

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization STATE UNIVERSITY OF IOWA FOUNDATION		D Employer identification number 42-0796760	
	Doing business as UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 4550		E Telephone number 319-335-3305	
	City or town, state or province, country, and ZIP or foreign postal code IOWA CITY, IA 52244		G Gross receipts \$ 178,769,802.	
	F Name and address of principal officer: LYNETTE L MARSHALL PO BOX 4550, IOWA CITY, IA 52242		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.FORIOWA.ORG

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1956 **M** State of legal domicile: IA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O FOR MISSION STATEMENT	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) 32
	4	Number of independent voting members of the governing body (Part VI, line 1b) 32
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a) 253
	6	Total number of volunteers (estimate if necessary) 34
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 -2,238,180.
	7b	Net unrelated business taxable income from Form 990-T, line 34 -2,341,601.
Revenue	8	Contributions and grants (Part VIII, line 1h) 154,869,675. 132,762,336.
	9	Program service revenue (Part VIII, line 2g) 16,943,683. 13,944,476.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,530,792. 9,644,602.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 295,012. -922,734.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 181,639,162. 155,428,680.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 132,186,603. 117,100,372.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 22,126,966. 23,374,554.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 879,048. 883,359.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,607,237.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,031,971. 5,876,935.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 161,224,588. 147,235,220.
19	Revenue less expenses. Subtract line 18 from line 12 20,414,574. 8,193,460.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 1,455,176,704. 1,549,929,675.
	21	Total liabilities (Part X, line 26) 125,986,382. 117,994,292.
	22	Net assets or fund balances. Subtract line 21 from line 20 1,329,190,322. 1,431,935,383.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	SHERRI P FURMAN, VP, CFO & TREASURER Type or print name and title		3/27/19		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	CARLEY UMSTEAD			<input type="checkbox"/>	P00982177
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325			
	Firm's address ▶ 201 FIRST ST SE, SUITE 800 CEDAR RAPIDS, IA 52401		Phone no. 319-298-5333		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR MISSION STATEMENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 118,362,704. including grants of \$ 117,099,350.) (Revenue \$ 15,259,922.) GRANTS PROVIDE RESOURCES TO THE UNIVERSITY OF IOWA FOR STUDENT AND FACULTY SUPPORT, RESEARCH, CAPITAL PROJECTS, AND PROGRAM SUPPORT

4b (Code:) (Expenses \$ 693,747. including grants of \$ 1,022.) (Revenue \$ 104,645.) STRENGTHEN THE UNIVERSITY OF IOWA THROUGH ENGAGEMENT EFFORTS WITH ALUMNI AND DONORS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 119,056,451.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (32), 1b (32), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, CA, DC, FL, GA, KY, MA, MD, ME, MI, MN, NH
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: SHERRI FURMAN - 319-335-3305

