Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

Do not enter social security numbers on this form as it may be made public q_0q

Open to Public

| Inter | | nue Service | Go to www.irs.gov/Form990 for instructions and the latest inform | | inspection | |
|--------------------------------|--|---------------------------------|--|---------------------------|---------------------------|----------------|
| <u>A</u> | | | lendar year, or tax year beginning 9/1/2018 , and ending | | /2019 | |
| | | applicable | C Name of organization Stanley-University of Iowa Foundation Support Organization | n D Employerie | identification number | |
| Ш | Address | change | Doing business as | | | |
| | Name ch | 2000 | Number and street (or P O box if mail is not delivered to street address) Room/suite | 42-1129040 | | |
| | ranic ci | lalige | P.O Box 4550 | E Telephone r | number | |
| \sqcup | Initial ret | um | City or town State ZIP code | 319-335-330 | 15 | |
| | Final return | n/terminated | lowa City IA 52244-4550 | | | |
| | i iiiai ie(uji | II/(EIIIIIIIIIIIII | Foreign country name Foreign province/state/county Foreign postal code | | | |
| Ш | Amende | d return | | G Gross recei | pts \$ 46 <u>1</u> | 1,114 |
| \Box | Applicate | on pending | F Name and address of principal officer | s this a group return for | r subordinates? | l No |
| _ | | opo | | Are all subordinates | _ = = |] No |
| | | | | | | ٠,٠٠ |
| <u> </u> | Tax-exen | npt status | X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(n) or 527 | If "No," attach a list | (see instructions) | |
| <u>J 1</u> | Website | e: ► N/A | H(c) | Group exemption nu | ımber 🟲 | |
| Kı | Form of a | rganization | X Corporation Trust Association Other ► L Year of for | rmation 1979 | M State of legal domicile | IA |
| | art I | | | 1979 | | |
| U | _ | | mmary | the Oteks I leaves | | |
| • | 1 | | | the State Unive | rsity of Iowa | |
| Ę | ļ | | tion in accordance with exempt purpose, which in turn grants funds to the State | : | | |
| Activities & Governance | 1 | Universi | ty of lowa | | | - - |
| 8 | 2 | Check to | his box ▶ ☐ if the organization discontinued its operations or disposed of mo | ore than 25% of | fits net assets | |
| ဖွ | 3 | | of voting members of the governing body (Part VI, line 1a) | | 3 | 7 |
| •ర | 4 | | of independent voting members of the governing body (Part VI, line 1b) | . [| 4 | 5 |
| 8 | 5 | | mber of individuals employed in calendar year 2018 (Part V, line 2a). | | 5 | 0 |
| ₹ | 6 | | mber of volunteers (estimate if necessary) | · · · | 6 | |
| 뒿 | 7a | | related business revenue from Part VIII, column (C), line 12 | · | 7a | 0 |
| _ | , a | | elated business taxable income from Form 990-T, line 38 . | · · · | 7b | 0 |
| | | Netunit | stated business taxable income from 1 onn 950-1, fine 50 . | Prior Year | Current Year | <u> </u> |
| | 8 | Contribu | utions and grants (Part VIII, line 1h) | 112, | | 0 |
| ē | | | _ · · · · · · · · · · · · · · · · · · · | 112, | 0 | - 0 |
| Revenue | 9 | _ | n service revenue (Part VIII, line 2g) | 400 | | |
| ě | 10 | | ent income (Part VIII, column (A), lines 3, 4, and 7d) . | 409,3 | | ,114 |
| | 11 | | evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . | 4,430,2 | | 0 |
| | 12_ | | enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). | 4,951,8 | | <u>,114</u> |
| | 13 | | and similar amounts paid (Part IX Poolumn (A), lines 1-3) | 3,917,0 | 000 441 | <u>,792</u> |
| | 14 | Benefits | paid to or for members (Part IX_column (A), line 4), \(\sqrt{\O} \) | | 0 | 0 |
| S | 15 | Salanes, | other compensation, employee benefits (Rart IX, column (A); lines 5-10) | | 0 | 0 |
| Expenses | 16a | Professi | onal fundraising fees (Part X, columb (A), line 11e) | | 0 | 0 |
| g | b | Total fur | ndraising expenses (Part IX, column, D) tine-25) | and the second | | |
| யி | 17 | | (penses (Part IX, column (A), lines (1) a+(1) of ht (-24e) | . <u> </u> | 0 2 | ,348 |
| | 18 | Total ex | penses Add lines 13–17 (must equal Part IX, column (A), line 25) . | 3,917,0 | 000 444 | ,140 |
| | 19 | | e less expenses Subtract line 18 from line 12 . | 1,034,8 | | ,974 |
| P 8 | 1 | | | inning of Current Ye | | |
| Net Assets or Fund Balances | 20 | Total as | sets (Part X, line 16) | 10,048,0 | | .595 |
| Ass | 21 0 | | bilities (Part X, line 26) | | 0 | 0 |
| ž Š | 22 6 | | ets or fund balances Subtract line 21 from line 20 | 10,048,0 | 086 9,808 | 595 |
| | irt II | | nature Block | 10,040,0 | 0,000 | ,000 |
| | | | reacture block y, I declare that I have examined this return, including accompanying schedules and statements, and to | the hest of my know | wledge | |
| and | belief it i | ies or perjury is true corre | ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepa | rer has any knowled | meuge dae | |
| | 0 | , L. L. G., G. G. G. | m. C. T. Cu | 17 | 10/2020 | |
| Sig | | | Signature of officer | Date | 10/2020 | |
| He | ŗež | | \ . | | | |
| | -20 | | Sherri P. Furman Treasurer | | | |
| | - -1 | | Type or pnnt name and title | | | |
| | نو | Print | /Type preparer's name Preparer's signature D |)ate Che | eck rf PTIN | |
| Pa | | | | | f-employed | |
| | pare | | | | · . · . · | |
| Uš | e Only | , | 's name • | Firm's EIN | | |
| | | Firm | 's address | Phone no | <u>_</u> | |
| Ma | y the IF | RS discus | s this return with the preparer shown above? (see instructions) | | X Yes | No |
| = | D | | | | | |

| For <u>m 99</u> | 90 (2018) | Stanley-University of Iowa Foundation Support Organization | 42-1129040 | Page 2 |
|-----------------|-----------|---|----------------|--------|
| Par | t III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | | lescribe the organization's mission | | |
| | | to the State University of Iowa Foundation in accordance with exempt purpose, which | | |
| | ın turn ç | rants funds to the State University of Iowa. | | |
| | | ······································ | | |
| 2 | Did the | organization undertake any significant program services during the year which were not listed on | | |
| | the prio | r Form 990 or 990-EZ? | · · Yes | X No |
| | | describe these new services on Schedule O | | |
| 3 | | organization cease conducting, or make significant changes in how it conducts, any program | | |
| | service: | S? | L Yes | X No |
| 4 | | e the organization's program service accomplishments for each of its three largest program services | as measured by | |
| - | | es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all | | |
| | | expenses, and revenue, if any, for each program service reported | | |
| 4a | (Code |) (Expenses \$ 441,792 including grants of \$ 441,792) (Revenue | ie \$ |) |
| | | | | |
| | researc | h, the arts, and travel | | |
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| 4b | (Code |) (Expenses \$ including grants of \$) (Revenue | ie \$ |) |
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| | | | | |
| 4c | (Code |) (Expenses \$ including grants of \$) (Revenue | e\$ |) |
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| 4-1 | O4b | Annual (December & Schoolide C.) | | |
| 4d | Other p | rogram services. (Describe in Schedule O.) ses \$ 0 including grants of \$ 0) (Revenue \$ | 0) | |
| 40 | | poram service expenses A41.792 | | |

JAD IOR 42-1129040 Page 3

| | Otanio, | 011/10/01 | <u> </u> | anadaon c | apport. |
|---------|--------------------|-----------|-----------|-----------|---------|
| Part IV | Checklist | of Regu | ired Sche | edules | |

| | | | Yes | No |
|----|---|------------|-------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | ┝╼ | | <u> </u> |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 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? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 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? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | ⊢ • | | ^ |
| 0 | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| _ | "Yes," complete Schedule D, Part I | 6_ | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III | 8 | | 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? If "Yes," complete Schedule D, Part IV | | | x |
| | | 9_ | | ^ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | | Х |
| 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? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | 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? If "Yes," complete Schedule D, Part VIII | 11c | | 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? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| 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)? If "Yes," complete Schedule D, Part X | 11f | | <u> </u> |
| 2a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," | | | |
| | and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 3 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 4a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 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 | | j | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u> </u> |
| 5 | 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? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 6 | 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? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 7 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | | J | v |
| | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | <u>X</u> |
| 8 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. | 18 | | <u>x</u> |
| 9 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. | 19 | | х |
| 0a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. | 20a | - 1 | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 1 | 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? If "Yes," complete Schedule I, Parts I and II | 21 | x | |
| | 2 | | 000 " | |

