TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton LLP 100 E. Wisconsin Avenue, Suite 2100 Milwaukee, WI 53202
Special Instructions	The return should be signed and dated by the appropriate officer(s). Exempt organizations are required to provide copies of their returns for a period of three years from the filing date for public inspection upon request. On the Form 990 the names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of: 1) Forms 990-T filed after August 17, 2006. 2) Forms 4720 filed by the organization. Form 990-PF contributors must be disclosed.
Application for Recognition of Exemption	Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application. An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.
Requests made in person	If the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, response is generally required within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently $1.00 for the first page and $0.15 for each additional page.
What if we post the Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

EXTENDED TO MAY 16, 2022

Form **990** Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 **2020** Open to Public Inspection

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☒ Final return/terminated ☐ Amended return ☐ Application pending

C Name of organization: UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 304 COMMONS, UNI Room/suite

City or town, state or province, country, and ZIP or foreign postal code: CEDAR FALLS, IA 50614-0284

D Employer identification number: 42-1008316

E Telephone number: (319) 273-2355

G Gross receipts $ 679,804.

F Name and address of principal officer: LESLIE PRIDEAUX SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (4)◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UNIALUM.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1972 **M** State of legal domicile: IA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: ENGAGE ALUMNI & STUDENTS IN THE LIFE OF UNIVERSITY OF NORTHERN IOWA THROUGH PROGRAMS & SERVICES

2 Check this box ▶ ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)	6	614
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	539,864.	632,628.
	9	Program service revenue (Part VIII, line 2g)	12,592.	3,030.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	82,687.	21,911.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,684.	22,235.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	659,827.	679,804.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	1,201,450.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	421,406.	586,702.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	208,324.	138,205.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	629,730.	1,926,357.
	19	Revenue less expenses. Subtract line 18 from line 12	30,097.	-1,246,553.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,001,067.	0.
	21	Total liabilities (Part X, line 26)	11,943.	0.
	22	Net assets or fund balances. Subtract line 21 from line 20	989,124.	0.

Part II Signature Block

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

Sign Here

▶ Signature of officer Date

▶ LESLIE PRIDEAUX, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MICHELLE L WEBER
Preparer's signature: Digitally signed by Michelle L Weber Date: 2022.05.05 18:50:20 -05'00'
Date
Check ☐ if self-employed
PTIN P00556798

Firm's name ▶ GRANT THORNTON LLP
Firm's EIN ▶ 36-6055558

Firm's address ▶ 100 E. WISCONSIN AVE. MILWAUKEE, WI 53202
Phone no. 414-289-8200

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

COPY, NOT FOR FILING

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ENCOURAGE AND SUPPORT A LIFE-LONG RELATIONSHIP BETWEEN THE UNIVERSITY OF NORTHERN IOWA AND ITS ALUMNI AND FRIENDS; TO PROMOTE THE INTERACTION OF ALUMNI WITH EACH OTHER; TO PROMOTE AND ADVANCE THE INTERESTS OF THE UNIVERSITY AND ITS ALUMNI.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,358,565. including grants of $ 1,201,450.) (Revenue $ 3,030.)

BUILDING AND FOSTERING UNIVERSITY AFFINITY THROUGH ALUMNI OUTREACH AND ENGAGEMENT BY CREATING AND HOSTING NEARLY 14 VIRTUAL AND 53 SOCIAL MEDIA ALUMNI PROGRAMS AND EVENTS DURING FISCAL YEAR 2021. THESE INCLUDE HOMECOMING EVENTS, REGIONAL ALUMNI CLUB EVENTS, REUNIONS, RECEPTIONS BEFORE OR AFTER PERFORMANCES, SUPPORTING ATHLETIC TEAMS AT TOURNAMENTS AND AWAY GAMES, ALUMNI TRAVEL PROGRAM, CAREER WEBINARS, STUDENT ACTIVITIES, AND VARIOUS OTHER EVENTS.

ADDITIONALLY, SUPPORT WAS PROVIDED TO THE UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION LLC TO FURTHER ALUMNI OUTREACH IN FUTURE YEARS.