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DALE E BAKER DIRECTOR	1.00	X					0.	0.	0.	
(2) P SUE BECKWITH DIRECTOR	1.00	X					0.	0.	0.	
(3) THOMAS R BUROKER (UNTIL 10/17) DIRECTOR	1.00	X					0.	0.	0.	
(4) JAMES W CARNEY DIRECTOR	1.00	X					0.	0.	0.	
(5) ANDREW W CODE DIRECTOR	1.00	X					0.	0.	0.	
(6) RALPH H CONGDON DIRECTOR	1.00	X					0.	0.	0.	
(7) KATHLEEN A DORE CHAIR/DIRECTOR	1.00	X		X			0.	0.	0.	
(8) JANICE R ELLIG DIRECTOR	1.00	X					0.	0.	0.	
(9) DAVID J FISHER DIRECTOR	1.00	X					0.	0.	0.	
(10) CASSANDRA S FOENS DIRECTOR	1.00	X					0.	0.	0.	
(11) NOLDEN GENTRY DIRECTOR	1.00	X					0.	0.	0.	
(12) PERRY A GLASSGOW (SINCE 10/17) DIRECTOR	1.00	X					0.	0.	0.	
(13) KEVIN R GRUNEICH DIRECTOR	1.00	X					0.	0.	0.	
(14) LEONARD A HADLEY DIRECTOR	1.00	X					0.	0.	0.	
(15) THOMAS R HANSON DIRECTOR	1.00	X					0.	0.	0.	
(16) J BRUCE HARRELD DIRECTOR	1.00	X					0.	0.	0.	
(17) CAROL HAVEMANN-LYNCH DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MIEKELEEN HART DIRECTOR	1.00	X					0.	0.	0.	
(19) DONALD HEINEKING DIRECTOR	1.00	X					0.	0.	0.	
(20) DAVID A HOAK DIRECTOR	1.00	X					0.	0.	0.	
(21) CURTIS K LANE DIRECTOR	1.00	X					0.	0.	0.	
(22) KATHERINE A PETERSEN LINDER DIRECTOR	1.00	X					0.	0.	0.	
(23) CASEY D MAHON DIRECTOR	1.00	X					0.	0.	0.	
(24) BARBARA A MCKENZIE DIRECTOR	1.00	X					0.	0.	0.	
(25) JOHN PAPPAJOHN DIRECTOR	1.00	X					0.	0.	0.	
(26) BRUCE E RINGDAHL (SINCE 10/17) DIRECTOR	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							2,957,984.	0.	462,193.	
d Total (add lines 1b and 1c)							2,957,984.	0.	462,193.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **31**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BLACKBAUD INC. PO BOX 930256, ATLANTA, GA 31193	SOFTWARE DEV/CONSULTANTS	602,873.
AMERGENT 9 CENTENNIAL DRIVE, PEABODY, MA 01960	MAIL SOLICITATION	502,125.
RUFFALO NOEL LEVITZ PO BOX 718, DES MOINES, IA 50303	TELEPHONE SOLICITATION	484,389.
FUND EVALUATION GROUP LLC PO BOX 78000, DETROIT, MI 48278	FINANCIAL CONSULTANTS	277,928.
AGENCY EA LLC 311 W WALTON STREET, CHICAGO, IL 60610	EVENT PLANNING	182,784.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **8**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(27) GARY F SEAMANS DIRECTOR	1.00	X						0.	0.	0.	
(28) MARY JOY STEAD DIRECTOR	1.00	X						0.	0.	0.	
(29) CARL W STUART (SINCE 10/17) DIRECTOR	1.00	X						0.	0.	0.	
(30) GREGS G THOMOPULOS DIRECTOR	1.00	X						0.	0.	0.	
(31) NATHAN R TROSS DIRECTOR	1.00	X						0.	0.	0.	
(32) THOMAS J VEALE DIRECTOR	1.00	X						0.	0.	0.	
(33) NANCY B WILLIS (UNTIL 10/17) DIRECTOR	1.00	X						0.	0.	0.	
(34) CATHERINE ZAHARIS VICE CHAIR/DIRECTOR	1.00	X		X				0.	0.	0.	
(35) LYNETTE L MARSHALL PRESIDENT	40.00			X				496,340.	0.	44,360.	
(36) TIFFANI K SHAW VP/ASST SECRETARY	40.00			X				313,596.	0.	43,161.	
(37) SHERRI P FURMAN CFO/TREASURER	40.00			X				204,533.	0.	36,145.	
(38) DIANE K BROWNLEE SECRETARY	20.00			X				59,456.	0.	6,680.	
(39) SHEILA BALDWIN VP HEALTH SCIENCES DEVELOPMENT	40.00				X			191,268.	0.	46,160.	
(40) KENT CLARK VP MAIN CAMPUS DEVELOPMENT	40.00				X			189,442.	0.	28,663.	
(41) ERIN THOMAS-LEWIS VP ALUMNI AND DONOR ENGAGEMENT	40.00				X			182,040.	0.	45,537.	
(42) JACKIE LEWIS (UNTIL 8/17) SENIOR VP DEVELOPMENT	40.00				X			193,841.	0.	24,700.	
(43) JIM BETHEA VP/CHIEF INVESTMENT OFFICER	40.00					X		256,218.	0.	41,356.	
(44) DAVE DIERKS VICE PRESIDENT	40.00					X		189,951.	0.	4,072.	
(45) TOM K DEPRENGER VP PRINCIPAL GIFTS	40.00					X		207,694.	0.	40,453.	
(46) KEVIN COLLINS ASSOCIATE VP ATHLETICS	40.00					X		174,954.	0.	40,468.	
Total to Part VII, Section A, line 1c											

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) DEREK PENDERGAST VP PRINCIPAL GIFTS	40.00				X		153,072.	0.	38,197.	
(48) DAVID TRIPLETT (UNTIL 5/17) VP DEV RESOURCES	40.00					X	145,579.	0.	22,241.	
Total to Part VII, Section A, line 1c							2,957,984.	462,193.		

