Exempt Organization Business Income Tax Return Form 990-T OMB No. 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2015 or other tax year beginning July 1 , 2015, and ending June 30 , 20 16 ▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Department of the Treasury 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). A Check box if address changed D Employer identification number B Exempt under section State University of Iowa (Employees' trust, see instructions.) Print 501()() Number, street, and room or suite no. If a P.O. box, see instructions. or 408(e) 42-6004813 220(e) 120 University Services Building, Ste 30 Type E Unrelated business activity codes ☐ 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code (See instructions.) 529(a) lowa City, IA 52242-1911 C Book value of all assets at end of year 541900 F Group exemption number (See instructions.) ▶ 451211 G Check organization type ► ☐ 501(c) corporation 501(c) trust 401(a) trust Other trust Describe the organization's primary unrelated business activity. 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. ▶ The books are in care of ▶ Terry Johnson, CFO & Treasurer Telephone number ▶ Part I Unrelated Trade or Business Income 319-384-1497 (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 16,427,604 b Less returns and allowances c Balance ▶ 1c 16,427,604 Cost of goods sold (Schedule A, line 7) 2 2 4,565,941 3 Gross profit. Subtract line 2 from line 1c . . . 3 11,861,663 4a Capital gain net income (attach Schedule D) 11,861,663 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) b 4b 4c Income (loss) from partnerships and S corporations (attach statement) 5 5 (307,694)(307,694)6 6 66,720 7 Unrelated debt-financed income (Schedule E) 66,720 7 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 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 Advertising income (Schedule J) 11 11 12,250 6,510 12 Other income (See instructions; attach schedule) 5,740 12 13 Total. Combine lines 3 through 12 13 11,632,939 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.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 15 2,572,844 16 Repairs and maintenance 16 670,941 17 Bad debts 17 (115,680)18 Interest (attach schedule) 18 4,307 19 19 Charitable contributions (See instructions for limitation rules) . . . 20 20 Depreciation (attach Form 4562) 21 22 Less depreciation claimed on Schedule A and elsewhere on return .

Other deductions (attach schedule)

Excess exempt expenses (Schedule I)

Total deductions. Add lines 14 through 28

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . .

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32,

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Contributions to deferred compensation plans

Excess readership costs (Schedule J)

23

24

25 26

27

28

29

30

31

32

33

34

0

747,482

558,953

5,740

4,453,276

8,898,542

2,727,887

(2,727,887)

22b

23

24

26

27

29

30

31

32

33

P	art II						Pag
3	5 (Organizations Taxable as Corporations. See instructions for tax computation. Contributions (sections 1561 and 1562) should be a computation of tax computation.	ollod e				
	-	See instructions and					
	a E	inter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in the	ak a sala	,			1
	- 1	1) [4] (2) [5] (3) [6]	at orge	r):	元		1
	b E	inter organization's share of: (1) Additional 5% tax (not more than \$11,750)		i i			
	(4	2) Additional 3% tax (not more than \$100,000)		-			1
	C	come tax on the amount on line 34		1	05		
36		radio lakable at flust hates. See instructions for tay computation lines		on.	35c		+
		Tax rate schedule or 1 Schedule D (Form 1041)		DII	00		
37		toxy tax. See instructions , , , , , , , , , , , , , , , , , , ,			36		4_
38	, , ,	remarive minimum (ax			37		4
_39		Add lines of and so to liftle sac of sh. Whichever annies	33		38	53,063	
Pa		ymones	• •	•	39	53,063	3
40	a Fo	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . 40a					т—
	D O	ther credits (see instructions)		<u> </u>			
	C G	eneral business credit. Attach Form 3800 (see instructions)	100	<u> </u>			
(u Gr	edit for prior year minimum tax (attach Form 8801 or 8827)	138				
•	e 10	rtal credits. Add lines 40a through 40d			400		1
41	-	iodaet inte 40e notif litte 39			40e	138	_
42		100 MANOS, OTROCK II TOTTI. L.J. FORTII 4200 [] FORTII 8607 [] FORTII 9066 [] Others (-14-1)	hadula)		41	52,925	
43		tax. Add filles 41 and 42	riedule)	.	42	0	-
448	a ra	yments: A 2014 overpayment credited to 2015	8,295	.	43	52,925	
t	20	ro estimated tax payments	7,500	-			
c	; rax	deposited with Form 8868	0.000	\dashv			
C	1 0	eight organizations: Tax paid or withheld at source (see instructions)	0,000	\dashv			
е	Ba	ckup withholding (see instructions)		-+			
f	Ore	edit for small employer health insurance premiums (Attach Form 8941)					
g	Oti	ler credits and payments: Form 2439	-+	\dashv			
		Other Total					
45	Tot	al payments. Add lines 44a through 44g			45	0.45 70-	
46		"Hatod tax pendity (see instructions). Uneck if Form 2220 is attached		\neg	46	645,795	
47	- 447	tage. If the 45 is less than the total of lines 43 and 46, enter amount owed			47		
48	0.0	business. If the 45 is larger than the total of lines 43 and 46, enter amount oversaid		. ⊢	48	502.070	
49 Por		The amount of line 46 you want: Credited to 2016 estimated tax		. –	49	592,870 592,870	
Pari		Statements Regarding Certain Activities and Other Information (see instruc-	liana)				
1	At a	The during the 2015 calendar year, did the organization have an interest in	_	r othe	er author	ity Yes	No
	here	The port of toleight bank and fillancial Accounts it VES enter the name	of the	forei	an coun	trv	
2						17	1
_	If VE	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferd	or to, a t	foreia	n trust?		,
3		The state of the control to the control of the cont		Ü			
	dule	r the amount of tax-exempt interest received or accrued during the tax year					
1	Inver	A—Cost of Goods Sold. Enter method of inventory valuation ▶ ntory at beginning of year 1 6 Inventory at and of the solution 6 Inventory at an and of the solution 6 Inventory at an analysis					
2		hases inventory at end or year .			6		
3		Cost of goods sold. S	ubtrac	t 🗐			_
	Addit	line 6 from line 5. Enter he	ere and	1			
ru	(attac	th schodule) in Part I, line 2		1	7	1,565,941	
b		8 Do the rules of section 2	63A (v	vith r	espect t	O Yes N	lo
5	Total	property produced or acqui	ired fo	r res	ale) ann	V	- 7
	Und	er penalties of perium. I declare that I have available to the organization?				-	
Sign	true	er penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any latest than taxpayer and the preparer has any latest than taxpayer and taxpayer	to the b	est of	my knowle	age and belief, i	it is
Here		Jours P V IN Just	nowledg	e. 📉		liscuss this retu	_
		ature of officer Title		wit	h the prepa	rer shown belo	w
	L	Date		(se	e instruction	s)? Yes N	lo
Paid		Printupe preparer's name Preparer's signature Date		hoel-	☐ if ☐	PTIN	=
Prepa					ployed		
Use O	nly	Firm's name		m's E			—
		Firm's address ▶		none n			_