4b (Code:) (Expenses $ 62,867. including grants of $) (Revenue $)

INFORMING ALUMNI AND FRIENDS OF UNIVERSITY ENDEAVORS. WE PRODUCE 10 E-NEWSLETTERS THROUGHOUT THE YEAR THAT ARE DISTRIBUTED TO 122,979 PEOPLE AND ASSIST IN COUNTLESS PROGRAM/DEPARTMENTAL COMMUNICATIONS WITH THEIR ALUMNI. WE ALSO EMAIL, SEND POSTCARDS, AND ACTIVELY UPDATE SOCIAL MEDIA OUTLETS INFORMING ALUMNI OF EVENTS, ACTIVITIES ON CAMPUS, AND OTHER UNIVERSITY ACCOMPLISHMENTS. THIS WORK ENCOURAGES BOTH FISCAL AND VOLUNTEER SUPPORT FROM ALUMNI TO BENEFIT THE UNIVERSITY.

4c (Code:) (Expenses $ 2,511. including grants of $) (Revenue $)

CREATING A STRONG CONNECTION WITH CURRENT STUDENTS TO INCREASE AFFINITY FOLLOWING GRADUATION. THROUGH THE CONNECTING ALUMNI TO STUDENTS (CATS) AND THE TRADITIONS CHALLENGE, OUR OFFICE ENGAGES WITH STUDENTS TO INTEGRATE THEM INTO THE UNIVERSITY TO INCREASE THEIR AFFINITY AND LIKELIHOOD OF THEIR SUPPORT IN THE FUTURE.

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 1,423,943.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		X
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
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 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "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*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	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 foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			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 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *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, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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		
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		

Part V 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 Statements, filed for the calendar year ending with or within the year covered by this return	2a: 5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
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 on 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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	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 gifts were not tax deductible?	6b	X	
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	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	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
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	12b		
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
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 the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on 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? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ..... 1a 26 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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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	X	
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	X	
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
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	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

RYAN ENGLAND - 319-273-7436
121 COMMONS, CEDAR FALLS, IA 50614-0239

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) LESLIE PRIDEAUX PRESIDENT/SECRETARY/EXEC DIRECTOR	40.00 0.00			X				98,620.	0.	36,274.
(2) RYAN ENGLAND TREASURER	10.00 0.00			X				14,196.	0.	7,168.
(3) KEVIN MOTE CHAIR	5.00 0.00	X		X				0.	0.	0.
(4) ANDREW CONRAD VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(5) VERNON AVANT DIRECTOR	1.00 0.00	X						0.	0.	0.
(6) SAMANTHA BENNETT NISG REP - AS OF 4/2021	1.00 0.00	X						0.	0.	0.
(7) RENAE BILLINGS DIRECTOR - AS OF 4/2021	1.00 0.00	X						0.	0.	0.
(8) DEBORA BLUME DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) COURTNEY CHABOT DREYER DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) VICTORIA CROUSE DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) JERRY GLAZIER DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) ELIZABETH HACKBARTH DIRECTOR - AS OF 4/2021	1.00 0.00	X						0.	0.	0.
(13) ERIC HACKMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) BEN HAMMES DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) JERRY HARRIS DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) MICHELE HAUPT DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) SAMANTHA HEMANN CATS PRESIDENT - AS OF 4/2021	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) STEVE JACKSON DIRECTOR - THRU 4/2021	1.00 0.00	X						0.	0.	0.
(19) DYLAN KELLER DIRECTOR - AS OF 4/2021	1.00 0.00	X						0.	0.	0.
(20) LAURIE KRUMM DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) JASON LAU DIRECTOR - THRU 4/2021	1.00 0.00	X						0.	0.	0.
(22) JOE MURPHY DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) EMILY NEUMANN CATS PRESIDENT - THRU 4/2021	1.00 0.00	X						0.	0.	0.
(24) CONNIE PETERS DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) BETH PRIMROSE DIRECTOR - THRU 4/2021	1.00 0.00	X						0.	0.	0.