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	132,762,336.					
	g Noncash contributions included in lines 1a-1f: \$		9,066,636.					
	h Total. Add lines 1a-1f			132,762,336.				
Program Service Revenue	2 a FUNDRAISING REVENUE	Business Code	900099	13,944,476.	13,944,476.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			13,944,476.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,884,356.			4,884,356.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		28,101,368.						
		b Less: cost or other basis and sales expenses			23,341,122.			
		c Gain or (loss)			4,760,246.			
	d Net gain or (loss)			4,760,246.			4,760,246.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses						
		c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses							
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold							
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a MANAGEMENT & SERVICE F		900099		1,315,446.	1,315,446.			
	b TRAVEL PROGRAMS, IAM A		812900	104,645.		104,645.		
	c INVESTMENT PARTNERSHIP		900099	-2,342,825.		-2,342,825.		
	d All other revenue							
	e Total. Add lines 11a-11d				-922,734.			
12 Total revenue. See instructions.				155,428,680.	15,259,922.	-2,238,180.	9,644,602.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	117,100,372.	117,100,372.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,957,098.	392,952.	750,466.	813,680.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	16,579,350.	1,128,234.	6,670,054.	8,781,062.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,740,931.	133,031.	734,656.	873,244.
9 Other employee benefits	1,968,346.	98,417.	747,971.	1,121,958.
10 Payroll taxes	1,128,829.	95,241.	473,442.	560,146.
11 Fees for services (non-employees):				
a Management				
b Legal	67,276.		67,276.	
c Accounting	66,065.		66,065.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	883,359.			883,359.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	234,116.	3,650.	211,737.	18,729.
12 Advertising and promotion	515,241.	33,344.		481,897.
13 Office expenses	672,067.	774.	664,572.	6,721.
14 Information technology	1,232,375.		1,232,375.	
15 Royalties				
16 Occupancy	537,282.		537,282.	
17 Travel	507,686.	47,136.		460,550.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	76,238.		76,238.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	817,071.		817,071.	
23 Insurance	164,611.		164,611.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a STAFF TRAINING & DEVELO	427,846.	418.	294,796.	132,632.
b PRINTING/PUBLICATIONS	278,771.	17,566.	50,179.	211,026.
c POSTAGE/MAIL HANDLING	254,824.	5,316.	12,741.	236,767.
d STAFF RECRUITMENT	25,466.			25,466.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	147,235,220.	119,056,451.	13,571,532.	14,607,237.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	20,763,030.	1	66,083,055.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	147,357,849.	3	156,140,666.
	4 Accounts receivable, net		4	256,763.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	241,959.	9	2,208.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 35,682,151.		
	b Less: accumulated depreciation	10b 14,344,390.		
	11 Investments - publicly traded securities	22,638,550.	10c	21,337,761.
	12 Investments - other securities. See Part IV, line 11	848,275,764.	11	867,981,082.
	13 Investments - program-related. See Part IV, line 11	415,899,552.	12	438,119,147.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	0.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,455,176,704.	15	8,993.	
		16	1,549,929,675.	
Liabilities	17 Accounts payable and accrued expenses	2,134,777.	17	2,045,110.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,605,000.	23	825,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	122,246,605.	25	115,124,182.
	26 Total liabilities. Add lines 17 through 25	125,986,382.	26	117,994,292.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	29,599,390.	27	33,651,002.
	28 Temporarily restricted net assets	605,023,813.	28	665,980,667.
	29 Permanently restricted net assets	694,567,119.	29	732,303,714.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,329,190,322.	33	1,431,935,383.
34 Total liabilities and net assets/fund balances	1,455,176,704.	34	1,549,929,675.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	155,428,680.
2	Total expenses (must equal Part IX, column (A), line 25)	2	147,235,220.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,193,460.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,329,190,322.
5	Net unrealized gains (losses) on investments	5	87,691,811.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	6,859,790.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,431,935,383.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization <p style="text-align: center;">STATE UNIVERSITY OF IOWA FOUNDATION</p>	Employer identification number <p style="text-align: center;">42-0796760</p>
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	109,169,558.	110,648,450.	134,251,208.	154,869,675.	132,762,336.	641,701,227.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	109,169,558.	110,648,450.	134,251,208.	154,869,675.	132,762,336.	641,701,227.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						66,456,016.
6 Public support. Subtract line 5 from line 4.						575,245,211.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	109,169,558.	110,648,450.	134,251,208.	154,869,675.	132,762,336.	641,701,227.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,517,370.	3,923,358.	4,388,733.	5,016,315.	4,884,356.	21,730,132.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			606,751.			606,751.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	13,291,401.	13,711,539.	17,175,248.	18,264,240.	15,259,923.	77,702,351.
11 Total support. Add lines 7 through 10						741,740,461.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	77.55 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	75.54 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		►
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a The organization satisfied the Activities Test. Complete line 2 below.		
b The organization is the parent of each of its supported organizations. Complete line 3 below.		
c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

STATE UNIVERSITY OF IOWA FOUNDATION

Employer identification number

42-0796760

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization STATE UNIVERSITY OF IOWA FOUNDATION	Employer identification number 42-0796760
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 3,052,450.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 7,010,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 3,680,265.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 3,508,305.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization STATE UNIVERSITY OF IOWA FOUNDATION	Employer identification number 42-0796760
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization STATE UNIVERSITY OF IOWA FOUNDATION	Employer identification number 42-0796760
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017
Open to Public Inspection

Name of the organization STATE UNIVERSITY OF IOWA FOUNDATION
Employer identification number 42-0796760

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	Yes	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	Yes	No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII _____

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	838,320,465.	761,545,397.	747,226,268.	724,945,770.	648,875,735.
b Contributions	36,649,244.	36,351,714.	56,125,986.	29,997,289.	23,799,786.
c Net investment earnings, gains, and losses	72,533,674.	73,138,400.	-11,255,189.	19,811,108.	76,629,175.
d Grants or scholarships	11,940,558.	10,755,004.	9,994,219.	10,231,084.	8,103,080.
e Other expenditures for facilities and programs	24,190,929.	21,960,042.	20,557,449.	17,296,815.	16,255,846.
f Administrative expenses					
g End of year balance	911,371,896.	838,320,465.	761,545,397.	747,226,268.	724,945,770.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations _____
- (ii) related organizations _____