Page 4

| Pari | V Checklist of Required Schedules (continued) | | | |
|----------|--|------------|----------|----------------|
| 00 | Did the constant of the control of t | _ | Yes | No |
| 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? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | 1 | \vdash | ^ |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | 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? If "Yes," answer lines | | | |
| | 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | - | ₩ |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 240 | | |
| a | to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c 24d | - | \vdash |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 240 | - | _ |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | 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? If "Yes," complete Schedule L, Part I | 25b | | <u> </u> |
| 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 | | | ١., |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | - | 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 | ŀ | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. | 27 | | 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) | | | 35i. |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | ļ | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | ١ |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | ļ | X |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 29 | - | ├^ |
| 30 | conservation contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? | | | |
| | If "Yes," complete Schedule N, Part II | 32 | | Х |
| 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? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, | | , | |
| 25- | III, or IV, and Part V, line 1 | 34 | X | ₩ |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related | | | |
| | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | Х | |
| 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? If "Yes," complete Schedule R, Part VI | 37 | | 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 | 38 | Х | |
| Par | | | | $\overline{}$ |
| | Check if Schedule O contains a response or note to any line in this Part V | | | 닏 |
| 4- | Fatartha mumbar ann de d'ann de Grand de Constant de C | المستوا | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1 | | |
| b C | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| · | gaming (gambling) winnings to prize winners? | 1c | X | - |

| Par | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
|-----|--|-----------------|--------------|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | 168 | NO |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 | | İ | İ |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | \vdash |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | x |
| b | If "Yes," enter the name of the foreign country | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | l |] |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | 1 |
| | gifts were not tax deductible? | 6b | <u> </u> | <u> </u> |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | <u> </u> | | ļ <u>-</u> |
| | and services provided to the payor? | 7a | <u> </u> | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | ļ | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | <u> </u> | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | . | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . | 7e | — | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | - | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | ļ | <u> </u> |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | ļ | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | ļ |
| _ | sponsoring organization have excess business holdings at any time during the year? | 8 | ├ | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | - | · |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | ├ — | ├ |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | ├ | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | | | | |
| 11 | Section 501(c)(12) organizations. Enter Gross income from members or shareholders | | | |
| a | Gross income from members or shareholders | | | |
| b | against amounts due or received from them.) | l | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | - | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | ĺ | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| • | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | 1 | | |
| _ | the organization is licensed to issue qualified health plans | 1 | | |
| С | Enter the amount of reserves on hand | 1 | | 1 |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | × |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| . • | excess parachute payment(s) during the year | 15 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | _ `` | | |
| 46 | | 16 | | Х |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 10 | | ^ |
| | IT "YES " COMPLETE FORM 4 / ZIT SCHECITIE () | 4 | | 1 |

Page 6 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. Part VI

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|--------|---|-------------|----------------|------------------|
| Sect | ion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 7 | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | ļ |
| h | Enter the number of voting members included in line 1a, above, who are independent | | ŀ | |
| р 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | 4 | | |
| 2 | any other officer, director, trustee, or key employee? | 2 | Х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | _ | ^ | |
| • | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | - | X |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | Х | ļ |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | | | ١., |
| | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | Ļ | X |
| Seci | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue | <u>Joae</u> | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | 163 | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | 100 | | ^ |
| _ | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | <u> </u> | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | • | <u> </u> |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | 54 24 20 |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | 1.13 | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 15 | | |
| a | The organization's CEO, Executive Director, or top management official. | 15a | | X |
| b | Other officers or key employees of the organization | 15b | | Х |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | 100 01 AU 117 |
| 104 | with a taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | 100 | | ^ |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard |] | | |
| | the organization's exempt status with respect to such arrangements? | 16b | | |
| Sect | ion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► IA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 5 | 01(c) | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol | cy, ar | nd | |
| | 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 P. Furman 319-335-3305 P.O. Box 4550, Iowa City, IA 52244 | | | |
| | I .O. DON TODO, IOWA OILY, IA JZZ77 | | | |

| Form 990 (2018) | Stanley-University of Iowa Founda | | | | _ | | | | | 42-11290 |)40 Page 7 |
|--------------------------------------|---|--|--|-----------------------|--|----------------------|--|-------------------------------|--|--|---|
| Part VII | Compensation of Officers, Dire | • | es, ł | (ey | En | npl | oyee | s, I | Highest Comp | ensated | |
| , | Employees, and Independent C Check if Schedule O contains a r | | te to | an | v lir | ne i | n this | s Pa | art VII | | 🗖 |
| Section A. | Officers, Directors, Trustees, Key E | _ ` | | | <u> </u> | | | | | | · · · <u> </u> |
| | his table for all persons required to be | | | | | | | | | with or within the | |
| organization's | • | • | • | | | | | | , . | | |
| • List all o • List the who received | of the organization's current officers, d on. Enter -0- in columns (D), (E), and (of the organization's current key emplo organization's five current highest con reportable compensation (Box 5 of For nd any related organizations | F) if no compens byees, if any. Se opensated emplo | satior e inst oyees | n wa ruct s (ot | s pa ions ther | aid. s for tha | defin | itior offic | n of "key employ er, director, trust | ee " ee, or key emplo | |
| | of the organization's former officers, ke | | | | | | | ed e | employees who r | eceived more th | an |
| | portable compensation from the organ | | | | - | | | . . | | | 1 15 a |
| | of the organization's former directors of more than \$10,000 of reportable compe | | | | | | | | | | tne |
| List persons in | the following order individual trustees employees, and former such persons | | | | | | | | = | | |
| Check this | s box if neither the organization nor any | y related organiz | ation | cor | npe | nsa | ted a | ny c | urrent officer, di | ector, or trustee | |
| | (B) Average hours per | box, | (C) Position do not check more than one ox, unless person is both an fficer and a director/trustee) (D) Reportable compensation | | | Reportable | (E) Reportable compensation | (F) Estimated amount of | | | |
| | | week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) Jill McLa | | 1 00 | | | | | | | | | |
| President/Dire | | 0.00 | X | ļ | X | \vdash | ├─- | | 0 | 0 | |
| (2) Sherri F Treasurer/Dire | · | 1 00 40.00 | x | | x | | | | 0 | 220,663 | 36,866 |
| (3) Lynette | | 1 00 | ^- | H | ^ | 一 | | | <u>_</u> | 220,003 | |
| Secretary/Dire | · | 40 00 | Х | İ | x | | | | o | 537,601 | 44,249 |
| (4) J Bruce | Harreld | 1 00 | | | | | | | | | |
| Director | | 0 00 | | <u> </u> | <u> </u> | ļ | <u> </u> | | 0 | 0 | |
| (5) Elizabet | | 1 00 | , | l | | 1 | | | | | |
| Vice President (6) Rebecci | | 0 00 1 00 | X | - | × | - | - | | 0 | 0 | |
| Director | a Stariley | 0 00 | x | | | | | | o | o | |
| (7) Cathy Z | aharıs | 1 00 | | | | | | | | | |
| Director | | 0.00 | Х | _ | | | | | 0 | 0 | |
| (8) Tiffani S | | 1.00 | | | Ì | | | | | | |
| Assistant Trea | surer | 40.00 | ļ | ļ | ļ×. | _ | | | 0 | 368,883 | 43,884 |
| <u>(9)</u> | | | • | | | | | | | | |
| (10) | | | | | | | | | | | |
| (11) | | | | | | | | | | | |
| (12) | | | | | | | | | | | |
| (13) | | | | | | | | | | | |