(1) Athletic Cell Tower							
(2)							
(3)							
(4)							
	2. Rent receiv	ed or accrued					
(a) From personal property (# 4)							
(a) From personal property (if the property is more the more than 50%)	nan 10% but not	percentage	Of rent for ners	onal property (if the conal property exceed d on profit or income	ds	3(a) Deductions direc in columns 2(a) a	tly connected with the incomend 2(b) (attach schedule)
(1)	66,720						
(2)	30//20						
3)							
4)							
otal	66,720	Total			\dashv		
c) Total income. Add totals of the and on page 1, Part I, line 6	columns 2(a) and	2(b). Enter		66,7		(b) Total deductions. Enter here and on page	e 1,
Schedule E-Unrelated I	Debt-Finance	d Income	(see instruc	ctions)	20	Part I, line 6, column (B	3) >
				oss income from or	_	3. Deductions directly on	onnected with or allocable to
1. Description of c	debt-financed prope	rty	allocal	oss income from or ble to debt-financed		debt-finan	iced property
				property	(a)	Straight line depreciation	(b) Other deductions
)					+	(attach schedule)	(attach schedule)
)					+		
)					+		
					+-		
 Amount of average acquisition debt on or 	5. Average	adjusted basis		6 Column	-		
allocable to debt-financed debt-finan		ocable to ced property schedule)		6. Column 4 divided by column 5		Gross income reportable (column 2 × column 6)	8. Aliocable deductions (column 6 × total of column 3(a) and 3(b))
				%	_		
				%	-		
				%			
				%			
				70	Ente	w hove and	
						er here and on page 1,	Enter here and on page
tals tal dividends-received deduct		· · · · ·		>	Par	t I, line 7, column (A).	Part I, line 7, column (E
tal dividends-received deduct	tions included in outlies. Royalti	column 8 .	nto Examp		Par		Part I, line 7, column (B
	tions included in outlies, Royalti	es, and Re	ents From	Controlled Or	Par		Part I, line 7, column (B
tal dividends-received deduct hedule F—Interest, Ann	uities, Royalti	es, and Re	ents From ot Controlled	Controlled Or	Par		Part I, line 7, column (B
tal dividends-received deduct	tions included in uities, Royalti 2. Employer identification num	Exemp	or Courtolled	Controlled Or Organizations 4. Total of specific payments made	Par gan		Part I, line 7, column (B
tal dividends-received deduct hedule F—Interest, Annual 1. Name of controlled	uities, Royalti 2. Employer	Exemp	related income	4. Total of specifie	Par gan	izations (see instructions) 5. Part of column 4 that is included in the controlling	etions) 6. Deductions directly connected with income
tal dividends-received deduct hedule F—Interest, Annual 1. Name of controlled	uities, Royalti 2. Employer	Exemp	related income	4. Total of specifie	Par gan	izations (see instructions) 5. Part of column 4 that is included in the controlling	etions) 6. Deductions directly connected with income
tal dividends-received deduct hedule F—Interest, Anno 1. Name of controlled	uities, Royalti 2. Employer	Exemp	related income	4. Total of specifie	Par gan	izations (see instructions) 5. Part of column 4 that is included in the controlling	etions) 6. Deductions directly connected with income
tal dividends-received deduct hedule F—Interest, Annotation 1. Name of controlled organization	uities, Royalti 2. Employer identification num	Exemp	related income	4. Total of specifie	Par gan	izations (see instructions) 5. Part of column 4 that is included in the controlling	etions) 6. Deductions directly connected with income
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tal dividends-received deduct hedule F—Interest, Annotation 1. Name of controlled organization	uities, Royalti 2. Employer identification num	Exemples 3. Net un (loss) (se	prelated income see instructions)	4. Total of specifie	Par	izations (see instructions) 5. Part of column 4 that is included in the controlling reanization's gross income 0. Part of column 9 that is included in the controlling	etions) 6. Deductions directly connected with income in column 5 11. Deductions directly connected with income in
tal dividends-received deduct thedule F—Interest, Annotation 1. Name of controlled organization	2. Employer identification num	Exemples 3. Net un (loss) (se	prelated income see instructions)	4. Total of specific payments made al of specified	Par	izations (see instructions) 5. Part of column 4 that is included in the controlling reganization's gross income	etions) 6. Deductions directly connected with income in column 5
tal dividends-received deduct thedule F—Interest, Annotation 1. Name of controlled organization	2. Employer identification num	Exemples 3. Net un (loss) (se	prelated income see instructions)	4. Total of specific payments made al of specified	Par	izations (see instructions) 5. Part of column 4 that is included in the controlling reanization's gross income 0. Part of column 9 that is included in the controlling	etions) 6. Deductions directly connected with income in column 5
tal dividends-received deduct thedule F—Interest, Annotation 1. Name of controlled organization	2. Employer identification num	Exemples 3. Net un (loss) (se	prelated income see instructions)	4. Total of specific payments made al of specified	Par	izations (see instructions) 5. Part of column 4 that is included in the controlling reanization's gross income 0. Part of column 9 that is included in the controlling	etions) 6. Deductions directly connected with income in column 5
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tal dividends-received deduct thedule F—Interest, Annotation 1. Name of controlled organization	2. Employer identification num	Exemples 3. Net un (loss) (se	prelated income see instructions)	4. Total of specific payments made al of specified	Par	izations (see instructions) 5. Part of column 4 that is included in the controlling reanization's gross income 0. Part of column 9 that is included in the controlling	etions) 6. Deductions directly connected with income in column 5