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	4,548,110.			4,548,110.
b Buildings				
c Leasehold improvements		26,075,363.	10,315,028.	15,760,335.
d Equipment		3,012,425.	2,005,207.	1,007,218.
e Other		2,046,253.	2,024,155.	22,098.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				21,337,761.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MANAGED SEPARATE INVESTMENT ACCTS	355,420,866.	END-OF-YEAR MARKET VALUE
(B) ASSETS IN LIVING TRUSTS	56,930,736.	END-OF-YEAR MARKET VALUE
(C) BENEFICIAL INTEREST IN PERPETUAL		
(D) TRUSTS	17,075,980.	END-OF-YEAR MARKET VALUE
(E) CASH VALUE OF LIFE INSURANCE	6,740,633.	END-OF-YEAR MARKET VALUE
(F) OTHER	864,187.	END-OF-YEAR MARKET VALUE
(G) FACILITIES CORPORATION	1,086,745.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	438,119,147.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY AND LIFE INCOME OBLIGATIONS	22,618,170.
(3) AMOUNT HELD ON BEHALF OF OTHERS	92,506,012.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	115,124,182.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	243,337,895.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	87,691,811.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	217,404.
e	Add lines 2a through 2d	2e	87,909,215.
3	Subtract line 2e from line 1	3	155,428,680.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	155,428,680.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	147,395,444.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	160,224.
e	Add lines 2a through 2d	2e	160,224.
3	Subtract line 2e from line 1	3	147,235,220.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	147,235,220.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS
 ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT
 ASSETS. THE INVESTMENT OBJECTIVE OF THE ENDOWMENT IS TO SEEK MAXIMUM TOTAL
 RETURN CONSISTENT WITH THE PRESERVATION OF PRINCIPAL, DIVERSIFICATION AND
 AVOIDANCE OF EXCESSIVE RISK.

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE HAS RECOGNIZED THE UNIVERSITY OF IOWA CENTER
 FOR ADVANCEMENT AS EXEMPT FROM FEDERAL INCOME TAXES UNDER PROVISIONS OF
 SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE UICA FOLLOWS THE
 ACCOUNTING GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE

Part XIII Supplemental Information (continued)

UICA IS SUBJECT TO FEDERAL AND STATE INCOME TAXES TO THE EXTENT IT HAS
 UNRELATED BUSINESS INCOME. IN ACCORDANCE WITH THE GUIDANCE FOR
 UNCERTAINTY IN INCOME TAXES, MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX
 POSTIONS AND DETERMINED THAT THERE ARE NO INCOME TAX EFFECTS WITH RESPECT
 TO ITS FINANCIAL STATEMENTS. THE UICA IS NO LONGER SUBJECT TO EXAMINATION
 BY FEDERAL OR STATE AUTHORITIES FOR YEARS ENDING BEFORE JUNE 30, 2015 NOR
 HAS THE UICA BEEN NOTIFIED OF ANY IMPENDING EXAMINATION AND NO
 EXAMINATIONS ARE CUREENTLY IN PROCESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCOME OF UNIVERSITY OF IOWA FACILITIES CORPORATION	217,404.
---	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF UNIVERSITY OF IOWA FACILITIES CORPORATION	160,224.
---	----------

PART V

HAS BEEN PRESTATED FOR THE PRIOR YEAR TO REFLECT SFAS 117 ENDOWMENT
 PRESENTATION TO BE CONSISTENT WITH NOTES TO THE AUDITED FINANCIAL
 STATEMENTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization STATE UNIVERSITY OF IOWA FOUNDATION	Employer identification number 42-0796760
---	--

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		36,552,000.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		35,513,000.
NORTH AMERICA	0	0	INVESTMENTS		7,857,000.
SOUTH AMERICA	0	0	PROGRAM SERVICES	VOLUNTEER STUDENT SERVICE PROJECTS	2,327.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	VOLUNTEER STUDENT SERVICE PROJECTS	2,132.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	VOLUNTEER STUDENT SERVICE PROJECTS	2,939.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	FUNDRAISING		7,119.
EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING		1,959.
3 a Sub-total	0	0			79,938,476.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			79,938,476.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

732072 10-06-17

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I LINE 3

ACCOUNTING METHOD IS FAIR MARKET VALUE

PART I

THE ORGANIZATION RECEIVED CONTRIBUTIONS FROM DONORS OUTSIDE THE UNITED

STATES DURING THE TAX YEAR.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ **Attach to Form 990 or Form 990-EZ.**
▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

STATE UNIVERSITY OF IOWA FOUNDATION

Employer identification number

42-0796760

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
AMERGENT, INC - 9 CENTENNIAL DR., PEABODY, MA 01960	MAIL SOLICITATION		X	794,882.	519,435.	275,447.
RUFFALO NOEL LEVITZ - PO BOX 718, DES MOINES, IA 50303	TELEPHONE SOLICITATION		X	384,686.	363,924.	20,762.
Total				1,179,568.	883,359.	296,209.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM
NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? **Yes** **No**
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **Yes** **No**
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? **Yes** **No**
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? **Yes** **No**
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **Yes** **No**
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **Yes** **No**
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

PART I, LINE 2B, COLUMN (V):

LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME FUNDRAISER: AMERGENT INC.