| • | 1 | | |
|----------|----|--------|---|
| 42-11290 | 40 | Page 8 | Ĉ |

| | (A) Name and title | (B) Average hours per | (do r | not cl unle: er an | Pos neck ss pe | c) ition more rson | a b this Highest compensated the professional compensated | one an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | cor | (F) stimate mount other npensa from the ganizat nd relat janizati | of tion e ion ed |
|----------|--|-----------------------------|----------|--------------------------|----------------------|-----------------------------|---|-----------|---|--|--------------|---|------------------------------|
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | | | | | | , | | | |
| (18) | | | | _ | | | | | | | | - | |
| (19) | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | |
| (21) | | | | | | | | - | | | | | |
| (22) | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | <u> </u> | | |
| (24) | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | |
| 1b | Sub-total | | <u> </u> | | <u> </u> | | | <u> </u> | 0 | 1,127,147 | , | 124 | 1,999 |
| c | Total from continuation sheets to Part VII, So | | | • | | • | • | • | 0 | (| 1 | | 0 |
| <u>d</u> | | · | | | | | | • | 0 | 1,127,147 | <u>'L</u> | 124 | ,999 |
| 2 | Total number of individuals (including but not lir reportable compensation from the organization | | sted a | bov | 'е) v З | vho | recei | ved | more than \$100 |),000 of | | | |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched | | | | loye | e, c | r high | hesi | t compensated | | 3 | | X |
| 4 | For any individual listed on line 1a, is the sum of | | | | n a | nd c | other | con | nensation from | | 13 | - | |
| • | the organization and related organizations grea | • | - | | | | | | • | ከ | | | |
| | ındıvıdual | | | | | | | | | | 4 | Х | |
| 5 | Did any person listed on line 1a receive or accr | | | | | | | | | | | | - |
| Sec | for services rendered to the organization? If "Ye tion B. Independent Contractors | es, complete so | neau | ne J | 101 | Suc | n per | SUL | <u> </u> | • • | 5 | | Х |
| 1 | Complete this table for your five highest compe compensation from the organization Report co year. | | | | | | | | | | tax | | • |
| | (A) Name and business addi | ress | | | | | | | (B) Description of serv | vices | (C Compe | | |
| | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | 0 |
| | | | | | | | | | | + | | | 0 |
| | | | | | | | | | | - | | | 0 |
| 2 | Total number of independent contractors (include more than \$100,000 of compensation from the | - | ed to | tho | se l | ste | d abo 0 | ve) | who received | | | | |
| | | | | | | | | | | | | | |

12 Total revenue. See instructions

| Par | t VIII | Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII | | | | | | | | |
|--|---------------|--|--|--|---|---|--|--|--|--|
| | | Crieck if Scriedule O Cortains a response of ficie to any line if | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 | | | | |
| <u></u> | 1a | Federated campaigns 1a 0 | | 1010///00 | | | | | | |
| anta | b | Membership dues | | | | | | | | |
| ٠. آق آق | с | Fundraising events | | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | d | Related organizations | | | | | | | | |
| S, E | e | Government grants (contributions) 1e 0 | | | | 1 | | | | |
| otto er S | f | All other contributions, gifts, grants, and | | | | | | | | |
| 를 들 | | similar amounts not included above 1f 0 | | | | | | | | |
| Conf | g | Noncash contributions included in lines 1a–1f \$0 | | | | | | | | |
| | <u>h</u> | Total. Add lines 1a–1f | 0 | | <u> </u> | ļ | | | | |
| Program Service Revenue | | Business Code | | | | -{ | | | | |
| eve. | 2a | | 0 | | | | | | | |
| e E | b | | 0 | | | | | | | |
| 2 | C | | 0 | | | | | | | |
| Se | a | | 0 | | | | | | | |
| ıran | e | All abban and an an an an an an an an an an an an an | 0 | | | | | | | |
| rog | [| All other program service revenue . Total, Add lines 2a–2f | 0 | | | | | | | |
| | <u>g</u> 3 | Total. Add lines 2a–2f | - | | | | | | | |
| | 3 | other similar amounts) | 461,114 | | | 461,114 | | | | |
| | | Income from investment of tax-exempt bond proceeds . | 401,114 | | | 401,114 | | | | |
| | 4 5 | Davidhaa | - 0 | | | + | | | | |
| | " | Royalties | - | | | | | | | |
| | 6a | Gross rents | | | | | | | | |
| | b | Less rental expenses . | | | | | | | | |
| | C | Rental income or (loss) . 0 0 | | | | | | | | |
| | ď | Net rental income or (loss) | 0 | | | - | | | | |
| | 7a | Gross amount from sales of (i) Securities (ii) Other | <u>_</u> | | | | | | | |
| | ′" | assets other than inventory . 0 0 | | | | | | | | |
| | ь | Less cost or other basis | | | | } | | | | |
| | ~ | and sales expenses 0 0 | | | | | | | | |
| | c | Gain or (loss) | | | | | | | | |
| | اً | Net gain or (loss) | 0 | | | | | | | |
| | | 3 | | | | | | | | |
| ne | 8a | Gross income from fundraising | | | | | | | | |
| en | | events (not including \$ 0 | | | | | | | | |
| Ş | | of contributions reported on line 1c) | | | | | | | | |
| Other Revenue | | See Part IV, line 18 | | | | | | | | |
| t t | b | Less direct expenses . b0 | | | | | | | | |
| 0 | С | Net income or (loss) from fundraising events . | 0 | | | | | | | |
| | 9a | Gross income from gaming activities | | | | - | | | | |
| | | See Part IV, line 19 a0 | - | | | 1 | | | | |
| | b | Less direct expenses b0 | | | | | | | | |
| | С | Net income or (loss) from gaming activities | 0 | _ | | <u></u> | | | | |
| | 10a | Gross sales of inventory, less | | | | | | | | |
| | | returns and allowances a0 | | | | | | | | |
| | b | Less cost of goods sold b0 | | | | | | | | |
| | _ c | Net income or (loss) from sales of inventory | 0 | | | <u> </u> | | | | |
| | L | Miscellaneous Revenue Business Code | | | | | | | | |
| | 11a | | 0 | | | <u> </u> | | | | |
| | b | | 0 | | | <u> </u> | | | | |
| | С | | 0 | | | <u> </u> | | | | |
| | ď | All other revenue | 0 | | | <u> </u> | | | | |
| | | Total Add lines 11a_11d | ا ۱ | | 1 | 1 | | | | |

461,114

0

461,114

0

| Par | t IX Statement of Functional Expenses | | | | |
|-------|--|------------------------|------------------------------|-------------------------------------|--------------------------|
| Secti | on 501(c)(3) and 501(c)(4) organizations must complete all c | columns All other or | ganızatıons must c | omplete column (A) | |
| | Check if Schedule O contains a response or note | to any line in this Pa | rt IX | . , | |
| | not include amounts reported on lines 6b, 7b, 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 | | | | • |
| | domestic governments See Part IV, line 21 . | 441,792 | 441,792 | | |
| 2 | Grants and other assistance to domestic | | | | |
| | ındıvıduals See Part IV, line 22 | o | | | |
| 3 | Grants and other assistance to foreign | _ | | | 1 |
| | organizations, foreign governments, and foreign | | | | |
| | individuals See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 0 | | 0 | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) . | 0 | | | |
| 7 | Other salaries and wages | 0 | · | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) . | 0 | | | |
| 9 | Other employee benefits | 0 | | | |
| 10 | Payroll taxes | 0 | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | ol | | | |
| b | Legal | 0 | | | |
| С | Accounting | 0 | | | |
| d | Lobbying | 0 | | | |
| е | Professional fundraising services. See Part IV, line 17 . | 0 | | | |
| f | Investment management fees . | 0 | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| • | (A) amount, list line 11g expenses on Schedule O) | o | | o | |
| 12 | Advertising and promotion | 0 | | | |
| 13 | Office expenses | 0 | | | |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 0 | | | |
| 17 | Travel | 0 | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | o | | | |
| 19 | Conferences, conventions, and meetings | Ō | | | |
| 20 | Interest . | 0 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization . | 0 | 0 | 0. | C |
| 23 | Insurance | 2,348 | | 2,348 | |
| 24 | Other expenses Itemize expenses not covered | | | 1 | |
| | 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) | | | | |
| а | | 0 | | | |
| b | | 0 | | | |
| С | | 0 | | | |
| d | | 0 | | | |
| е | All other expenses | 0 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 444,140 | 441,792 | 2,348 | C |
| 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) | | | | |