Schedule G-Investment Inc	ome of a Sect	ion 501(c	(7), (9), or (17) Organ	ization (see i	netruotiona'		Pa
	2. Amount of	income	di	3. Deductions irectly connected attach schedule)	4. Set-as	ides	5. Total de	des (col. 3
(1)					-		plus c	ol. 4)
(2)					 			
(3)								
(4)								
	Enter here and of Part I, line 9, co	on page 1,	Last			En En	ter here and	on page
Totals						Pa	art I, line 9,	column (F
Schedule I—Exploited Exemp	ot Activity Inco	me, Othe	r Thai	Advertising In	come (see ins	structions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or	3. Exp direct connect product	enses ctly ed with tion of	4. Net income (loss) from unrelated trade or business (column 2 minus column 3).	5. Gross income from activity that is not unrelated	6. Expens	es (colu	cess exemexpenses imn 6 minu
	business	unrela business		If a gain, compute cols. 5 through 7.	business income	column 5) m	ore than
(1)		+				ļ		olumn 4).
(2)						 		
(3)				 				
4)								
	Enter here and or page 1, Part I, line 10, col. (A).	Enter here page 1, I line 10, co	Part I.				on	r here and page 1,
otals	<u> </u>	1	. ,				Part	II, line 26.
Schedule J-Advertising Inco	me (see instruction	ons)					100 6	
Part I Income From Perio	dicals Reporte	d on a Co	nsoli	dated Basis				
				4. Advertising			7 5	
1. Name of periodical	2. Gross advertising income	3. Dire advertising		gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readershi costs	p costs minus co not n	s readersh (column 6 olumn 5, bi nore than umn 4).
Hancher Playbill	12,250		6,510				_	
)						0,0	10	
otals (carry to Part II, line (5))								
Part II Income From Period	icals Penarted	on a Car	6,510	5,740		6,5	10	5,74
Part II Income From Period 2 through 7 on a line-	by-line basis.)	on a Sep	arate	Basis (For eac	h periodical lis	sted in Part	II, fill in c	olumns
	7			4 Advertists				
1. Name of periodical	2. Gross advertising income	3. Direct advertising of	osts	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	costs (c	
							+	
							-	
als from Part I								
als Holl Part 1								
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and page 1, Part line 11, col. (i, 🔚				Enter he on pag	ge 1,
als, Part II (lines 1-5)							Part II, Ii	ne 27.
hedule K—Compensation of C	Officers, Directo	ors and I	Trueto	on (and in the st				
1. Name		ors, and	2. Ti		3. Percent of time devoted to	4. Compensa	tion attributat	ole to
					business	unrelate	ed business	
					%			
					%			
I. Enter here and on page 1, Part II, line					% %			