(I) ADDRESS OF FUNDRAISER: 9 CENTENNIAL DRIVE, PEABODY, MA 01960 (I) NAME

OF FUNDRAISER: RUFFALO NOEL LEVITZ (I) ADDRESS OF FUNDRAISER: PO BOX 718

DES MOINES, IA 50303

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **STATE UNIVERSITY OF IOWA FOUNDATION** Employer identification number **42-0796760**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
STATE UNIVERSITY OF IOWA 4 JESSUP HALL IOWA CITY, IA 52242-1316	42-6004813	SECTION 115	117100372	0.			STUDENT FINANCIAL AID, RESEARCH & ACADEMIC PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS (OR TRANSFERS TO THE UNIVERSITY OF IOWA) FROM THE UNIVERSITY OF IOWA

CENTER FOR ADVANCEMENT ARE SUBJECT TO UNIVERSITY OF IOWA AND UICA POLICIES

AND PROCEDURES. BY SUBMISSION OF AN APPROVED REQUEST FOR TRANSFER OR

EXPENDITURE, THE UNIVERSITY OF IOWA DEPARTMENT ACKNOWLEDGES THAT THE

EXPENSE COMPLIES WITH DONOR INTENT AS SPECIFIED IN THE DONOR INTENT

DOCUMENT SUPPLIED AT THE TIME THE GIFT IS RECEIVED FROM THE DONOR. ALL

TRANSFER REQUESTS MUST INCLUDE A WRITTEN DESCRIPTION OF THE NATURE, DATE,

PURPOSE AND THE AMOUNT OF THE REIMBURSABLE EXPENSE AND SIGNATURE OF AN

Part IV Supplemental Information

AUTHORIZED UNIVERSITY OF IOWA ACCOUNT REPRESENTATIVE. ULTIMATE EXPENDITURE

FOR THE SPECIFIED PURPOSE MUST BE MADE THROUGH UNIVERSITY OF IOWA IN

ACCORDANCE WITH ITS PURCHASING POLICIES. SUPPORTING DOCUMENTATION MUST BE

ATTACHED OR BE AVAILABLE IF REQUESTED BY THE UICA.

Lined area for supplemental information input.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: STATE UNIVERSITY OF IOWA FOUNDATION
 Employer identification number: 42-0796760

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as, maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LYNETTE L MARSHALL PRESIDENT	(i)	411,673.	83,000.	1,667.	27,459.	16,901.	540,700.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TIFFANI K SHAW VP/ASST SECRETARY	(i)	289,814.	23,200.	582.	26,901.	16,260.	356,757.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SHERRI P FURMAN CFO/TREASURER	(i)	186,792.	15,200.	2,541.	19,756.	16,389.	240,678.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHEILA BALDWIN VP HEALTH SCIENCES DEVELOPMENT	(i)	176,183.	14,700.	385.	19,401.	26,759.	237,428.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KENT CLARK VP MAIN CAMPUS DEVELOPMENT	(i)	181,958.	6,600.	884.	18,799.	9,864.	218,105.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ERIN THOMAS-LEWIS VP ALUMNI AND DONOR ENGAGEMENT	(i)	167,868.	13,600.	572.	18,573.	26,964.	227,577.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JACKIE LEWIS (UNTIL 8/17) SENIOR VP DEVELOPMENT	(i)	178,068.	15,200.	573.	17,898.	6,802.	218,541.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JIM BETHEA VP/CHIEF INVESTMENT OFFICER	(i)	229,958.	25,875.	385.	24,526.	16,830.	297,574.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DAVE DIERKS VICE PRESIDENT	(i)	177,424.	12,000.	527.	1,880.	2,192.	194,023.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) TOM K DEPRENGER VP PRINCIPAL GIFTS	(i)	184,281.	20,900.	2,513.	19,458.	20,995.	248,147.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KEVIN COLLINS ASSOCIATE VP ATHLETICS	(i)	156,107.	18,013.	834.	16,770.	23,698.	215,422.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DEREK PENDERGAST VP PRINCIPAL GIFTS	(i)	140,546.	12,000.	526.	15,228.	22,969.	191,269.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DAVID TRIPLETT (UNTIL 5/17) VP DEV RESOURCES	(i)	126,520.	17,300.	1,759.	9,301.	12,940.	167,820.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for entering supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization **STATE UNIVERSITY OF IOWA FOUNDATION** Employer identification number **42-0796760**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	192	6,534,394.	AVG OF HIGH & LOW
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	7	672,242.	ACTUARIAL CALCULATION
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial	X	2	1,860,000.	APPRAISED VALUE
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2017