| | _ | Check if Schedule O contains a response or note to any I | ine in this Part X | | | |
|-----------------------------|-----|---|--------------------|--------------------------|-----|--------------------|
| | | | | (A) Beginning of year | - | (B) End of year |
| | 1 | Cash—non-interest-bearing | | 102,185 | 1 | 119,160 |
| | 2 | Savings and temporary cash investments | [| 0 | 2 | |
| | 3 | Pledges and grants receivable, net | | 0 | 3 | 0 |
| | 4 | Accounts receivable, net | Г | 0 | 4 | 0 |
| | 5 | Loans and other receivables from current and former officers | , directors, | | | |
| | | trustees, key employees, and highest compensated employe | es. | _ | | , |
| | | Complete Part II of Schedule L | | 0 | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | | |
| | | sponsoring organizations of section 501(c)(9) voluntary employees' bene | | | | |
| ħ | | organizations (see instructions). Complete Part II of Schedule L | [~ | 0 | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 0 | 7 | 0 |
| Ä | 8 | Inventories for sale or use | | 0 | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 0 | 9 | |
| | 10a | Land, buildings, and equipment cost or | · · · · | | | |
| | | other basis. Complete Part VI of Schedule D 10a | اه | | | |
| | Ь | Less accumulated depreciation 10b | | 0 | 10c | 0 |
| | 11 | Investments—publicly traded securities | | 9,945,901 | 11 | 9,689,435 |
| | 12 | Investments—other securities See Part IV, line 11 | · · · | 0 | 12 | 0,000,100 |
| | 13 | Investments—program-related. See Part IV, line 11. | — | 0 | 13 | 0 |
| | 14 | Intangible assets | · · · | 0 | 14 | 0 |
| | 15 | Other assets See Part IV, line 11 | | 15 | 0 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | · · · · · · | 10,048,086 | 16 | 9,808,595 |
| | 17 | Accounts payable and accrued expenses | · + | 0 | 17 | 0,000,000 |
| | 18 | Grants payable | · · · | 0 | 18 | · |
| | 19 | Deferred revenue | ` | 0 | 19 | |
| | 20 | Tax-exempt bond liabilities | · · · | 0 | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Sch | edule D | 0 | 21 | |
| s | 22 | Loans and other payables to current and former officers, dire | | | | |
| Liabilities | | trustees, key employees, highest compensated employees, a | | | | |
| 豆 | | disqualified persons. Complete Part II of Schedule L | - - | 0 | 22 | |
| Ľ | 23 | Secured mortgages and notes payable to unrelated third par | nes | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 0 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, payables to rela | | | | <u>_</u> <u>_</u> |
| | | parties, and other liabilities not included on lines 17–24) Cor | | | | |
| | | of Schedule D | p.oto : dit / | o | 25 | 0 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 0 | 26 | 0 |
| | | Organizations that follow SFAS 117 (ASC 958), check her | e ▶ and | | | |
| S | | complete lines 27 through 29, and lines 33 and 34. | e P L and | | 1 | |
| ဦ | | - | _ | | | |
| ala | 27 | Unrestricted net assets | · · - | 0 | 27 | |
| 18 | 28 | Temporarily restricted net assets . | · · · | | 28_ | |
| יוי | 29 | Permanently restricted net assets | · ;; - | 0 | 29 | |
| Ē | | Organizations that do not follow SFAS 117 (ASC958), check here | ► X and | | | • |
| Net Assets or Fund Balances | | complete lines 30 through 34. | <u> </u> | | | |
| ett | 30 | Capital stock or trust principal, or current funds . | | 0 | 30 | |
| 155 | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 0 | 31 | |
| et / | 32 | Retained earnings, endowment, accumulated income, or other | er funds . | 10,048,086 | 32 | 9,808,595 |
| Ž | 33 | Total net assets or fund balances | | 10,048,086 | | 9,808,595 |
| | 34 | Total liabilities and net assets/fund balances | | 10,048,086 | 34 | 9,808,595 |

| Form 9 | 990 (2018) Stanley-University of Iowa Foundation Support Organization | 42 | 2-1129040 | Par | ge 12 |
|--------|---|----|-----------|---------|--------------|
| Part | | | | | |
| | 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 | | 46 | 1,114 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 4,140 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 1€ | 5,974 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | - | 0,048 | 3,086 |
| 5 | Net unrealized gains (losses) on investments | 5 | | -25€ | 6,465 |
| 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 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | | 9,808 | 3,595 |
| Part | 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 X Cash Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | ٠ |
| _ | Schedule O. | | | | لبدا |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | _2a | | X |
| | 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 Doth consolidated and separate basis | | | | لــــا |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | <u> </u> |
| | 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 | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | i I |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | l! | l |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | |
| | Schedule O. | | | | |
| 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? | | 3a | | Х |
| 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. | • | . 3b | | <u> </u> |

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

n. Inspectio

| Name | of th | ne organization | | | | | | Employer Identification | number | |
|-------------|-------------|--|-----------------------------|--|---|---------------------------|---------------------------------------|--|-------------------------------------|--|
| Stan | ley- | University of Iowa Fo | oundation Si | upport Organization | | | | 42-11 | 29040 | |
| Par | | | | | ganizations must co | | | | | |
| The | orga | • | | • | or lines 1 through 12, | | | | _ | |
| 1 | 닏 | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | | |
| 2 | \bigsqcup | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) | | | | | | | | |
| 3 | | • | | · | zation described in sec | | | | | |
| 4 | | A medical research | organizatio | n operated in conjui | nction with a hospital o | lescribed | ın section | 170(b)(1)(A)(iii). Er | nter the | |
| | | hospital's name, city | • | | | | | | | |
| 5 | Ш | An organization operation 170(b)(1)(A | | | e or university owned | or operate | ed by a go | vernmental unit dese | cribed in | |
| 6 | | A federal, state, or l | local govern | ment or governmen | ital unit described in se | ection 170 |)(b)(1)(A)(| (v). | | |
| 7 | | An organization tha described in section | | | al part of its support fro Part II.) | m a gove | rnmental ı | unit or from the gene | eral public | |
| 8 | | A community trust of | described in | section 170(b)(1)(A | A)(vi). (Complete Part | II) | | | | |
| 9 | | An agricultural rese or university or a no university | arch organi on-land-gran | zation described in a t college of agricult | section 170(b)(1)(A)(ix ure (see instructions). | t) operated Enter the | d in conjui name, city | nction with a land-gray, and state of the co | ant college ollege or | |
| 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 org | anized and | operated exclusivel | y to test for public safe | ety See se | ection 509 | 9(a)(4). | | |
| 12 | X | of one or more publ | licly support | ed organizations de | y for the benefit of, to escribed in section 509 bes the type of suppor | (a)(1) or | section 50 | 09(a)(2). See sectio | n 509(a)(3). | |
| а | | the supported or | ganization(s | eation operated, sup s) the power to regu nplete Part IV, Sect | ervised, or controlled larly appoint or elect a tions A and B. | oy its supp majority (| orted organical | anization(s), typically ctors or trustees of th | y by giving he supporting | |
| b | | control or manag | gement of th | zation supervised or e supporting organi complete Part IV, S | r controlled in connecti zation vested in the sa ections A and C. | on with its ime perso | s supporte ns that co | d organization(s), by ntrol or manage the | having supported | |
| С | | its supported org | janization(s) | (see instructions). | organization operated i You must complete F | Part IV, Se | ections A, | , D, and E. | | |
| d | I | that is not function | onally integr | ated The organizat | ting organization operation generally must satiplete Part IV, Sections | isfy a distr | ibution red | quirement and an att | janization(s) tentiveness | |
| е | ı | | | | itten determination from | | | | e III | |
| | ١ | functionally integ | rated or Ty | pe III non-functiona | illy integrated supporting | ng organiz | ation | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| f | | Enter the number of | | | | | | | 1 | |
| g | ,. | Provide the following | | n about the support | ed organization(s) (iii) Type of organization | (iv) to the | organization | (v) Amount of monetary | (vi) Amount of | |
| | (1) | Name of supported organi | zation | (II) EIN | (described on lines 1–10 above (see instructions)) | listed in you | organization or governing ment? | support (see instructions) | other support (see instructions) | |
| | | | | | | Yes | No | | | |
| (A) | | | | | | 163 | | | | |
| | ı IIn | iversity of Iowa Four | ndation | 42-0796760 | 5 | × | | | | |
| (B) | . 01 | iversity of lower our | IGGUIOTT | 12 01 001 00 | | | | | | |
| \ -, | | | | | | | | | | |
| (C) | | | | | | | | | | |
| | | | | | | | ļ | | | |
| (D) | | | | | | | | | | |
| (E) | | | | | | | | | | |
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| - 4. | | | | | تقصيص والمساوي | أحراضها | | l | l | |