(26) KEVIN SAVILLE DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal ▶								112,816.	0.	43,442.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								112,816.	0.	43,442.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(27) TAYLOR SHIPLEY CATS PRESIDENT - THRU 12/2020	1.00 0.00	X						0.	0.	0.
(28) COREE SMITH DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) KAY SMITH DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) THERESE STEVENS DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) DUSTIN TOALE DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) BRYANT WALLACE DIRECTOR - AS OF 4/2021	1.00 0.00	X						0.	0.	0.
(33) DOUG WHITTLE DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	632,628.				
	g Noncash contributions included in lines 1a-1f	1g	$ 632,628.				
	h **Total.** Add lines 1a-1f		▶	632,628.			
Program Service Revenue		Business Code					
	2 a EVENT REGISTRATIONS	900099		3,030.	3,030.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f		▶	3,030.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶	21,911.			21,911.
	4 Income from investment of tax-exempt bond proceeds		▶				
	5 Royalties		▶	22,000.			22,000.
		(i) Real	(ii) Personal				
	6 a Gross rents 6a						
	b Less: rental expenses 6b						
	c Rental income or (loss) 6c						
	d Net rental income or (loss)		▶				
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory 7a						
	b Less: cost or other basis and sales expenses 7b						
	c Gain or (loss) 7c						
	d Net gain or (loss)		▶				
	8 a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events		▶				
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities		▶				
	10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory		▶				
Miscellaneous Revenue		Business Code					
	11 a CLASS RING COMMISSIONS	900099		210.			210.
	b MISCELLANEOUS	900099		25.			25.
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d		▶	235.			
	12 **Total revenue.** See instructions		▶	679,804.	3,030.	0.	44,146.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,201,450.	1,201,450.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	161,041.	139,353.	21,688.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	425,661.		425,661.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	7,375.		7,375.	
c Accounting	17,434.		17,434.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	10,512.		10,512.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	7,027.	7,027.		
14 Information technology	1,480.	1,480.		
15 Royalties				
16 Occupancy	1,488.	1,488.		
17 Travel	521.	521.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,825.	1,825.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,265.		14,265.	
23 Insurance	4,373.		4,373.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINT/POSTAGE/SHIPPING	52,087.	52,085.	2.	
b PRIZES/AWARDS	8,398.	8,398.		
c MEALS/ENTERTAINMENT	7,182.	7,182.		
d DUTIES/LICENSES	2,447.	1,343.	1,104.	
e All other expenses	1,791.	1,791.		
25 **Total functional expenses.** Add lines 1 through 24e	1,926,357.	1,423,943.	502,414.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	30,881.	1	0.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	139.	3	0.
	4	Accounts receivable, net	13,136.	4	0.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	5,546.	9	0.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 0.			
	b	Less: accumulated depreciation — 10b: 0.	81,604.	10c	0.
	11	Investments - publicly traded securities	847,248.	11	0.
	12	Investments - other securities. See Part IV, line 11	22,513.	12	0.
	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	0.	15	0.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	1,001,067.	16	0.
Liabilities	17	Accounts payable and accrued expenses	11,943.	17	0.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26	**Total liabilities.** Add lines 17 through 25	11,943.	26	0.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	989,124.	27	0.
	28	Net assets with donor restrictions	0.	28	0.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	989,124.	32	0.
	33	Total liabilities and net assets/fund balances	1,001,067.	33	0.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	679,804.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,926,357.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,246,553.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	989,124.
5	Net unrealized gains (losses) on investments	5	257,568.
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 on Schedule O)	9	-139.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	0.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	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 [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	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 [ ] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on 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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	**Schedule of Contributors** ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 **2020**