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

PART I LINE 9, 11 NUMBER OF CONTRIBUTIONS RECEIVED

PART I LINE 16 NUMBER OF PROPERTIES SOLD

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

STATE UNIVERSITY OF IOWA FOUNDATION

Employer identification number

42-0796760

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE STATE UNIVERSITY OF IOWA FOUNDATION WAS ESTABLISHED TO RAISE

PRIVATE GIFT SUPPORT ON BEHALF OF THE UNIVERSITY OF IOWA AND TO SERVE

AS THE UNIVERSITY'S PRIMARY FUNDRAISING ORGANIZATION. ON DECEMBER 31,

2017, THE UNIVERSITY OF IOWA ALUMNI ASSOCIATION MERGED INTO THE STATE

UNIVERSITY OF IOWA FOUNDATION AND BEGAN DOING BUSINESS AS THE UNIVERSITY

OF IOWA CENTER FOR ADVANCEMENT. OUR REVISED MISSION STATEMENT IS:

THROUGH ENGAGEMENT AND PHILANTHROPY, PROMOTE THE UNIVERSITY OF IOWA'S

COMMITMENT TO EXCELLENCE.

FORM 990, PART III, LINE 1, BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION

THE STATE UNIVERSITY OF IOWA FOUNDATION WAS ESTABLISHED TO RAISE

PRIVATE GIFT SUPPORT ON BEHALF OF THE UNIVERSITY OF IOWA AND TO SERVE

AS THE UNIVERSITY'S PRIMARY FUNDRAISING ORGANIZATION. ON DECEMBER 31,

2017, THE STATE UNIVERSITY OF IOWA FOUNDATION MERGED WITH THE

UNIVERSITY OF IOWA ALUMNI ASSOCIATION TO FORM THE UNIVERSITY OF IOWA

CENTER FOR ADVANCEMENT. OUR REVISED MISSION STATEMENT IS: THROUGH

ENGAGEMENT AND PHILANTHROPY, PROMOTE THE UNIVERSITY OF IOWA'S

COMMITMENT TO EXCELLENCE.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

NEW PROGRAM SERVICES STARTED ON JANUARY 1, 2018 DUE TO MERGER WITH

UNIVERSITY OF IOWA ALUMNI ASSOCIATION ARE ALUMNI AND DONOR ENGAGEMENT

THROUGH COMMUNICATIONS, PROGRAMS, AND EVENTS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization STATE UNIVERSITY OF IOWA FOUNDATION	Employer identification number 42-0796760
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FORM 990, PART VI, SECTION A, LINE 1:

THE BOARD OF DIRECTORS OF THE UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT (UICA) THROUGH ITS BYLAWS, DELEGATES AUTHORITY TO ACT ON ITS BEHALF TO AN EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE HAS AND EXERCISES ALL OF THE POWERS OF THE BOARD BETWEEN MEETINGS OF THE BOARD TO THE EXTENT PERMITTED BY LAW. REPORTS OF THE ACTION OF THE EXECUTIVE COMMITTEE ARE SUBMITTED TO THE BOARD AT ITS NEXT MEETING FOLLOWING THE ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR OF THE BOARD AND NOT FEWER THAN THREE OR MORE THAN NINE MEMBERS OF THE BOARD APPOINTED BY THE BOARD AT IT ANNUAL MEETING. THE PRESIDENT OF THE STATE UNIVERSITY OF IOWA IS AN EX OFFICIO MEMBER WITH VOTING POWER. ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 4:

ON DECEMBER 31, 2017, THE UNIVERSITY OF IOWA ALUMNI ASSOCIATION MERGED INTO THE STATE UNIVERSITY OF IOWA FOUNDATION AND BEGAN DOING BUSINESS AS THE UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT. THE ORGANIZATION'S ARTICLES OF INCORPORATION AND BY-LAWS WERE CHANGED TO REFLECT THIS MERGER.

THE REVISED BY-LAWS ELIMINATED THE NOMINATING COMMITTEE AND MODIFIED THE DEVELOPMENT COMMITTEE TO BECOME THE DEVELOPMENT AND ALUMNI ENGAGEMENT COMMITTEE. IN ADDITION, AN ALUMNI LEADERSHIP COUNCIL WAS ESTABLISHED TO SERVE AS AN ADVISORY COUNCIL TO THE DEVELOPMENT AND ALUMNI ENGAGEMENT COMMITTEE.

AN AMENDMENT TO THE BY-LAWS WAS ADOPTED ON APRIL 27, 2018. THE AMENDMENT PROVIDES THAT THERE ARE NO TERM LIMITS FOR DIRECTORS ELECTED ON THE BOARD

Name of the organization STATE UNIVERSITY OF IOWA FOUNDATION	Employer identification number 42-0796760
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PRIOR TO DECEMBER 31, 2017; ALLOWING THESE DIRECTORS ELIGIBILITY FOR
 SUCCESSIVE TERMS. BEGINNING JANUARY 1, 2018, NEWLY ELECTED BOARD DIRECTORS
 ARE ELIGIBLE TO SERVE UP TO A MAXIMUM OF FOUR TERMS WHICH MAY BE SERVED
 EITHER CONSECUTIVELY OR NONCONSECUTIVELY. IF A DIRECTOR SUBJECT TO TERM
 LIMITS IS SERVING AS CHAIR IN HIS/HER LAST ELIGIBLE TERM, THE TERM LIMIT
 MAXIMUM SHALL BE WAIVED TO ALLOW SUCH DIRECTOR TO SERVE A FIFTH TERM IN
 ORDER TO FULFILL HIS/HER ROLE AND RESPONSIBILITIES AS IMMEDIATE PAST CHAIR.