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) 2014 (b) 2015 (e) 2018 (f) Total (c) 2016 (d) 2017 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 Total. Add lines 1 through 3 0 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) . Public support. Subtract line 5 from line 4 **Section B. Total Support** (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) 0 0 Amounts from line 4 . . Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from sımılar sources Net income from unrelated business activities, whether or not the business is regularly carried on 0 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc (see instructions) 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 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2017 Schedule A. Part II, line 14 . . . 16a 33 1/3% support test—2018. 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 b 33 1/3% support test—2017. 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—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 . . . b 10%-facts-and-circumstances test-2017. 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 . . . Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

| Se | ction A. Public Support | 7 2 | | <u> э., р., 9 с с</u> | | | |
|------|--|--|-------------------|-----------------------|-------------------------|--------------------|-------------|
| | endar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | , , _ | |
| | received (Do not include any "unusual grants") | | | | | | C |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | | ł | ł | ł | | |
| | organization's tax-exempt purpose | | | | | | 0 |
| 3 | Gross receipts from activities that are not an | - | | | | | |
| | unrelated trade or business under section 513 | | | | | | 0 |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | 1 | | | | | |
| | or expended on its behalf | | | | i | | 0 |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | J | | |
| | organization without charge | | \ | | | | 0 |
| 6 | Total. Add lines 1 through 5 | 0 | 0, | 0 | 0 | 0 | 0 |
| 7a | Amounts included on lines 1, 2, and 3 | | ` | | | | |
| | received from disqualified persons | | | | | | 0 |
| 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 . | | | | | | 0 |
| С | Add lines 7a and 7b . | 0 | 0 | \ 0 | 0 | 0 | 0 |
| 8 | Public support (Subtract line 7c from | | | \ \ | | | |
| | line 6) | <u></u> | | | | | 0 |
| | ction B. Total Support | т | | | | | |
| Cale | ndar year (or fiscal year beginning in) | \ | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 | 0 | 0 | 0 | | 0 | 0 |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | _ |
| | royalties, and income from similar sources | | | | | | 0 |
| b | Unrelated business taxable income (less | | | | | ļ | |
| | section 511 taxes) from businesses | | | | | | • |
| | acquired after June 30, 1975 | ļ | | | | | 0 |
| | Add lines 10a and 10b | 0 | 0 | 0 | 0 | - 0 | 0 |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | i | | | 0 |
| 40 | or not the business is regularly carried on | | | | _ | \ | 0 |
| 12 | Other income Do not include gain or |] | | | | | |
| | loss from the sale of capital assets (Explain in Part VI) | | | | | \ | 0 |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | - \ \ | |
| 15 | and 12) | ا ا | 0 | o | o | \ 0 | 0 |
| 14 | First five years. If the Form 990 is for the o | ن ــــــــــــــــــــــــــــــــــــ | | | <u> </u> | | |
| • • | organization, check this box and stop here | • | | | | · \ | .▶□ |
| Sec | tion C. Computation of Public Su | | | | | | |
| | Public support percentage for 2018 (line 8, c | | | <u></u> | | 15 | 0 00% |
| | Public support percentage from 2017 Sched | | - | | ' ' ' ' | 16 | 0 00% |
| | tion D. Computation of Investmen | | | | · · · · · | | 1 00070 |
| 17 | Investment income percentage for 2018 (line | | | olumn (f)) | | 17 | 0.00% |
| 18 | Investment income percentage from 2017 Se | | · · | | · ' ' | 18 | 0.00% |
| | 33 1/3% support tests—2018. If the organi | | | | ا ء 3% ore than 33 1 | | 75.5576 |
| | not more than 33 1/3%, check this box and s | | | | | | 🟃 🗀 |
| b | 33 1/3% support tests—2017. If the organi | | | | | | |
| | line 18 is not more than 33 1/3%, check this | | | | | | ▶ 🔼 |
| 20 | Private foundation. If the organization did in | not check a boy on | line 14 19a or 19 | h check this how a | nd 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 | Sup | porting | Orga | nizations |
|---------|--------|------|---------|------|-----------|
| ~~~~ | , , | - up | ~~9 | ~.9~ | ~~~ |

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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
- 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)? 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
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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)
- 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?
- 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? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

| | Yes | No |
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| Part | Supporting Organizations (continued) | 117 |
|--------------|---|--------------------|
| | | Yes No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | |
| а | 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? | 11a X |
| b | A family member of a person described in (a), above? | 11b X |
| <u> </u> | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c X |
| <u>Secti</u> | on B. Type I Supporting Organizations | |
| | V. | 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? 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 | 1.4 EX |
| 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? 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 | 2 11 X |
| Section | on 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)? 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) | 1 |
| Section | n 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? | ·1 ? |
| 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? If "No," explain in Part VI how | |
| | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 . |
| 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? If "Yes," describe in Part VI the role the organization's | |
| | supported organizations played in this regard | 3 - |
| Section | on E. Type III Functionally Integrated Supporting Organizations | |
| 1 | Chock the box next to the mothed that the organization used to satisfy the Integral Part Test during the year (see | instructions) ' |
| а | The organization satisfied the Activities Test. Complete line 2 below | ' |
| b | The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> | |
| | | |
| С | 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. | Yes No |
| а | 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? 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 | 2a - |
| | 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? 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 | 2b |
| | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> | |
| | 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> | 3a |
| | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard | 3b |
| | or its supported organizations in rest, describe in Fait vi the role played by the organization in this regard | 1 20 |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C | | | |
|---|--------------|------------------------------|-----------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | - | | • |
| instructions. All other Type III non-functionally integrated supporting orga | nızatıo T | ns must complete Sections | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year |
| 1 Net short-term capital gain | 11 | · | (optional) |
| Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 14 | | C |
| 5 Depreciation and depletion | 5 | | <u></u> |
| 6 Portion of operating expenses paid or incurred for production or | 1 | | |
| 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 | 0 | C |
| 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 | 0 | 0 |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI) | | | |
| Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | 0 | C |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions) | 4 | 0 | c |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | 0 | C |
| 6 Multiply line 5 by 035. | 6 | 0 | |
| 7 Recoveries of prior-year distributions | 7 | 0 | C |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | 0 | 0 |
| Section C - Distributable Amount | | | Current Year |
| Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | 0 |
| 2 Enter 85% of line 1 | 2 | | 0 |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | 0 |
| 4 Enter greater of line 2 or line 3 | 4 | | 0 |
| 5 Income tax imposed in prior year | 5 | | <u> </u> |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions) | 6 | | 0 |
| 7 Check here if the current year is the organization's first as a non-functional | ly integ | grated Type III supporting o | organization (see |
| instructions) | | | |

| Part | Type III Non-Functionally Integrated 509(a)(3 |) Supporting Organi | izations (continued) | | | | | |
|----------------|--|---------------------------------------|--|---|--|--|--|--|
| Section | on D - Distributions | | | Current Year | | | | |
| 1_ | 1 Amounts paid to supported organizations to accomplish exempt purposes | | | | | | | |
| 2 | 2 Amounts paid to perform activity that directly furthers exempt purposes of supported | | | | | | | |
| | organizations, in excess of income from activity | . <u></u> | | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organiza | ations | | | | | |
| 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 | ne organization is respoi | nsive | | | | | |
| | (provide details in Part VI). See instructions. | | | | | | | |
| 9_ | Distributable amount for 2018 from Section C, line 6 | | ·· | | | | | |
| 10_ | Line 8 amount divided by line 9 amount | · · · · · · · · · · · · · · · · · · · | r | 0.000 | | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 | | | | |
| 1 | Distributable amount for 2018 from Section C, line 6 | | - 2- | 0 | | | | |
| 2 | Underdistributions, if any, for years prior to 2018 | | | , | | | | |
| | (reasonable cause required—explain in Part VI). See | | | | | | | |
| | instructions. | • | | | | | | |
| 3 | Excess distributions carryover, if any, to 2018 | ` | · - | | | | | |
| <u>a</u> | From 2013 | | | | | | | |
| <u> </u> | From 2014 | | | | | | | |
| <u>c</u> | From 2015 | | | | | | | |
| <u>d</u> | From 2016 | | | | | | | |
| e | From 2017 | | | | | | | |
| f | Total of lines 3a through e | 0 | | | | | | |
| | Applied to underdistributions of prior years | | 0 | | | | | |
| <u>h</u> | Applied to 2018 distributable amount | | | 0 | | | | |
| <u> </u> | Carryover from 2013 not applied (see instructions) | | | | | | | |
| | Remainder Subtract lines 3g, 3h, and 3i from 3f | 0 | | | | | | |
| 4 | Distributions for 2018 from | | | | | | | |
| | Section D, line 7 \$ 0 | | | | | | | |
| | Applied to underdistributions of prior years | | 0 | | | | | |
| | Applied to 2018 distributable amount | 0 | | 0 | | | | |
| <u>c</u> | Remainder. Subtract lines 4a and 4b from 4 | | | | | | | |
| 5 | Remaining underdistributions for years prior to 2018, if | | | | | | | |
| | any Subtract lines 3g and 4a from line 2. For result | | | | | | | |
| | greater than zero, explain in Part VI See instructions | | 0 | · · · | | | | |
| 6 | Remaining underdistributions for 2018 Subtract lines 3h | | | | | | | |
| | and 4b from line 1. For result greater than zero, explain in Part VI See instructions | | | 0 | | | | |
| | | | | 0 | | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3j | o | | | | | | |
| | and 4c | | | | | | | |
| | Breakdown of line 7 Excess from 2014 0 | | | | | | | |
| <u>a_</u> b | | | | <u> </u> | | | | |
| | | | | | | | | |
| <u>c</u> | | | | | | | | |
| | | | | | | | | |
| е | Excess from 2018 0 | | | | | | | |

| Schedule A (Fo | orm 990 or 990-EZ) 2018 Stanley-University of Iowa Foundation Support Organization | 42-1129040 | Page 8 |
|----------------|--|------------|--------|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or | | |
| | III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, | | |
| | | | |
| | B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines | | |
| | 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, | Section E, | |
| | lines 2, 5, and 6. Also complete this part for any additional information. (See instructions) | | |
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SCHÉDULE 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.

