business Income (A) Income (C) Net (B) Expenses 2,000. 1 a Gross receipts or sales 2,000. b Less returns and allowances c Balance ▶ Cost of goods sold (Schedule A, line 7)....... 2 2 2,000. 2,000. Gross profit Subtract line 2 from line 1c . . . . . . . 3 4a Capital gain net income (attach Schedule D) . . . . . . . 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4b Income (loss) from a partnership or an S corporation (attach 6 6 Unrelated debt-financed income (Schedule E). . . . . . . 7 Interest, annuities, royalties, and rents from a controlled 8 Investment income of a section 501(c)(7), (9), or (17) 10 10 Exploited exempt activity income (Schedule I) . . . . . . 11 Advertising income (Schedule J) . . . . . . . . . . . . . . . 11 12 Other income (See instructions, attach schedule) . . . . . 2,000. 2,000. Total Combine lines 3 through 12..... 13

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		1,082.
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	I	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	1,082.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	918.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		-
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	918.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

JSA

#### SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury

07/01 , 2019, and ending For calendar year 2019 or other tax year beginning ► Go to www irs gov/Form990T for instructions and the latest information

06/30 .20 20

Internal Revenue Service Name of the organization ▶ Do not enter SSN numbers 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

STATE	UNIVERSITY	OF	AWOT	FOUNDATION
SIAID	ONIAFVOILL	OF	TOWA	LOONDALION

Employer identification number 42-0796760

Unrelated Business Activity Code (see instructions) ► 541800 Describe the unrelated trade or business ► IOWA ALUMNI MAGAZINE ADVERTISING

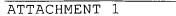
Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1 a Gross receipts or sales b Less returns and allowances 1c Cost of goods sold (Schedule A, line 7)...... 2 Gross profit Subtract line 2 from line 1c . . . . . . . . . . . . 3 4a Capital gain net income (attach Schedule D) . . . . . . . 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4c Income (loss) from a partnership or an S corporation (attach 5 6 Unrelated debt-financed income (Schedule E). . . . . . . 7 7 8 Interest, annuities, royalties, and rents from a controlled Investment income of a section 501(c)(7), (9), or (17) 9 Exploited exempt activity income (Schedule I) . . . . . . 10 71,799. Advertising income (Schedule J) . .ATCH .5. . . . . . . 36,100. -35,699. 11 11 Other income (See instructions, attach schedule) . . . . . . 12 12 36,100. 71,799. -35,699. Total Combine lines 3 through 12......

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		
16	Repairs and maintenance	l	
17	Bad debts	ì	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans		
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions Add lines 14 through 27	28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-35,699.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	-35,699.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019



## FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

AC CUDED BUND ID	17 076
AG SUPER FUND, LP	-17,276.
AMBERBROOK VI, LLC CORDILLERA INVESTMENT FUND I, LP	13,747. 289.
DAVIDSON KEMPNER	3,131.
ENERGY & MINERALS GROUP FUND II, LP	3,131. 840,716.
ENR PARTNERS LP	-233,517.
ENR PARTNERS II, LP	•
EURO CHOICE V LP	-1,837,645. 1,330.
HARVEST MLP INCOME FUND LLC	58,819.
IRON POINT REAL ESTATE PARTNERS II-TE, LP	-38,425.
IRON POINT REAL ESTATE PARTNERS III, LP	-38,423. -171,052.
KAYNE ANDERSON ENERGY FUND VI, LP	490,374.
MAIN POST GROWTH	-13,243.
MSOUTH EQUITY PARTNERS IV LP	-13,243. -1,777.
MERIT MEZZANINE FUND VI, LP	122,146.
MSOUTH EQUITY PARTNERS III LP	-199.
MILESTONE PARNTERS IV	18.
NEWBURY EQUITY PARTNERS II, LP	16,755.
OAKTREE PRINCIPAL FUND V, AIF L.P.	-29,362.
ORBIMED ROYALTY	-30,364.
PANGAEA TWO LP	-12,681.
NEW HARBOR CAPITAL FUND, LP	-499,790.
MILESTONE PARTNERS IV AIV LP	-336.
NEW HARBOR CAPITAL FUND II, LP	-304,472.
RESOURCE LAND FUND IV, LLC	-348,840.
RESOURCE LAND FUND V, LLC	-137,163.
ROCKLAND POWER PARTNERS LP	632,862.
ROCKLAND POWER PARTNERS II, LP	482,601.
ROCKLAND POWER PARTNERS III, LP	3,026,140.
SHOREHILL PRIVATE EQUITY LP	5,058.
SINGERMAND REAL ESTATE OPPORTUNITY FUND I	-23,927.
SRE OPPORTUNITY FUND II, LP	130,137.
SRE OPPORTUNITY FUND III, LP	46,521.
VARDE FUND X(B) (FEEDER), LP	-19,107.
VARDE FUND XI(B) (FEEDER), LP	-35,302.
WCP REAL ESTATE FUND III	-131,154.
WCP REAL ESTATE FUND IV	-268,499.
GCG INVESTORS IV LP	587,738.