IN ADDITION, THE AMENDMENT CHANGES THE ELIGIBILITY FOR BOARD DIRECTORS TO
 BE ELECTED AS LIFETIME HONORARY DIRECTORS TO THE CRITERIA OUTLINED IN THE
 BOARD OF DIRECTORS ORGANIZATION GUIDELINES..

FORM 990, PART VI, SECTION B, LINE 11B:

A SUBCOMMITTEE OF THE BOARD OF DIRECTORS CONDUCTS A DETAILED REVIEW OF THE
 FORM 990. FOLLOWING THE DETAILED REVIEW, THE FINAL FORM 990 IS POSTED ON
 THE BOARD WEBSITE AND ALL BOARD MEMBERS ARE NOTIFIED TO ACCESS THE WEBSITE
 AND REVIEW THE FORM PRIOR TO THE FILING DEADLINE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS, BOARD COMMITTEE MEMBERS, AND OFFICERS (RESPONSIBLE
 PERSONS) OF THE UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT (UICA) HAVE A
 DUTY TO CONDUCT ACTIVITIES OF THE UICA WITH THE HIGHEST ETHICAL STANDARDS
 AND TO MAKE DECISIONS CONCERNING THE UICA SOLELY TO ADVANCE ITS MISSION AND
 INTERESTS. THIS CONFLICT OF INTEREST POLICY IS TO ASSIST THE UICA AND
 RESPONSIBLE PERSONS IN IDENTIFYING SITUATIONS THAT PRESENT POTENTIAL OR
 ACTUAL CONFLICTS OF INTEREST AND TO SPECIFY PROCEDURES FOR MANAGING THEM.

REPORTING PROCEDURES: EACH RESPONSIBLE PERSON MUST ANNUALLY COMPLETE AND
 SUBMIT A STATEMENT SETTING FORTH ANY AND ALL POTENTIAL AND ACTUAL CONFLICTS

Name of the organization STATE UNIVERSITY OF IOWA FOUNDATION	Employer identification number 42-0796760
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OF INTEREST THAT ARE ANTICIPATED TO OCCUR IN THE COMING FISCAL YEAR. THE ANNUAL STATEMENT WILL BE INITIALLY REVIEWED BY THE CHAIR OF THE BOARD. IN ADDITION TO THE ANNUAL DISCLOSURE STATEMENT, UPON BECOMING AWARE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST NOT PREVIOUSLY DISCLOSED, A RESPONSIBLE PERSON MUST PROMPTLY REPORT IN WRITING TO THE CHAIR OF THE BOARD. THE CHAIR'S ANNUAL STATEMENT AND SUPPLEMENTAL REPORTS, IF ANY, SHALL BE REVIEWED BY THE EXECUTIVE COMMITTEE.

DETERMINATION OF THE CONFLICT: THE EXECUTIVE COMMITTEE, WITHOUT THE AFFECTED RESPONSIBLE PERSON PRESENT, SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. IF A CONFLICT OF INTEREST EXISTS, THE MATERIAL FACTS OF THE RESPONSIBLE PERSON'S CONFLICTS OF INTEREST WILL BE DISCLOSED TO THE BOARD OF DIRECTORS.

ACTION AND RECUSAL: THE BOARD SHALL DETERMINE WHETHER IT IS IN THE BEST INTEREST OF THE UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT IN PERFORMING ITS MISSION. THE AUTHORIZATION, APPROVAL, AND/OR RATIFICATION MUST BE ACCOMPLISHED BY AN AFFIRMATIVE VOTE, AS APPLICABLE, OF A MAJORITY OF THE DIRECTORS ON THE BOARD WHO HAVE NO DIRECT OR INDIRECT INTEREST IN THE ARRANGEMENT/TRANSACTION. IT MAY NOT BE MADE BY A SINGLE DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SHALL SERVE AS A COMPENSATION COMMITTEE IN FULFILLING THE BOARD'S OVERSIGHT RESPONSIBILITIES FOR DETERMINING THE ADEQUACY AND REASONABLENESS OF THE COMPENSATION AND BENEFITS PAID TO THE PRESIDENT AND CEO, THE EXECUTIVE VICE PRESIDENT, COO, CFO AND TREASURER, OTHER BOARD ELECTED OFFICIALS, AND KEY EMPLOYEES (COLLECTIVELY REFERRED TO AS DISQUALIFIED PERSONS). THE EXECUTIVE COMMITTEE SHALL PERFORM THE FOLLOWING RESPONSIBILITIES: (1) ESTABLISH PERFORMANCE CRITERIA, SET TERMS OF EMPLOYMENT, AND ESTABLISH TOTAL COMPENSATION