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

| Mailie | or the organization turniber |
|--------------|---|
| | ey-University of Iowa Foundation Support Organization 42-1129040 |
| Part | |
| | 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? |
| 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? |
| Part | II Conservation Easements. |
| ı aıı | 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 |
| þ | Total acreage restricted by conservation easements |
| C | Number of conservation easements on a certified historic structure included in (a) |
| þ | Number of conservation easements included in (c) acquired after 7/25/06, and not on a |
| | historic structure listed in the National Register |
| 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? |
| 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)? |
| 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 |
| <u>Pa</u> rt | 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 |
| 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 |

| Sched | ule D (Form 990) 2018 Stanley-University of low | a Foundation | Support | Organizatio | on | | 42-11 | 29040 | | Page 2 |
|--------|--|-----------------------------|-------------|---------------|--------------------------|-----------|--------------------------|-------------|-----------|--------|
| Par | | | | | | Other | | | | |
| 3 | Using the organization's acquisition, accessi collection items (check all that apply) | on, and other | records, | check any | of the follow | ng tha | t are a significar | t use of it | S | |
| а | Public exhibition | | d [| Loan or | exchange pr | ograms | S | | | |
| b | Scholarly research | | e 💳 | Other | | - | | | | |
| c | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | allections and | evnlain h | ow they fu | orther the org | anızatı | on's evemnt nur | nose in Pi | art | |
| 7 | XIII. | niections and | CAPIAIII | low they to | i tilei tile org | ailizatii | on's exempt pur | pose in F | ait | |
| 5 | During the year, did the organization solicit or assets to be sold to raise funds rather than to | be maintain | | | | | | Y | es 🗌 | No |
| Part | Complete if the organization answers 990, Part X, line 21. | | n Form ! | 990, Part | IV, line 9, o | or repo | orted an amou | nt on Fo | rm | |
| 1a | Is the organization an agent, trustee, custodi included on Form 990, Part X? | | | | | ther as | sets not | | es 🗌 | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete | the follo | wing table | | | | | | |
| | | | | | | | | Amount | | |
| C | Beginning balance | | | | | 10 | - † · · · | | | |
| d | Additions during the year | | | • | • • • • | 10 | | | | |
| e | Distributions during the year | | | | | 1 | | | | |
| ١ | Ending balance | | | | | 1 | | | | 0 |
| 2a | Did the organization include an amount on F | | | | | | - | Y | es 🔀 | No |
| b | If "Yes," explain the arrangement in Part XIII | Check here | if the expl | lanation ha | as been provi | ded or | Part XIII . | | | |
| Part | | | | | | | | | | |
| | Complete if the organization answe | red "Yes" o | n Form ! | 990, Part | IV, line 10. | | | | | |
| | | Current year | | or year | (c) Two years | | (d) Three years ba | | our years | back |
| 1a | Beginning of year balance | 9,945,900 | 8 | 3,675,508 | 8,29 | 5,030 | 7,852,9 | 02 | 8,02 | 4,995 |
| b | Contributions . | | _ | | | | | | | |
| C | Net investment earnings, gains, | | | | | | | | | |
| | and losses | -256,465 | | 1,270,392 | 38 | 0,478 | 442,1 | 28 | -17 | 2,093 |
| đ | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| _ | and programs | | | | | | | | | |
| T | Administrative expenses . | 0.000.405 | | 2 2 4 5 2 2 2 | | 5 500 | 2 225 2 | | | |
| g | End of year balance | 9,689,435 | | 9,945,900 | | 5,508 | 8,295,0 | 30] | 7,85 | 2,902 |
| 2 | Provide the estimated percentage of the curr | - | | line 1g, co | iumn (a)) nei | a as | | | | |
| a b | Board designated or quasi-endowment Permanent endowment | | 100% | | | | | | | |
| C | Temporarily restricted endowment | <u>%</u> % | | | | | | | | |
| · | The percentages on lines 2a, 2b, and 2c sho | | 10/2 | | | | | | | |
| 3a | Are there endowment funds not in the posse | • | | n that are | held and adr | niniste | red for the | | | |
| - Ou | organization by | | garnzanc | m that are | neid and dai | | rea for the | | Yes | No |
| | (i) unrelated organizations | | | | | | | 3a(i) | | X |
| | (ii) related organizations | | | | | | | 3a(ii) | Х | |
| b | If "Yes" on line 3a(ii), are the related organization | ations listed a | s required | d on Sched | dule R? | | | 3b | Х | |
| 4 | Describe in Part XIII the intended uses of the | | • | | | | | | | |
| Part | VI Land, Buildings, and Equipment. | | | | | 0 | F 000 B- | -4 V 1 | 40 | • |
| | Complete if the organization answer | | | | | | | | | |
| | Description of property | (a) Cost or oth (investm | | | or other basis other) | | Accumulated depreciation | (d) B | ook value | e |
| 1a | Land | (| 0 | | 0 | <u> </u> | | - | | 0 |
| b | Doubles | | 0 | | 0 | | 0 | | | 0 |
| | Leasehold improvements | | 0 | _ | 0 | | 0 | | | 0 |
| ď | Equipment | | 0 | | 0 | | 0 | | | 0 |
| e | Other | | 0 | | 0 | | 0 | | | - 0 |
| Total | I. Add lines 1a through 1e. (Column (d) must e | qual Form 99 | 0, Part X, | column (E | | | ▶ | | | 0 |

| Part VII Investments—Other Securities. | - LID4 II - F - 000 | D 10/1 441 0 5 | 000 B 434 E 40 |
|--|---------------------------------------|--|---|
| Complete if the organization answere | ed "Yes" on Form 990, | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of v Cost or end-of-year | |
| (1) Financial derivatives | 0 | | |
| (2) Closely-held equity interests | 0 | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (<u>C</u>) | | | |
| <u>(D)</u> | | | |
| (E) | | | |
| (F) | · · · · · · · · · · · · · · · · · · · | | |
| (G) | | | |
| (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 0 | | A P. GELA |
| Part VIII Investments—Program Related. | <u>[</u> | <u> </u> | 3 |
| Complete if the organization answers | od "Vec" on Form 990 | Part IV line 11c See Form | 990 Part Y line 13 |
| | T | (c) Method of vi | |
| (a) Description of investment | (b) Book value | Cost or end-of-year | |
| (1) | | | |
| (2) | | | |
| (3) | - | | <u> </u> |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ | 0 | | |
| Part IX Other Assets. | | | |
| Complete if the organization answere | d "Yes" on Form 990, | Part IV, line 11d. See Form | 990, Part X, line 15. |
| (a) De | escription | | (b) Book value |
| _(1) | | | · · · · · · · · · · · · · · · · · · · |
| (2) | <u> </u> | | |
| | | _ | |
| | | | |
| (5) | <u> </u> | · · · · · · · · · · · · · · · · · · · | |
| (6) | | - | |
| (7) | - | | |
| (8) | | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col (B) lin | e 15) | | 0 |
| Part X Other Liabilities. | | - | <u> </u> |
| Complete if the organization answere | d "Yes" on Form 990 | Part IV line 11e or 11f See | Form 990 Part X |
| line 25. | d 163 off form 550, | raitiv, into the or this occ | i omi 550, i art X, |
| 1. (a) Description of liability | (b) Book value | | |
| (1) Federal income taxes | 0 | | |
| (2) | | | , |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | • |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ | 0 | | |
| 2. Liability for uncertain tax positions. In Part XIII, provide the | text of the footnote to the o | rganization's financial statements th | at reports the |
| organization's liability for uncertain tax positions under FIN 4 | | | |

| Schedule D (Fo | | Stanley-University of Iowa Foundation Support Organization | <u>42-1129040</u> | Page 5 |
|----------------|--------------|--|-------------------|---------------|
| Part XIII | Suppleme | ental Information (continued) | | |
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SCHEDULE I (Form 990)

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.