Department of the Treasury

Internal Revenue Service

Alternative Minimum Tax—Corporations

► Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No. 1545-0123

S	State University of Iowa	Employ	er identi	fication number
	Note: See the instructions to find out if the		42-	6004813
	Note: See the instructions to find out if the corporation is a small corporation exempt alternative minimum tax (AMT) under section 55(e).	from the	- 1	
	1 Taxable income or (loss) before net operating loss deduction .		(VE)	
		86	1	2,727,887
	2 Adjustments and preferences:			
	a Depreciation of post-1986 property			
	b Amortization of certified pollution control facilities. c Amortization of mining exploration and devices.	e: • a	2a	15,314
			2b	
	Amortization of circulation expenditures (personal holding server)	• 18	2c	
			2d	
		* * *	2e	(660)
			2f	
	h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) i Tax shelter farm activities (personal service corporations and similar type organizations only)		2g 2h	
	i Tax shelter farm activities (personal service corporations only) j Passive activities (closely held corporations and personal service)		2i	
	j Passive activities (closely held corporations and personal service corporations only) k Loss limitations		2j	
			2k	
	Depletion . Tax-exempt interest income from specified and and and and and and and and and an		21	
			2m	
			2n	
3			20	
	through 20.		3	2,742,541
4				
â	a ACE from line 10 of the ACE worksheet in the instructions			
k	Obbitact line 3 [fort] line 43 If line 3 eveneds line 4.			
	- 3 Carroant (366 HSt/0CHORS)			
C	(.75). Effer the result as a positive amount			
d	Finder the excess, if any of the corporation's total			
е	a positive).			
·	rior dejudition.			
	If line 4b is zero or more, enter the amount from line 4c If line 4b is less than zero enter the		4e	
5	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	·	-	
6	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT.		5	2,742,541
7	Alternative tax net operating loss deduction (see instructions). Alternative minimum taxable income. Subtract live as 6.	[6	2,468,287
	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a resinterest in a REMIC, see instructions. Exemption phase-out (if line 7 is \$310,000 or more abilities 8.	sidual		2/100/207
8			7	274,254
а		o):		
b		24,254		
C	Exemption, outline on from \$40 000 (if agreed by	31,064		
3	see instructions). If zero or less, enter -0- Subtract line 8c from line 7. If zero or less, enter -0-	oup,		
, 1	Subtract line 8c from line 7. If zero or less, enter -0 Multiply line 9 by 20% (.20)	8		8,937
				265,317
			_	53,063
				F0.000
				53,063
		on F	-	0
Pap	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14		50.000

Form **3800**

Department of the Treasury

Name(s) shown on return

Internal Revenue Service (99)

General Business Credit

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Information about Form 3800 and its separate instructions is at www.irs.gov/form3800.
 You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

2015 Attachment Sequence No. 22

OMB No. 1545-0895

Identifying number State University of Iowa Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) 42-6004813 (See instructions and complete Part(s) III before Parts I and II) General business credit from line 2 of all Parts III with box A checked . . . 1 Passive activity credits from line 2 of all Parts III with box B checked 2 18 2 Enter the applicable passive activity credits allowed for 2015 (see instructions) 3 Carryforward of general business credit to 2015. Enter the amount from line 2 of Part III with 3 Carryback of general business credit from 2016. Enter the amount from line 2 of Part III with 5 226,195 Add lines 1, 3, 4, and 5 6 Part II **Allowable Credit** 226,213 Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, 7 0 lines 1a and 1b; or the amount from the applicable line of your return Alternative minimum tax: Individuals. Enter the amount from Form 6251, line 35 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 . 8 53,063 Add lines 7 and 8 . . 9 53,063 10a 10a Certain allowable credits (see instructions) b 10b Add lines 10a and 10b 10c Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 11 11 53,063 Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-12 12 Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see 13 13 Tentative minimum tax: 14 Individuals. Enter the amount from Form 6251, line 33 Corporations. Enter the amount from Form 4626, line 12. 14 53,063 Estates and trusts. Enter the amount from Schedule I 15 Subtract line 15 from line 11. If zero or less, enter -0-15 16 53,063 16 17 0 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, 17 or reorganization.

	art II Allowable Credit (Continued)			Page
No	ote. If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 a	and en	ter -0- on line 26	
18		- 1	18	
19	Enter the greater of line 13 or line 18	. 1	9	
20	Subtract line 19 from line 11. If zero or less, enter -0-	2	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	2	1	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	2	2	
23	Passive activity credit from line 3 of all Parts III with box B checked 23			
24	Enter the applicable passive activity credit allowed for 2015 (see instructions)	24	1	
25	Add lines 22 and 24	25	5	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	f 26	0	
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	53,063	
28	Add lines 17 and 26	28	0	
29	Subtract line 28 from line 27. If zero or less, enter -0	29	53,063	
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	18	
31	Reserved	31		
32	Passive activity credits from line 5 of all Parts III with box B checked 32 0			
33	Enter the applicable passive activity credits allowed for 2015 (see instructions)	33	0	
34	Carryforward of business credit to 2015. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	120	
35	Carryback of business credit from 2016. Enter the amount from line 5 of Part III with box D checked (see instructions)	35	0	_
36	Add lines 30, 33, 34, and 35	36	138	
37	Enter the smaller of line 29 or line 36	37	138	
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return:			
	Individuals. Form 1040, line 54, or Form 1040NR, line 51 Corporations. Form 1120, Schedule J, Part I, line 5c Estates and trusts. Form 1041, Schedule G, line 2b	38	138	

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Add lines 2, 3, and 5 and enter here and on the applicable line of Part II.