Name of the organization STATE UNIVERSITY OF IOWA FOUNDATION	Employer identification number 42-0796760
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ARRANGEMENT FOR THE PRESIDENT AND CEO. (2) IDENTIFY, WITH THE ASSISTANCE OF

THE PRESIDENT, OTHER DISQUALIFIED PERSONS. (3) REVIEW AND APPROVE

RECOMMENDATIONS OF THE PRESIDENT OF THE TERMS OF EMPLOYMENT AND TOTAL

COMPENSATION OF ALL DISQUALIFIED PERSONS. THE EXECUTIVE COMMITTEE SHALL

REGULARLY OBTAIN, REVIEW AND CONSIDER RELEVANT COMPARATIVE DATA OF

COMPENSATION AND BENEFIT LEVELS PAID/PROVIDED BY SIMILARLY SITUATED

ORGANIZATIONS. THE STATE UNIVERSITY OF IOWA FOUNDATION ANNUALLY PERFORMS A

COMPENSATION REVIEW FOR ALL OFFICERS, KEY EMPLOYEES, AND FIVE HIGHEST PAID

EMPLOYEES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, CA, DC, FL, GA, KY, MA, MD, ME, MI, MN, NH, NJ, NV, NY, OH, OR, PA, SC, TN, UT, WA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST; INSTRUCTIONS FOR DOING

SO ARE INCLUDED ON THE UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT WEBSITE

(WWW.FORIOWA.ORG).

FORM 990, PART VI, SECTION B, LINE 10A

RECOGNIZED IOWA CLUBS SERVE AS AN EXTENDING ARM FROM THE UNIVERSITY TO

ITS ALUMNI AND FRIENDS IN DEFINED CLUB AREAS. IOWA CLUBS STRENGTHEN THE

UNIVERSITY OF IOWA AND PROVIDE A NETWORK FOR ALUMNI THROUGH THE

PLANNING AND IMPLEMENTATION OF A VARIETY OF SOCIAL, EDUCATIONAL, AND

CULTURAL PROGRAMS. THE RECOGNIZED IOWA CLUB PROGRAM CATEGORIZES THREE

ORGANIZATIONAL LEVELS OF CLUBS BASED UPON TYPES OF ACTIVITIES AND

AMOUNT OF REVENUE GENERATED. RECOGNIZED IOWA CLUBS ANNUALLY COMPLETE

SPECIFIC COMPLIANCE STANDARDS TO MAINTAIN THEIR RECOGNITION STATUS AND

Name of the organization STATE UNIVERSITY OF IOWA FOUNDATION	Employer identification number 42-0796760
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TO ACCESS CORRESPONDING CLUB RESOURCES PROVIDED BY THE UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT (UICA). EACH YEAR IOWA CLUBS COMPLETE A "REPORT AND CERTIFICATION" DOCUMENT TO INFORM THE UICA ABOUT ITS QUALIFYING ACTIVITIES AND COMPLIANCE. GENERAL GUIDELINES FOR TAX COMPLIANCE REPORTING ARE ALSO INCLUDED IN THIS HANDBOOK TO ADVISE CLUB VOLUNTEERS ABOUT REPORTING REQUIREMENTS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OF UNIVERSITY OF IOWA FACILITIES CORPORATION	
	57,180.
CONTRIBUTION OF THE UNIVERSITY OF IOWA ALUMNI ASSOCIATION	6,802,610.
TOTAL TO FORM 990, PART XI, LINE 9	6,859,790.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **STATE UNIVERSITY OF IOWA FOUNDATION** Employer identification number **42-0796760**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNIVERSITY OF IOWA FACILITIES CORPORATION - 42-0931777, ONE WEST PARK ROAD, IOWA CITY, IA 52242	PROPERTY ACQUISITION	IOWA	501(C)(3)	LINE 12A, I	UNIVERSITY OF IOWA FOUNDATION	X	
STANLEY-UNIVERSITY OF IOWA FOUNDATION SUPPORT ORGANIZATION - 42-1129040, ONE WEST PARK ROAD, IOWA CITY, IA 52242	SUPPORT ORGANIZATION	IOWA	501(C)(3)	LINE 12A, I	STATE UNIVERSITY OF IOWA FOUNDATION	X	
JACK R. VOLLERTSEN ANNUITY TRUST - 42-1284566, U.S. BANK, N.A., P.O. BOX 2043, MILWAUKEE, WI 53201	SUPPORT ORGANIZATION	IOWA	501(C)(3)	LINE 12C, III-FI	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) STANLEY-UNIVERSITY OF IOWA FOUNDATION SUPPORT ORGANIZATION	S	417,000.	BOARD APPROVAL
(2) STANLEY-UNIVERSITY OF IOWA FOUNDATION SUPPORT ORGANIZATION	Q	136,302.	INVESTMENT MGMT FEE
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