Name of the organization	Employer identification number
UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION	42-1008316

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(4) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization: UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION

Employer identification number: 42-1008316

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	$ 334,623.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
2	N/A	$ 298,005.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION

Employer identification number: 42-1008316

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	SALARIES	$ 334,623.	06/30/21
2	OFFICE SALARIES & SUPPLIES	$ 298,005.	06/30/21
		$	
		$	
		$	
		$	

Name of organization: UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION

Employer identification number: 42-1008316

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION

Employer identification number 42-1008316

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTHERN IOWA FOUNDATION - 204 COMMONS, UNI - CEDAR FALLS, IA 50614-0282	42-6058591	501(C)(3)	1,134,112.	0.	BOOK		TRANSFER OF ASSETS UPON DISSOLUTION
UNIVERSITY OF NORTHERN IOWA FOUNDATION - 204 COMMONS, UNI - CEDAR FALLS, IA 50614-0282	42-6058591	501(C)(3)	0.	67,338.	BOOK	LEASEHOLD IMPROVEMENTS	TRANSFER OF LEASEHOLD IMPROVEMENTS UPON DISSOLUTION

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

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

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

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

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

PART I, LINE 2:

PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE U.S.

THE FILING ORGANIZATION TRANSFERRED ITS ASSETS AND LEASEHOLD IMPROVEMENTS TO THE UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION LLC, WHICH IS A DISREGARDED ENTITY OF THE UNIVERSITY OF NORTHERN IOWA FOUNDATION, AN UNRELATED BUT AFFILIATED ORGANIZATION. THE AFFILIATED RELATIONSHIP OF THE TWO ENTITIES ALLOWS FOR TRANSPARENCY AND MONITORING OF THE FURTHERANCE OF THE INTENDED PURPOSE.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization: UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION

Employer identification number 42-1008316

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LESLIE PRIDEAUX	(i)	97,680.	0.	940.	10,322.	25,952.	134,894.	0.
PRESIDENT/SECRETARY/EXEC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RYAN ENGLAND	(i)	14,184.	0.	12.	1,499.	5,669.	21,364.	0.
TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

FORM 990, PART VII, SECTION A, LINE 1 AND/OR SCHEDULE J, PART II

COMPENSATION FROM AN UNRELATED ORGANIZATION

NAME OF UNRELATED ORGANIZATION: THE UNIVERSITY OF NORTHERN IOWA TYPE AND AMOUNT OF COMPENSATION PAID OR ACCRUED:

COMPENSATION FOR LESLIE PRIDEAUX AND RYAN ENGLAND WAS REIMBURSED TO AN UNRELATED ORGANIZATION, BY ANOTHER UNRELATED ORGANIZATION (UNIVERSITY OF NORTHERN IOWA FOUNDATION). THIS COMPENSATION REIMBURSEMENT RELATED TO SERVICES RENDERED FOR UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION (UNI ALUMNI ASSOCIATION) IS REPORTED AS A CONTRIBUTION FROM UNIVERSITY OF NORTHERN IOWA FOUNDATION TO UNI ALUMNI ASSOCIATION. UNI ALUMNI ASSOCIATION DOES NOT REIMBURSE UNIVERSITY OF NORTHERN IOWA FOUNDATION FOR ANY OF THIS COMPENSATION. ADDITIONALLY, ONLY THE AMOUNT OF COMPENSATION RELATED TO SERVICES RENDERED FOR UNI ALUMNI ASSOCIATION IS REPORTED ON PART VII AND SCHEDULE J.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION

Employer identification number 42-1008316

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (SALARIES)	X	9	586,703.	COST
26	Other ▶ (PRINTING)	X	1	31,411.	COST
27	Other ▶ (POSTAGE)	X	1	11,264.	COST
28	Other ▶ (OFFICE SUPP.)	X	1	3,250.	COST

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED

COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization: UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION

Employer identification number 42-1008316

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
BROKERAGE ACCOUNT	06/30/21	1,129,602.	NET BOOK VALUE AT TRANSFER DATE	42-6058591	UNI FOUNDATION 204 COMMONS, UNI CEDAR FALLS, IA 50614-0282	501(C)(3)
LEASEHOLD IMPROVEMENTS	06/30/21	67,338.	NET BOOK VALUE AT TRANSFER DATE	42-6058591	UNI FOUNDATION 204 COMMONS, UNI CEDAR FALLS, IA 50614-0282	501(C)(3)
CASH NET OF OUTSTANDING LIABILITIES	06/30/21	4,510.	NET BOOK VALUE AT TRANSFER DATE	42-6058591	UNI FOUNDATION 204 COMMONS, UNI CEDAR FALLS, IA 50614-0282	501(C)(3)

		Yes	No
2 Did or will any officer, director, trustee, or key employee of the organization:			
a Become a director or trustee of a successor or transferee organization?	2a	X	
b Become an employee of, or independent contractor for, a successor or transferee organization?	2b		X
c Become a direct or indirect owner of a successor or transferee organization?	2c		X
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		X

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ▶ SEE PART III

Part I Liquidation, Termination, or Dissolution *(continued)*

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

		Line	Yes	No
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3		X
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a	X	
b	If "Yes," did the organization provide such notice?	4b	X	
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	5		X
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a		X
b	If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws?	6b		

c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

		Line	Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:			
a	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c	Become a direct or indirect owner of a successor or transferee organization?	2c		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ▶

Part III **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART I, LINE 2E:

DIRECTOR OR TRUSTEE OF A SUCCESSOR OR TRANSFEREE ORGANIZATION

LESLIE PRIDEAUX AND RYAN ENGLAND WERE OFFICERS OF THE FILING ORGANIZATION AND BECAME DIRECTORS/OFFICERS OF THE UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION LLC.

PART I, LINE 3:

DISTRIBUTION OF ASSETS IN ACCORDANCE WITH GOVERNING INSTRUMENTS

THE DISSOLUTION OF ASSOCIATION DOCUMENTS STATE THAT THE UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION SHOULD BECOME PROPERTY OF THE UNIVERSITY OF NORTHERN IOWA'S ALUMNI ASSOCIATION SCHOLARSHIP ENDOWMENT MANAGED BY THE UNI FOUNDATION. THE UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION WAS DISSOLVED AND ITS ASSETS WERE CONTRIBUTED TO THE UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION LLC, WHICH IS A NEW DISREGARDED ENTITY OF THE UNIVERSITY OF NORTHERN IOWA FOUNDATION.