2,304,251.

INCOME (LOSS) FROM PARTNERSHIPS

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

OTHER PASSTHROUGH DEDUCTIONS TAX PREPARATION FEES

2,319,949. 11,600.

PART II - LINE 27 - OTHER DEDUCTIONS

2,331,549.

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
DALE E BAKER P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	, 0	0.
P SUE BECKWITH, M.D. P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
JAMES W CARNEY P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
ANDREW W CODE P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
KATHLEEN A DORE P.O. BOX 4550 IOWA CITY, IA 52244-4550	VICE CHAIR/DIRECTOR	0	0.
JANICE R ELLIG P.O. BOX 4550 IOWA CITY, IA 52244-4550	CHAIR/DIRECTOR	0	0.
DAVID J FISHER P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
CASSANDRA S FOENS, M.D. P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
NOLDEN GENTRY P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
PERRY A GLASSGOW P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.



#### ATTACHMENT 3 (CONT'D)

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
KEVIN R GRUNEICH P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	C	0.
LEONARD A HADLEY P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	. 0	0.
THOMAS R HANSON P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
J BRUCE HARRELD P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
CAROL HAVEMANN-LYNCH P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
MIEKELEEN HART P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
DAVID A HOAK P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
CURTIS K LANE P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
KATHERINE A PETERSEN LINDER P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
CASEY D MAHON P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.

ATTACHMENT 3 (CONT'D)

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
BARBARA A MCKENZIE P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
BRUCE E RINGDAHL P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
DYAN C SMITH P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
MARY JOY STEAD P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
CARL W STUART P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
GREGS G THOMOPULOS P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
NATHAN R TROSS P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
THOMAS J VEALE P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
CATHERINE ZAHARIS P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	, ,	0.
LYNETTE L MARSHALL P.O. BOX 4550 IOWA CITY, IA 52244-4550	PRESIDENT	0	0.

#### ATTACHMENT 3 (CONT'D)

NAME AND ADDRESS	<u>TITLE</u>	BUSINESS PERCENT	COMPENSATION
TIFFANI K SHAW P.O. BOX 4550 IOWA CITY, IA 52244-4550	VP/ASST SECRETARY	0	0.
SHERRI P FURMAN P.O. BOX 4550 IOWA CITY, IA 52244-4550	CFO/TREASURER	0	0.
DIANE K BROWNLEE P.O. BOX 4550 IOWA CITY, IA 52244-4550	SECRETARY	0	0.
CHRISTOPHER D. DEWOLF P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
MARK A. KAUFMAN P.O. BOX 4550 IOWA CITY, IA 52244-4550	DIRECTOR	0	0.
SHEILA BALDWIN P.O. BOX 4550 IOWA CITY, IA 52244-4550	VP HEALTH SCIENCES DEVELOPMENT	0	0.
ERIN LEWIS P.O. BOX 4550 IOWA CITY, IA 52244-4550	VP ALUMNI AND DONOR ENGAGEMENT	0	0.
ROBERT K. CLARK P.O. BOX 4550 IOWA CITY, IA 52244-4550	VP MAIN CAMPUS DEVELOPMENT	0	0.
TOTAL COMPENSATION			0.

#### FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

TRAVEL CONSULTING FEES POSTAGE

6,099. 4,500.

1,127.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS

11,726.

SCHEDULE M - SCHEDULE J ADVERTISING INCOME REPORTED ON A SEPARATE BASIS

STATE UNIVERSITY OF IOWA FOUNDATION

7 EXCESS READERSHIP COSTS			
6 READERSHIP COSTS			
S CIRCULATION S INCOME			
4 ADVERTISING GAIN OR LOSS		-35, 699	
3 DIRECT ADVERTISING COSTS	71,799	71,799	71,799
2 GROSS ADVERTISING INCOME	36,100	36,100	36,100
1 NAME OF PERIODICAL	IOWA ALUMNI MAGAZINE		