OMB No 1545-0047

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

General Information on Grants and Assistance

Part I

Stanley-University of Iowa Foundation Support Organization

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

42-1129040

| 1 Does the organization maintain records to substantiate the | ain records to sul | bstantiate the amou | amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | stance, the grantees',e | ligibility for the grants of | or assistance, and | |
|--|-------------------------------------|----------------------------------|--|---|--|---------------------------------------|---------------------------------------|
| | award the grants | s or assistance? | | | | | X Yes |
| Z Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | ization's procedu | ures for monitoring | the use of grant funds in | n the United States | | | : |
| Part II Grants and Other Assistance to Domestic 990, Part IV, line 21, for any recipient that rec | Assistance to I, for any recipi | Domestic Organient that received | 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. | estic Governments Part II can be duplic | Complete if the organized if additional spea | ganization answere ace is needed. | d "Yes" on Form |
| 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 |
| (1) State University of Iowa Foundation P.O. Box 4550 Iowa City, IA 52244 | 42-0796760 | 501(c)3 | 441,792 | | | | Research, Arts, and Scholarships |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (9) | | | | | | | |
| (9) | | | | | | | |
| (Δ) | | | | | | | |
| (8) | | | | | | | |
| (6) | | | | | | | |
| (10) | | | : | | | | |
| (11) | | | | | | | ! |
| (12) | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government or3 Enter total number of other organizations listed in the line | 1501(c)(3) and gordenizations liste | | ganizations listed in the line 1 table table | table | | | |

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

Schedule I (Form 990) (2018)

Stanley-University of Iowa Foundation Support Organization

Schedule I (Form 990) (2018)

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 | I space is needed | | | | |
|--|--------------------------|--|----------------------------------|---|---------------------------------------|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 9 | | | | | |
| 7 | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Part I ine 2 All grants to the State University of lowa Foundation are approved by the Roard of Directors. All expenditures from the | the information r | equired in Part I, line | 2, Part III, column | (b), and any other addi | tional information. |
| State University of Iowa Foundation to the State University of Iowa a | rsity of lowa are sub | re subject to State University of Iowa Foundation policies and IRS | of lowa Foundation po | olicies and IRS | |
| egulations. By submission of an approved request for transfer or expenditure, the University of Iowa department acknowledges that the | transfer or expendit | ure, the University of lo | wa department ackno | wledges that the | |
| expense complies with donor intent as specified in the donor intent document. | donor intent docum | ent. | | | |
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2018

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Stanley-University of Iowa Foundation Support Organization

Employer identification number 42-1129040

| Par | t 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 | | | 1.2 |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | 19. | - | 4 |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | 1 | | 22.5 |
| | If any of the haves an line to one shoulded did the consequent of fillers a synthesis action, according a synthesis | Q.4.50 - 42 | - | # 10 g |
| 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 | | 37.74. | 3 - 3 - 3 |
| | 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 | 2 | | |
| | | , | 6 | |
| 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 | | , , , , , , , , , , , , , , , , , , , | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | ŀ |
| 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 b | Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4a 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 postion 504/a\/2\ 504/a\/4\ and 504/a\/20\ arranizations must complete lines 5.0 | | | |
| 5 | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. 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 | | | |
| а | The organization? | 5a | | Х |
| b | Any related organization? | 5b | | Х |
| | The second of th | | | |
| 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 b | The organization? Any related organization? | 6a 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 | | | |
| | ın Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| 9 | Regulations section 53.4958-6(c)? | 9 | | |

Stanley-University of Iowa Foundation Support Organization Schedule J (Form 990) 2018

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

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

| 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 | listed | ındıvıdual must equal t | he total amount of For | m 990, Part VII, Seci | tion A, line 1a, applica | ible column (D) and (I | E) amounts for that in | dividual |
|---|------------|---|---|---|--|---|---|----------------------------------|
| | | (B) Breakdown of | (B) Breakdown of W-2 and/or 1099-MISC compensation | C compensation | (C) Retirement and | (D) Nontaxable | (F) Total of columns | (F) Compensation |
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred | benefits | (B)(i)-(D) | as deferred on prior Form 990 |
| Sherri Furman | ε | 0 | 0 | 0 | 0 | 0 | 0 | |
| 1 Treasurer/Director | € | 193,926 | 23,520 | 3,217 | 20,697 | 16,169 | 257,52 | |
| Lynette Marshall | € | 0 | 0 | 0 | 0 | 0 | | |
| 2 Secretary/Director | (ii) | 429,207 | 106,250 | 2,144 | 27,500 | 16,749 | 581,85 | |
| | € | 0 | 0 | | 0 | | | |
| 3 Assistant Treasurer | (E) | 300,283 | 67,852 | 74 | 27,500 | 16,38 | 412,767 | |
| | ε | | | | | | | |
| 4 | (ii) | | | | | | | |
| | (1) | | | | | | | |
| 5 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 9 | (E) | 1 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
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| | (3) | | | | | | | |
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| 6 | | | | | | | | |
| | ε | | | | | | | |
| 10 | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| , | | | | | | | Sche | Schedule J (Form 990) 2018 |

Stanley-University of Iowa Foundation Support Organization

Schedule J (Form 990) 2018

SCHEDULE 0 (Form 990 or 990-EZ)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

42-1129040

| Stanley-University of Iowa Foundation Support Organization | 42-1129040 |
|--|-------------|
| Form 990, Part VI, Section A, Line 1a The Stanley-University of Iowa Foundation Support | |
| Organization's Board of Directors, 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 to the extent permitted by law. Written reports of the actions | |
| of the Executive Committee are submitted to the Board at its next meeting | · |
| Form 990, Part VI, Section A, Line 2 Lynette Marshall, Tiffani Shaw, Sherri Furman, Bruce | |
| Harreld, and Cathy Zaharis - Business Relationship | |
| Form 990, Part VI, Section A, Line 2 Elizabeth Shriver and Rebecca Stanley - Family | |
| Relationship | |
| Form 990, Part VI, Section B, Line 11b The prepared Form 990 is mailed to all board members | |
| to review the form prior to the filing deadline. | |
| Form 990, Part VI, Section B, Line 12c The Stanley-University of Iowa Foundation Support | |
| Organization's Board of Directors and Officers (responsible persons) have a duty to conduct | |
| activities with the highest ethical standards and to make decisions solely to advance its | ······ |
| mission and interests. This conflict of interest policy is to assist the Board and Responsible | |
| Persons in identifying situations that present potential or actual conflicts of interest and | |
| to specify procedures for managing them. A conflict of interest may arise when a responsible | |
| person has an existing or potential financial interest or other material interest that impairs | |
| or might appear to impair, his or her independence or objectivity in the discharge of | |
| responsibilities and duties to the Stanley-University of Iowa Foundation Support Organization. | |
| (1) Reporting Procedures Each Responsible Person must annually complete and submit a | |
| statement setting forth any and all potential and actual conflicts of interest that are | |
| anticipated to occur in the coming fiscal year. The annual statement shall disclose, as fully | |
| as possible, the circumstances of each actual or potential conflict. The annual statement will | - |
| be initially reviewed by the Chair of the Board. In addition to the annual statement, upon | |
| | |

becoming aware of any actual or potential conflict of interest not previously disclosed, a

| Schedule O (Form 990 or 990-EZ) (2018) | |
|--|--------------------------------|
| Name of the organization | Employer identification number |
| Stanley-University of Iowa Foundation Support Organization | 42-1129040 |
| Responsible Person must promptly report in writing to the Chair of the Board, the previously | |
| undisclosed circustances. The Chair's annual statement, if any, shall be reviewed by the | |
| Executive Committee (2) Determination of 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 will be disclosed to the Board of Directors | |
| (3) Action and Recusal The Board shall determine whether to authorize, approve, or ratify the | |
| arrangement/transaction based solely on whether it is in the best interest of the | |
| Stanley-University of Iowa Foundation Support Organization 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. The authorization, approval, or ratification may not | |
| be made by a single director | |
| 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 | |
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SCHEDULE R (Form 990)

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.

| OMB No 1545-0047 | 2018 | Open to Public | Inspection |
|------------------|------|----------------|------------|
| | | | |