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Form 3800 (2015) Name(s) shown on return Identifying number General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below. (see instructions) A General Business Credit From a Non-Passive Activity E Reserved B General Business Credit From a Passive Activity F Reserved C ☑ General Business Credit Carryforwards ☐ General Business Credit Carrybacks H Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts (a) Description of credit Note. On any line where the credit is from more than one source, a separate Part III is needed for each (c) If claiming the credit pass-through entity. Enter the appropriate from a pass-through entity, enter the EIN amount Investment (Form 3468, Part II only) (attach Form 3468) b 1b C Increasing research activities (Form 6765) 1c Low-income housing (Form 8586, Part I only) d 1d Disabled access (Form 8826) (see instructions for limitation) e 1e Renewable electricity, refined coal, and Indian coal production (Form 8835) f 1f q 1g h 1h ì 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see k 1k Biodiesel and renewable diesel fuels (attach Form 8864) ī. 11 Low sulfur diesel fuel production (Form 8896) m 1m Distilled spirits (Form 8906) n 1n 0 10 p 1p Energy efficient appliance q 1q Alternative motor vehicle (Form 8910) r 1r Alternative fuel vehicle refueling property (Form 8911) S 1s t 1t Mine rescue team training (Form 8923) п 1u v 1v W 1w Carbon dioxide sequestration (Form 8933) × 1x Qualified plug-in electric drive motor vehicle (Form 8936) У 1у Z 12 aa 1aa General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) bb 226,195 1bb ZZ 1zz Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 Enter the amount from Form 8844 here and on the applicable line of Part II. 3 Investment (Form 3468, Part III) (attach Form 3468) 4a 4a Work opportunity (Form 5884) b 4b Biofuel producer (Form 6478) C 4c d 4d Renewable electricity, refined coal, and Indian coal production (Form 8835) e 4e Employer social security and Medicare taxes paid on certain employee tips (Form 8846) f 4f g 4g Small employer health insurance premiums (Form 8941) h 4h 4i 4j 4z Add lines 4a through 4z and enter here and on the applicable line of Part II. 5

Form 3800 (2015) Name(s) shown on return Identifying number State University of Iowa Part III General Business Credits or Eligible Small Business Credits (see instructions) 42-6004813 Complete a separate Part III for each box checked below. (see instructions) A General Business Credit From a Non-Passive Activity E Reserved General Business Credit From a Passive Activity F Reserved C General Business Credit Carryforwards D General Business Credit Carrybacks H Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts (a) Description of credit (b)
If claiming the credit Note. On any line where the credit is from more than one source, a separate Part III is needed for each (c) pass-through entity. from a pass-through entity, enter the EIN Enter the appropriate Investment (Form 3468, Part II only) (attach Form 3468) 1a amount Reserved 1a b 1b Increasing research activities (Form 6765) C Low-income housing (Form 8586, Part I only) 1c d Disabled access (Form 8826) (see instructions for limitation) 1d e Renewable electricity, refined coal, and Indian coal production (Form 8835) 1e f 1f g 1g h 1h i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 11 Employer-provided child care facilities and services (Form 8882) (see 1j k 1k L Low sulfur diesel fuel production (Form 8896) 11 m Distilled spirits (Form 8906) 1m n 1n 0 10 р Energy efficient appliance 1p q Alternative motor vehicle (Form 8910) 1q r 1r Alternative fuel vehicle refueling property (Form 8911) S Reserved 1s t Mine rescue team training (Form 8923) 1t u 1u 1v W Carbon dioxide sequestration (Form 8933) 1w X Qualified plug-in electric drive motor vehicle (Form 8936) 1x У 1у z New hire retention (carryforward only) 1z aa 1aa General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) bb 1bb Other ZZ Add lines 1a through 1zz and enter here and on the applicable line of Part I 1zz 2 2 Enter the amount from Form 8844 here and on the applicable line of Part II. 3 3 4a Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884) 4a b 4b Biofuel producer (Form 6478) C 4c ď 4d Renewable electricity, refined coal, and Indian coal production (Form 8835) е 4e Employer social security and Medicare taxes paid on certain employee tips (Form 8846) f 4f Qualified railroad track maintenance (Form 8900) 46-3206594 g 18 Small employer health insurance premiums (Form 8941) 4g h 4h ì

Add lines 4a through 4z and enter here and on the applicable line of Part II .

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II.

j

z

5

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4i

4j

4z

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Form 4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Attachment Sequence No. 179

Name(s) shown on return Business or activity to which this form relates Identifying number State University of Iowa 42-6004813 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 2 Total cost of section 179 property placed in service (see instructions) . . . 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 3 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 4 (a) Description of property 6 (b) Cost (business use only) (c) Elected cost 7 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 8 9 10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 747,482 Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2015 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (a) Classification of property (d) Recovery placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 3-year property 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. h Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L i Nonresidential real 39 yrs. MM S/L property MM SIL Section C-Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. 5/1 c 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 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 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form 990-T - Part 1 - Line 1a - Gross Income

Area	Revenue
Athletics: Special EventsCarver Hawkeye Arena	
Cambus Advertising	21,866
Clinical Staff Office	13,175
Contract Fermentation and Bioprocessing	46,025
IMU Bookstore	2,076,486
	183,853
IMU Hawk Shop	876,054
ITS Off- Campus Software Development	
ITS Telecomm & Netwrk Svc	57,539
Museum of Art	567
Pharmaceutical Services	
Utilities	12,844,713
VA Hospital Parking Lease	106,445
The spital i alking Lease	200,880
	16,427,604