1197114

#### **SCHEDULE D** (Form 1120)

**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

Department of the Treasury Internal Revenue Service

► Go to www irs gov/Form1120 for instructions and the latest information

OMB No 1545-0123

0000					Linpioy	40.0706760
	TE UNIVERSITY OF IOWA FOUNDATION					12-0796760
	ne corporation dispose of any investment(s) in a		-	=	►į	Yes X No
	s," attach Form 8949 and see its instructions for			your gain or los	S	·
Part	•	S (See instructions	)			1400
	See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments or loss from Form 8949, Part I, line	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
	This form may be easier to complete if you round off cents to whole dollars	(sales pnce)	(or other basis)	column (g)	· -,	the result with column (g)
1 a	Totals for all short-term transactions reported on Form 1099-B 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.					
1 b	Totals for all transactions reported on Form(s) 8949					
	with Box A checked					
2	Totals for all transactions reported on Form(s) 8949					
	with Box B checked					
3	Totals for all transactions reported on Form(s) 8949					
	with Box C checked	34,165.				34,165.
		<u> </u>				
4	Short-term capital gain from installment sales from l	Form 6252, line 26 or 37	'		4	
5	Short-term capital gain or (loss) from like-kind exchain	nges from Form 8824			5	
						,
6	Unused capital loss carryover (attach computation)				6	(
7	Net short-term capital gain or (loss) Combine lines		<u> </u>		7	34,165.
Part	·	(See instructions)		1		
	See instructions for how to figure the amounts to enter on the lines below	(d)	(e)	(g) Adjustments or loss from Forr		(h) Gain or (loss) Subtract column (e) from
	This form may be easier to complete if you round off cents to whole dollars	Proceeds (sales pnce)	Cost (or other basis)	8949, Part II, lin column (g)		column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B 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					
8b	Totals for all transactions reported on Form(s) 8949					
	with Box D checked					
9	Totals for all transactions reported on Form(s) 8949					
	with Box E checked					
10	Totals for all transactions reported on Form(s) 8949	106 200				100 200
	with Box F checked	106,289.			т	106,289.
11	Enter gain from Form 4797, line 7 or 9				11	2,510,835.
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 37			12	
40	Long-term capital gain or (loss) from like-kind exchar	from Form 8824			4.2	
13	Long-term capital gain or (loss) from like-kind exchai	iges from Form 6624 .			13	
14	Capital gain distributions (see instructions)				14	
15	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	h		15	2,617,124.
Part						
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capital	loss (line 15)		16	34,165.
	,					2,617,124.
17	Net capital gain. Enter excess of net long-term capit	tal gain (line 15) over ne	t short-term capital lo	ss (line 7)	17	
18	Add lines 16 and 17 Enter here and on Form 1120,				18	2,651,289.
	Note If losses exceed gains, see Capital Losses in the					

For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Schedule D (Form 1120) 2019

Form 8949

# Sales and Other Dispositions of Capital Assets

▶ Go to www irs gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Department of the Treasury ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

Internal Revenue Service Name(s) shown on return

STATE UNIVERSITY OF IOWA FOUNDATION

Social security number or taxpayer identification number

42-0796760

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute

statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions) For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions,

(a)  Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an a enter a coo	any, to gain or loss amount in column (g), de in column (f) rate instructions	(h) Gain or (loss) Subtract column (e
(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed of (Mo , day, yr )	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) an combine the result with column (g)
PARTNERSHIP STCG	VAR	VAR	34,165				34,165
		-					
			•				
							_
						<del></del>	
						·	
2 Totals Add the amounts in column	s (d), (e), (g), and	i (h) (subtract					
negative amounts) Enter each tot Schedule D, line 1b (if Box A abov	al here and inc	ude on your	34,165				34,165

Note If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

8949 (2019)	Attachment Sequence No. 12A	Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

STATE UNIVERSITY OF IOWA FOUNDATION

42-0796760

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You <i>must</i> check Box D, E, <i>or</i> F b a separate Form 8949, page 2, fo	r each applic	able box If y	ou have more lo	ng-term transa	•	_	•
more of the boxes, complete as more (D) Long-term transactions r  (E) Long-term transactions r  (F) Long-term transactions n	eported on F eported on F	orm(s) 1099- orm(s) 1099-	B showing basis B showing basis	was reported to		Note above)	
1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below	If you enter an a enter a coo	iny, to gain or loss imount in column (g), de in column (f) rate instructions	(h) Gain or (loss) Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)	(Mo , day, yr )	(Mo , day, yr )	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
PARTNERSHIP LTCG	VAR	VAR	106,289				106,289
···							
Totals Add the amounts in columns in negative amounts) Enter each total							
Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	is checked), line	9 (if Box E	106,289				106,289

Note If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form **8949** (2019)

EIN: 42-0796760

State University of Iowa Foundation DBA Univ of Iowa Center for Advancement Form 990-T, Line 36 - Net Operating Loss Deduction 6/30/2020

#### NET OPERATING LOSS CARRYFORWARD TAX YEARS BEFORE JANUARY 1, 2018

Loss Year Ending	NOL Generated	Loss Previously Utilized	Loss Available
6/30/2014	(1,513,217)	1,505,272	(7,945)
6/30/2015	(1,712,327)		(1,712,327)
6/30/2017	(1,050,147)		(1,050,147)
6/30/2018	(2,341,601)		(2,341,601)
6/30/2019	-		-
6/30/2020	-		-
Net Operating Loss Available			(5,112,020)
Net Operating Loss Deduction (Limited to Taxable Income) - 6	6/30/2020		2,026,181
Net Operating Loss Carryforward to 6/30/2021		_	(3,085,839)
Activity Magazine Advertising			
Loss Year Ending	NOL Generated	Loss Previously Utilized	Loss Available
6/30/2020	(35,699)	-	(35,699)
Net Operating Loss Available	(35,699)	-	(35,699)
	• • •		(55,055)
Net Operating Loss Deduction (Limited to Taxable Income) - 6	6/30/2020		(55,053)