PART I, COLUMN F:

NAME OF RECIPIENT

THE FILING ORGANIZATION TRANSFERED ITS ASSETS TO THE UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION LLC, WHICH IS A DISREGARDED ENTITY OF THE UNIVERSITY OF NORTHERN IOWA FOUNDATION, AN UNRELATED BUT AFFILIATED ORGANIZATION.

SCHEDULE O
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization		Employer identification number
	UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION	42-1008316

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

EFFECTIVE JUNE 30, 2021, THE UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION WAS DISSOLVED AND ITS ASSETS WERE CONTRIBUTED TO THE UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION LLC, WHICH IS A NEW DISREGARDED ENTITY OF THE UNIVERSITY OF NORTHERN IOWA FOUNDATION.

FORM 990, PART V, LINE 2A

NUMBER OF EMPLOYEES ON FORM W-3

THE NUMBER OF EMPLOYEES ON FORM W-3 IS THE TOTAL EMPLOYEE COUNT FOR THE FILING ORGANIZATION. WHILE THE UNIVERSITY OF NORTHERN IOWA IS THE COMMON PAYMASTER FOR THE UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION (UNI ALUMNI ASSOCIATION), THE NUMBER OF EMPLOYEES ONLY INCLUDES THE EMPLOYEE COUNT FOR THE UNI ALUMNI ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OR STOCKHOLDERS

ALUMNI, FRIENDS AND STUDENTS OF THE UNIVERSITY OF NORTHERN IOWA ARE ELIGIBLE TO BECOME MEMBERS OF THE UNI ALUMNI ASSOCIATION. MEMBERS SHALL REMIT DUES AS ESTABLISHED BY THE BOARD OF DIRECTORS.

HONORARY ALUMNI ASSOCIATION MEMBERSHIPS MAY BE PRESENTED TO INDIVIDUALS BY THE BOARD OF DIRECTORS AND IN ACCORDANCE WITH PRESCRIBED ASSOCIATION POLICY.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS OR STOCKHOLDERS WHO HAVE THE POWER TO ELECT

Name of the organization UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION	Employer identification number 42-1008316

BOARD MEMBERS ARE ELECTED BY MEMBERSHIP OF THE FILING ORGANIZATION AT THE ANNUAL MEETING.

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

FORM 990 REVIEW PROCESS

THE FILING ORGANIZATION UTILIZES AN INDEPENDENT ACCOUNTING FIRM TO COMPLETE THE FORM 990 AND RELATED SCHEDULES. MANAGEMENT REVIEWS THE FORM 990. UPON MANAGEMENT APPROVAL OF THE FORM 990, THE EXECUTIVE COMMITTEE REVIEWS THE ENTIRE FORM 990 AND GOES OVER IT WITH THE OUTSIDE TAX PREPARER DURING AN ON-CAMPUS COMMITTEE MEETING OR VIA A CONFERENCE CALL. THE FORM 990 IS MADE AVAILABLE TO THE FULL BOARD PRIOR TO FILING WITH THE IRS.

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

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

A CONFLICT OF INTEREST POLICY AND QUESTIONNAIRE IS DISTRIBUTED ANNUALLY. ALL ARE ASKED TO DISCLOSE RELATIONSHIPS AND/OR ORGANIZATIONAL COMMITMENTS TO ASSIST IN IDENTIFYING, MANAGING, AND/OR REDUCING CONFLICTS OF INTEREST. QUESTIONNAIRES ARE REVIEWED BY THE PRESIDENT OF THE UNI ALUMNI ASSOCIATION OR HER DESIGNEE FOR POTENTIAL CONFLICTS OF INTEREST. THE PRESIDENT OF THE UNI ALUMNI ASSOCIATION COMMUNICATES WITH NECESSARY INDIVIDUALS TO DETERMINE WHAT ACTION, IF ANY, MUST OCCUR (FOR EXAMPLE, REFRAINING FROM BOARD VOTES, ETC.).