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

Stanley-University of Iowa Foundation Support Organization

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 42-1129040

| Part I | Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 | te if the organization a | answered "Yes" (| on Form 990, Par | t IV, line 33 | | | |
|-----------------------------|--|---|---|---|---|-------------------------------|-------------------------------------|--|
| | (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | | (c) Legal domicile (state Troportion foreign country) | (d) Total income En | (e) End-of-year assets | (f) Direct controlling entity | olling |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (9) | | | | , | | | | |
| 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. | ations. Complete if th | e organization a | swered "Yes" or | Form 990, Par | t IV, line 34 bec | ause it h | gg |
| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public chanty status (if section 501(c)(3)) | (f) Direct controlling entity | | (g) Section 512(b)(13) controlled entity? |
| | | | | | | | Yes | N _N |
| (1) State UI P.O. Box 45 | (1) State University of Iowa Foundation 42-0796760 P.O. Box 4550 Iowa City, IA 52244 | Contribute to the University of lowa | ≝ | 501(c)3 | 5 | N/A | _ | × |
| (2) Univers P.O. Box 45 | (2) University of Iowa Facilities Corporation 42-0931777 P.O. Box 4550 Iowa City, IA 52244 | Acquire & hold property for the University of | ₹ | 501(c)3 | 12a | State University of | , of | × |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (2) | | | | | | | <u> </u> | |
| (9) | | | | | | _ | | |
| (4) | | | | | | | | |
| For Paperwo | For Paperwork Reduction Act Notice, see the Instructions for Form 990 HTA | 00. | | | : | Schedule R (Form 990) 2018 | Form 99 | 0) 2018 |

Schedule R (Form 990) 2018

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. 42-1129040

| (k) Percentage ownership | | | | | | | | | | | | | | (i) Section 512(b)(13) controlled entity? | ğ | | | | | | | | ts. | | 0) 2018 |
|---|--------|-----|-------|---|---------|----------|-------------|---|-----|---|-----|---|--|---|--------|----------|-----|-----|----------------|---|-----|---|----------|---|----------------------------|
| | _ | | _ | | | _ | | | | | L | H | art | Section | » ۲ | 3 | | | | | | | | | 1 66 E |
| (j) General or managing partner? | Yes No | | | | | | | | | | _ | | 990, F | | | | | | \dagger | - | | 1 | | | R (Fo |
| Code V—UBI camount in box 20 of Schedule K-1 (Form 1065) | Υ . | | | | | | | | | | | | as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part initations treated as a corporation or trust during the tax year. | (h) Percentage sets ownership | | <u> </u> | | | <u> </u> - | | | | | | Schedule R (Form 990) 2018 |
| Code amount of Sche | | | | | | | | | | | | | l "Yes" | (g) Share of end-of-year assets | | | | | | | | | | | |
| (h) Disproportionate allocations? | No s | | | | | | | | | | | | swered r | | | - | | | + | | | + | <u> </u> | | |
| | Yes | | | | | | | | | | | _ | n ans | (f) Share of total income | | | | | | | | | | | |
| (g) Share of end-of- year assets | | | | | | | | | | | | | Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization ans IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. | rty She | | | | | | | | | _ | | |
| <u> </u> | | | | | | _ | ı | | | | | | durir | (e) e of ent scorp, o | | | | | İ | | | | | | |
| (f) Share of total income | | | | | | | | | | | | | ete if the | (e) Type of entry (C corp, S corp, or frust) | | | | | | | | | | | |
| Shar | | | | | | | | | | | | | o uoi: | guillo | | | | | | | | | | | |
| (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | | | | | | | | | | | | | Trust. C | (d) Direct controlling entity | | | | | | | | | | | : |
| Predo Income unre exclud tax i | | | | | | | | | | | | | ion or | rcile country) | | | | | | | | Ì | - | | |
| olling | | | | | | | | | | _ | | | porati treate | (c) Legal domicile (state or foreign country) | | | | | | | | | | | |
| (d) Direct controlling entity | | | | | | | | | | | | | a Cor ations | (state | | - | | | - | | | 4 | _ | | - |
| | _ | | | _ | | \dashv | | _ | | | | L | le as | vıty | | | | | | | | | | | |
| (c) Legal domicile (state or foreign country) | | | | | | | | | | | | | Identification of Related Organizations Taxable IV, line 34 because it had one or more related orga | (b) Primary activity | | | | | | | | | | | |
| | | | | | | | | | | | | | z ation nore re | | L | | | | | | | | | | |
| (b) Prmary activity | | | | | | | | | | | | | rgani te or n | | | | | | | | | | | | |
| Primar | | | | | | | | | | | | | ted O | nization | | | | | | | | | | | |
| | | | | | | | | | | | | | Rela | ed orga | | | | | | | | | | | |
| * | | | | | | | | | | į | | | on of | (a) Name, address, and EIN of related organization | | | | | | | | | | | |
| nd EIN c | | | | | | | | | | | | | ficati e 34 l | (and Ell | | | | | | | | | | | |
| (a) me, address, and Elh related organization | | | | | | | | | | | | | denti V, In | ıddress | | | | - | | | | i | | | |
| (a) Name, address, and EIN of related organization | | | | | | | | | | | | | _ | Name, 8 | | | | | | | | | | | |
| ž | | (1) | (2) | | <u></u> | | (4) | | (2) | | (9) | 6 | Part IV | | | (1) | (2) | (3) | 4 | | (5) | | (9) | 9 | |

42-1129040

Page 3

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| ity of Iowa Foundation Support Organization | I Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 |
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| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Ourng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV? | related organizations list | sted in Parts II- | د۸۱- | | Yes | 2 |
|--|---------------------------------------|------------------------|--|-----------------------------|------------|----------|
| Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | | × |
| Gift, grant, or capital contribution to related organization(s) | | | | 1b | × | |
| Gift, grant, or capital contribution from related organization(s). | | | | 10 | | × |
| Loans or loan guarantees to or for related organization(s) | | | • | 19 | _ | × |
| Loans or loan guarantees by related organization(s) | | | • | 1e | Ī | × |
| Dividends from related organization(s) | | | , | F | | × |
| Sale of assets to related organization(s) | | • | | 1 <u>a</u> | T | × |
| Purchase of assets from related organization(s) | | | | 무 | | × |
| Exchange of assets with related organization(s). | | | | 1 <u>i</u> | | × |
| Lease of facilities, equipment, or other assets to related organization(s) . | | | | - | | \times |
| Lease of facilities, equipment, or other assets from related organization(s) | | | | ¥ | | × |
| Performance of services or membership or fundraising solicitations for related organization(s). | · · · · · · · · · · · · · · · · · · · | · . · . | • | = | | × |
| Performance of services or membership or fundraising solicitations by related organization(s). | | | | 1m | | × |
| Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | | × |
| Sharing of paid employees with related organization(s). | | | | 9 | H | × |
| Reimbursement paid to related organization(s) for expenses | | | | 9 | × | |
| Reimbursement paid by related organization(s) for expenses. | | | | 19 | | × |
| Other transfer of cash or property to related organization(s) | | | | ÷ | | × |
| Other transfer of cash or property from related organization(s). | | | | 18 | | × |
| 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 | this line, including cove | red relationship | os and transaction | thresho | spl | |
| (a) Name of related organization | (b) Transaction Amou type (a—s) | (c) Amount involved | (d) Method of determining amount involved | (d) ning amoun | ıt ınvolve | 70 |
| (1) State University of Iowa Foundation | ۵ | 441,792 | Cash | | | |
| (2) State University of Iowa Foundation | a | - | Market value | | | |
| | | | | | | |
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42-1129040

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

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

| of gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. | d organization. So | ee instructions r | egarding exclusi | on tor | ertaını | nvestment parti | erships. | | | | | |
|--|--------------------|-------------------------------------|---|------------------------------------|---------------|-----------------------|----------------------|----------------------------------|-----------------------------|-----|------------------------|-------------------------|
| (a) | ê. | (2) | © | 0 | | E | (6) | Ξ | | | 6 | 3 |
| Name, address, and EIN of entity | Primary activity | Legal domicile (state or foreign | Predominant income (related, innelated excluded | Are all partners section 501(c)(3) | artners on | Share of total income | Share of end-of-year | Disproportionate allocations? | code V—UBI amount in box 20 | | General or managing | Percentage ownership |
| | | | from tax under sections 512-514) | organiza | tions | | | | (Form 1065) | | | |
| | | | | Yes | No | | | Yes | No | Yes | s No | |
| (1) | , | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | - | | |
| (4) | | | | | | | | | | | | ! |
| (5) | | | | | | | | | | | | |
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| (13) | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | |
| (15) | | | | | | | | | | | - | • |
| (16) | | | | | | | | | _ | | | · |
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Schedule R (Form 990) 2018

| Schedule R (For | m 9 <mark>9</mark> 90) 2018 | Stanley-University of Iowa Foundation Support Organization | 42-1129040 | Page 5 |
|-----------------|-----------------------------|---|------------|---------------|
| | | ental Information. | | |
| Part VII | Provide ad | dditional information for responses to questions on Schedule R. See instruction | ns. | |
| | 1 101140 41 | authorial information for responded to questions on constant in the measure | | |
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