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

UTILITIES	1 220 020
INSURANCE	1,220,938
RENTS/LEASES	13,169
GENERAL SUPPLIES	126,393
COMPUTER SUPPLIES	1,292,041
POSTAGE AND SHIPPING	23,583
PURCHASED SERVICES	55,070
	803,020
PRINTING/DUPLICATING/AV/PHOTOGRAPHY SERVICES LAUNDRY	16,132
CONFERENCES AND TRAINING	27,795
	, - ,
DUES AND SUBSCRIPTIONS TRAVEL	3,807
	38,159
VEHICLES/PARKING	234
BUSINESS MEALS AND ENTERTAINMENT	13,106
ADMINISTRATIVE OVERHEAD	586,421
ADVERTISING	1,780
ROYALTIES	-
NON-CAPITAL EQUIPMENT & SOFTWARE	102,944
MISCELLANEOUS	128,684
	==0,001
PART II - OTHER DEDUCTIONS	4,453,276
	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Form 990-T - Part II - Line 20 - Charitable Contributions

Current Year Contributions Made To:	EIN	Charitable Contribution	
From Partnerships - Statement #5		658	
Section 170(d)(2)(B) adjustment		(658)	
Subtotal			21
Charitable Contributions Carryforward			
From Tax Year Ended 6/30/12 * Section 170(d)(2)(B) adjustment From Tax Year Ended 6/30/13 From Tax Year Ended 6/30/14 From Tax Year Ended 6/30/15 Subtotal Total Charitable Contributions Before Limitation		640,506 (272,131) 343,191 218,585 24	930,175
Total Charitable Contributions Before Limitation			930,175
Charitable Contribution Limitation Calculation			
Taxable Income After NOL Deduction Charitable Contribution Limitation Percentage			- 10%
Charitable Contributions Deduction			
	Form 9	990-T Line Reference (Line 20, p.1)

 $^{^{*}}$ The charitable contribution was inadvertently excluded from the originally filed 6/30/12 Form 990-T and was included on an amended return filed 7/21/14.

Amortization of Qualified Expenditures:

The State University of Iowa is electing under Internal Revenue Code Section 59(e)(4) to deduct (over a 120 month period as prescribed by Internal Revenue Code Section 59(e)(1)), costs of \$432,304 incurred during fiscal year ending June 30, 2016.

45-3699921 37-1656529 26-3180228	Partnership Name Adams Street Partnership Fund, 2010 U.S. Fund, L.P. Adams Street 2012 U.S. Fund, L.P. Commonfund Capital Natural Resources Partners IX, L.P. Commonfund Capital Natural Resources Partners VIII, L.P. Adams Street 2013 U.S. Fund, L.P.	Sec 59(e)(2) Costs 12,436 81,157 171,896 87,110 79,705
	Total	432,304

State University of Iowa
Partnership UBTI Analysis
For the Year Ending June 30, 2016