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

PROCESS FOR DETERMINING COMPENSATION

THE PRESIDENT OF THE UNI ALUMNI ASSOCIATION ALSO HAS A UNIVERSITY APPOINTMENT AS ASSOCIATE DIRECTOR OF ALUMNI RELATIONS AT THE UNIVERSITY OF NORTHERN IOWA. SALARY FOR THIS POSITION IS PAID THROUGH UNIVERSITY GENERAL

Name of the organization UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION

Employer identification number 42-1008316

FUNDS. SALARY INCREASES FOR FACULTY, PROFESSIONAL STAFF AND ADMINISTRATORS ARE TO A LARGE EXTENT DETERMINED BY COLLECTIVE BARGAINING OF THE FACULTY UNION.

THE AMOUNT OF SALARY INCREASE FOR THE UNI ALUMNI ASSOCIATION PRESIDENT IS DETERMINED BY THE VICE PRESIDENT FOR UNIVERSITY ADVANCEMENT IN CONSULTATION, AS NEEDED, WITH THE UNI ALUMNI ASSOCIATION BOARD OF DIRECTORS. INCREASES ARE DETERMINED BY A VARIETY OF FACTORS, PRIMARILY THE ACHIEVEMENT OF MUTUALLY AGREED UPON ANNUAL GOALS BY THE UNIVERSITY PRESIDENT AND THE VICE PRESIDENT FOR UNIVERSITY ADVANCEMENT/UNI ALUMNI ASSOCIATION PRESIDENT. HUMAN RESOURCE SERVICES AT THE UNIVERSITY PROVIDES REGULAR UPDATES REGARDING SALARIES (BY POSITION AND TITLE) AT OUR PEER INSTITUTIONS.

ALL WRITTEN DOCUMENTATION IS HELD IN A LOCKED FILE (BOTH PAPER AND ELECTRONIC) WITHIN THE OFFICE OF THE SPECIAL ASSISTANT TO THE PRESIDENT AND IS ONLY ACCESSIBLE WITH PERMISSION OF THE RESPECTIVE STAFF MEMBER AND THE PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 18:

PUBLIC AVAILABILITY

UNIAA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST, AND OTHER REQUIRED DISCLOSURES AVAILABLE UPON REQUEST. THE ORGANIZATION POSTS ITS FORM 990 TO ITS WEBSITE.

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

REFER TO NARRATIVE LISTED FOR LINE 18.

Name of the organization UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION

Employer identification number 42-1008316

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

BAD DEBT ALLOWANCE ADJUSTMENT -139.

FORM 990, PART XII, LINE 2

CHANGES TO AUDITING OF FINANCIAL STATEMENTS

EFFECTIVE JUNE 30, 2021, THE UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION WAS DISSOLVED. THE ORGANIZATION'S FINANCIAL STATEMENTS WERE NOT AUDITED BY AN INDEPENDENT ACCOUNTANT FOR THIS FINAL YEAR OF EXISTENCE.

Form **8868** (Rev. January 2020)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
File by the due date for filing your return. See instructions.	UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION	42-1008316
	Number, street, and room or suite no. If a P.O. box, see instructions. 304 COMMONS, UNI	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CEDAR FALLS, IA 50614-0284	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	**Return Code**	**Application Is For**	**Return Code**
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ RYAN ENGLAND 121 COMMONS - CEDAR FALLS, IA 50614-0239
  Telephone No. ▶ 319-273-7436 Fax No. ▶ 319-273-3852
- If the organization does not have an office or place of business in the United States, check this box .... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year ______ or

▶ ☒ tax year beginning JUL 1, 2020, and ending JUN 30, 2021.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2020)

023841 04-01-20

Electronic Filing PDF Attachment

UNIVERSITY OF NORTHERN IOWA ALUMNI ASSOCIATION

Articles of Dissolution

University of Northern Iowa Alumni Association (the "Corporation"), an Iowa nonprofit corporation organized and existing under the Revised Iowa Nonprofit Corporation Act, Iowa Code Chapter 504, does hereby certify:

1. The name of the Corporation is University of Northern Iowa Alumni Association.

2. The Corporation has no members, and as such no member approval was required to effectuate the dissolution.

3. The dissolution of the Corporation has been authorized by a majority of the Directors of the Corporation, in accordance with the Revised Iowa Nonprofit Corporation Act, Iowa Code Chapter 504.

4. This dissolution was authorized on May 12, 2021.

5. This dissolution is to be effective as of 11:59 P.M. on June 30, 2021.

IN WITNESS WHEREOF, this Corporation has caused this Certificate to be executed by Leslie Prideaux, its authorized officer this 17th day of June, 2021.

University of Northern Iowa Alumni Association

By: Leslie Prideaux

Leslie Prideaux, President