					Credit for Employer	Line 17.A Post-1986	Line 17 B
	rarnership name	EIN	Total URTI	Contributions	Social Security	Depreciation	Adjusted Gain
_	Adams Street Partnership Fund, 2010 Non-II S. Devicional Barrier			COLUMNICATION	and Medicare Tax	Adjustment	Or Loss
2	Adams Street Partnership Fund 2010 118 Eurol 1 P	27-1058992	17				
e	Adams Street Partnership Engl 2010 No. 110 T.	27-105Rg2g	(47.07)				
4	Adams Street 2012 Devotation and Property Plants L. P.	27-10502E	(6,0,7)	24		325	(60)
ų.	Adams Creations Control of Markets Fund, L.P.	10.000001	314				(50)
0 (Charles Street 2012 Emerging Markets Fund, L.P.	43-3688847	32				
וס	Adams Street 2012 U.S. Fund, L.P.	45-3699973	1,098				
7	Neuberger Berman High Income Fund 11 C	45-3699921	(42,535)	Č			
00	State Street Bank and Trust Common Co. 1	36-410678A	(15,000)	97		1.397	(787)
6	State Street Book and Trust Company Sold US Aggregate Bond Index NL QP CTF	04 000004					(107)
, 5	State State Bailt and Trust Company U.S. High Yield Bond Index NL OP CTE	04-0928347	9				
2 :	State Street Bank and Trust Company SSGA MSCI ACMI EX 1120 1120 1120 1120 1120 1120 1120 112	04-3508891					
-	State Street Bank and Trust Company SSGA #15 DETT 120 COMMENT	80-6103053	,				
12	State Street Bank and Tries Company Cody Co. Terr Index Non-Lending QP CTF	04-6903127					
13	State Street Bank and Company Solds U.S. TIPS Index NL QP CTF	701000000					
- 1	Crace Orient Bank and Trust Company SSGA US Total Market Index Non-Leading On Arts	02-6138231					
4	Landmark Equity Partners XIV, LP	75-6652396	19				
15	NB Crossroads Fund XVIII - Institutional Assets Allocation	90-0409803	(01 565)				
16	State Street Bank and Trust Commencer Additional L.P.	20-4484024	(000,10)	30		5.079	(75)
17	Metropolitics Bool 1 251 Colliberation Society Society MSCI ACWI EX USA Index NL QP CTF (Intermediate)	4704044	(1,008)	33			(67)
- 6		80-6103053	<u> </u>				
20	Metropolitan Real Estate Partners Global III P	30-0715973	14.391				
19	Principal Enhanced Property Find 1 D	26-4722005	(10 404)			1,191	oc
20	Commonting Control International	20 0030400	(10,404)			30	0 600
5	Commence of the manual partners VI, L.P.	20-020-02	ě			3	(20c)
7 0	Continuontula Capital Natural Resources Partners IX. L. P.	20-8306365	381				
7.7	Commonfund Capital Private Equity Partners VII 1 P	37-1656529	(53 602)	600			
23	Commonfund Capital Natural Pescimon Brand Common Co	20-8306308	(2006)	138		2.748	30
24	Commonfind Costs 1 Version 1 Costs 1 Version 1 Costs 1 Version 1 V	26 34 90000	(986,7)	177		200	07 6
0.0	Address Capital Venture Partners VIII, L.P.	8270015-02	(96,181)	09		000	582
3 6	Adams Sureet 2013 Developed Markets Fund, L.P.	11-3814030	(74)			600,5	(40)
9	Adams Street 2013 Emerging Markets Fund 1 P	80-0856209	(218)				
27	Adams Street 2013 U.S. Fund, L.P.	90-0895200	(32)				
28	Landmark Equity Partners XV L.p	90-0893620	(62 348)				
29	NB Crossroads Fund XX - Asset Allocation I B	46-1153167	74.070)	35		1.232	(04)
30	Earnest International Investment Transfer	30 2000497	4/0,1/	12		(96)	(16)
	Manager institutional investment I rust Fund	39-208013/	1	4		(06)	(53)
- 0	Western Asset Floating Rate High Income Fund, L.L.C. (Intermediate Door)	45-4123654	1	,			
35	Western Asset Floating Rate High Income Fund	20-0219988	SV.				
33	Western Asset Floating Rate High Income Firm 1.1.C. (Enrowment Pool)	20-0219988					
34	Brandywine Global Investment MCMT - 1.0. (Operating Pool)	20-021ggg	1 -				
35	Brandwine Glebal Investment Month. Ltd #1 Long Term Pool	56-8880880	٠				
36	Aberdoon Economy investment MGM1, LLC #2 Intermediate Pool	8008000-00					
3 6	Landmark Bool Feet Brances Partners III LP fikka Flag Energy & Resources Partners III T D	56-6669869	Š				
5	Lallumark Keal Estate Partners VII, L.P.	35-2449112	(37,502)	33		4	
	Total	16-3206594	22,717	88	ζ	159	
	IDVA				2		(62)

Form 4626 Line 2e
Form 4626 Line 2a
Form 3800 Part III Line 4f
Statement #3
Form 990 Part 1 Line 5

STATE UNIVERSITY OF IOWA
EIN #42-6004813
FOR THE YEAR ENDED JUNE 30, 2016

Form 990-T - Part II - Line 31 - Net Operating Loss Carryforward

Cumulative Unused	. (284,110) (395,151) (1,995,934) (3,378,847) (4,030,872) (4,110,532) (4,383,321)	
NOL Available for Carryover	(284,110) (111,041) (1,600,783) (1,382,913) (652,025) (79,660) (272,789)	
Expiring Losses		
Amount Used This Year	1,895,415 151,032 681,440	2,727,887
Amount Available This Year	(1,895,415) (151,032) (965,550) (111,041) (1,600,783) (1,382,913) (652,025) (79,660) (272,789)	Total NOL Used This Year 2,727,887
Amount Used Carrybacks & Carrybacks		Total NOL Us
Amount of NOL	(1,895,415) (151,032) (965,550) (111,041) (1,600,783) (1,382,913) (652,025) (79,660) (272,789)	2,727,887
Ending Loss Period	6/30/08 6/30/09 6/30/10 6/30/11 6/30/12 6/30/14 6/30/15	
Carryover Period	8th Preceding Period 7th Preceding Period 6th Preceding Period 5th Preceding Period 4th Preceding Period 3rd Preceding Period 1st Preceding Period 1st Preceding Period 1st Preceding Period	I axable income Before NOL

Form 990-T AMT Net Operating Loss Carryforward

Cumulative Unused	(543,710) (654,751) (2,255,534) (3,638,195) (4,264,099) (4,343,040) (4,64,699)	(240,000,000)	
NOL Available for Caracocor	(543,710) (111,041) (1,600,783) (1,382,661) (625,904) (78,941)		
Expiring			
Amount Used This Year	1,895,415 151,032 421,840	2,468,287	Form 4626 Line 6
Amount Available This Year	(1,895,415) (151,032) (965,550) (111,041) (1,600,783) (1,382,661) (625,904) (78,941) (272,789)	Jsed This Year _	ll
Amount Used Carrybacks & Carrybacks	· 1 16 1 1 1	2,742,541 Total AMT NOL Used This Year	
Amount of NOL	(1,895,415) (151,032) (965,550) (111,041) (1,600,783) (1,382,661) (625,904) (78,941) (272,789)	2,742,541	2,468,287
Ending Loss Period	6/30/08 6/30/09 6/30/10 6/30/11 6/30/12 6/30/14	perating Loss	
Carryover Period	8th Preceding Period 7th Preceding Period 6th Preceding Period 5th Preceding Period 4th Preceding Period 3rd Preceding Period 2nd Preceding Period 1st Preceding Period 170(d)(2)(B) adustment	Pre-adj AMTI Before Net Operating Loss	90% Limitation

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

If you are	filing for an Automatic 3-Month Extension	. complete	only Part Land cha	ook thin how		
Do not con	mplete Part II unless you have already been	granted a	n automatic 3-month	Part II (on page 2 of this form).		
Electronic	THING (e-tile). You can electronically file Fam	- 0000 10				
a corporation	filing (e-file). You can electronically file Forn on required to file Form 990-T), or an addition quest an extension of time to file any of the	⊞ 8868 If y mal (not au	ou need a 3-month;	automatic extension of time to file	6 months for	
8868 to rec	Duest an extension of time to file any of the	famor de	nomatic) 3-month ex	tension of time. You can electronic	ally file Form	
Return for	Transfers Associated With Certain Person). For more details on the electronic filing of	al Benefit	Contracts, which m	ust he sent to the IPS in person	, Information	
instructions	9 01	101111, 1	HOLL BY VV VV .II S. UUV / EIIIE	HOO CIICK ON A-tile for Charitian 9 A	format (see	
raiti	Automatic 3-Month Extension of Tim	a Only a	demails autoful at /			
A corporati						
All other co.	rporations (including 1120-C filers), partnersi ne tax returns.	hins RFMI	Ce and trusts must		🏲 🔽	
to file incom	ne tax returns.	ııps, rı∟ıvıı	Cs, and trusts must	use Form 7004 to request an exter	sion of time	
				—		
Type or	Name of exempt organization or other filer, see i	netructions		Enter filer's identifying number, see	instructions	
print	State University of Iowa	nstructions.		Employer identification number (EIN)	ation number (EIN) or	
-	Number, street, and room or suite no. If a P.O. b		42-600		04813	
File by the due date for		ox, see insti	ructions.	Social security number (SSN)		
filing your	120 University Services Building, Ste 30					
return. See instructions.	City, town or post office, state, and ZIP code. Fo	r a foreign a	iddress, see instruction:	S		
	lowa City, IA 52242					
Enter the Re	turn code for the return that this application i	s for (file a	separate application	for each return		
Application					0 7	
Is For		Return	Application		Return	
	Form 990-EZ	Code	ls For		Code	
Form 990-B		01	Form 990-T (corpor	Form 990-T (corporation) 07		
		02	Form 1041-A			
Form 4720 (03	Form 4720 (other th	Form 4720 (other than individual) 09		
Form 990-P		04	Form 5227		10	
Form 990-1	(sec. 401(a) or 408(a) trust)	05	Form 6069			
Form 990-1	(trust other than above)	06	Form 8870		11	
-					12	
The books a	are in the care of Terry Johnson, CFO & Tr	easurer				
T-1- 1						
l elephone N	No. ► 319-355-2791	Fa	x No. ▶	319-335-0674		
If the organi	zation does not have an office or place of bu				► □	
					. ▶ ∐	
or are autole	group, check this dox I lifit	is for part	of the group, check t	his box	15	
	and First of all Hellines the extensiv	n ie tar			icn	
1 reque	st an automatic 3-month (6 months for a cor	noration re	quired to file Form 99	90-T) extension of time		
	, 20 17, to file the exemp	ot organiza	ation return for the or	ganization named share The		
		J		ganization named above. The exter	ision is	
► 🔲 ca	alendar year 20 or					
						
▶ 🗹 ta	x year beginning July 1	. 20	15 , and ending			
2 If the ta	x year entered in line 1 is for less than 12 mc	onths chec	k reason: Dinitial	June 30 , 20	16 🔐	
	ige iii accountino penon			eturn 🔛 Finai return		
3a If this a	oplication is for Forms 990-BL 990-PF 990-	T 4720 or	6060 optor the to-t			
	readile eredite. dec mandellems.			1 1.		
b If this a	application is for Forms 990-PF 990-T 47	20 or 606	SO onton and	3a \$	645,795	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.						
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using						
	Se and the rederal rax rayment System). Se	e instructio	ons.	20 \$		
	re going to make an electronic funds withdrawal (c			3c \$ e Form 8453-FO and Form 8879-FO for	150,000	



Department of Treasury Internal Revenue Service Ogden UT 84201

DEC 19 2016

Notice	CP211A			
Tax period	June 30, 2016			
Notice date	December 19, 2016			
Employer ID number	42-6004813			
To contact us	Phone 1-877-829-5500			
	FAX 801-620-5555			

Page 1 of 1

265990.566657.176421.30891 1 SP 0.480 373

STATE UNIVERSITY OF IOWA
PAYROLL OFFICE
120 UNIVERSITY SRCV BLDG STE 30
IOWA CITY IA 52242

RECEIVED

DEC 2 0 2016

VICE PRESIDENT FOR FINANCE AND OPERATIONS



265990

Important information about your June 30, 2016 Form 990T

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your June 30, 2016 Form 990T.

Your new due date is May 15, 2017.

What you need to do

File your June 30, 2016 Form 990T by May 15, 2017.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.