Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization		0MB No. 1545-0047
Department of the Treasury	For calendar year 2020, or fiscal year beginning <u>JUL 1</u> , 2020, and ending <u>JUN 30</u> Do not send to the IRS. Keep for your records.	, 20 <u>21</u>	2020
Internal Revenue Service Name of exempt organization	Go to www.irs.gov/Form8879EO for the latest information.	Taxpayer identifi	cation number
name er energen gamzater i			
CENTRAL MICHIC	GAN UNIVERSITY	38-6004	447
Name and title of officer or pe	rson subject to tax	•	
MARY HILL			
ASSOCIATE VICE	E PRESIDENT Return Information (Whole Dollars Only)		
Check the box for the return check the box on line <b>1a</b> , 2	n for which you are using this Form 8879-EO and enter the applicable amount, if any, frc 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you ente	this form was	<u></u> วน
	e applicable line below. <b>Do not</b> complete more than one line in Part I.		
1a Form 990 check here	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1h	
2a Form 990-EZ check h			
3a Form 1120-POL check			
4a Form 990-PF check h			
5a Form 8868 check here			0.
6a Form 990-T check her			0.
7a Form 4720 check here Part II Declarat	b Total tax (Form 4720, Part III, line 1) ion and Signature Authorization of Officer or Person Subject to Tax	7b K	
Under penalties of perjury,	I declare that $[X]$ I am an officer of the above organization or $[\hfill ]$ I am a person sub	-	
(name of organization)	, (EIN), n and accompanying schedules and statements, and, to the best of my knowledge and		have examined a copy
software for payment of the a payment, I must contact (settlement) date. I also aut confidential information ne	hic funds withdrawal (direct debit) entry to the financial institution account indicated in the e federal taxes owed on this return, and the financial institution to debit the entry to this is the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior chorize the financial institutions involved in the processing of the electronic payment of ta cessary to answer inquiries and resolve issues related to the payment. I have selected a as my signature for the electronic return and, if applicable, the consent to electronic fun	account. To revol to the payment axes to receive personal	æ
X I authorize PL	ANTE & MORAN, PLLC	to enter my PIN	12345
	ERO firm name		Enter five numbers, but do not enter all zeros
a state agency(ie PIN on the return As an officer or p electronically file	on the tax year 2020 electronically filed return. If I have indicated within this return that a es) regulating charities as part of the IRS Fed/State program, I also authorize the aforeme of s disclosure consent screen. Derson subject to tax with respect to the organization, I will enter my PIN as my signature d return. If I have indicated within this return that a copy of the return is being filed with a es as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure co	entioned ERO to e e on the tax year 2 a state agency(ies	n is being filed with Inter my 2020
Cimplum of officer or norsen outline	Mary Hill	Date ► 5	5/10/2022
Signature of officer or person subject Part III Certifica	tion and Authentication	Dalt 🚩	
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN. 38627813579	)	
-	Do not enter all zeros neric entry is my PIN, which is my signature on the 2020 electronically filed return indicat turn in accordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) Informa siness Returns.		
	TE & MORAN, PLLC Date ► 05/	09/22	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do		
	· · · · · · · · · · · · · · · · · · ·		0070 50
LHA For Paperwork Red	uction Act Notice, see instructions.	For	m 8879-EO (2020)
023051 11-03-20	2		

2020.05094 CENTRAL MICHIGAN UNIVERSI 43642\_\_1

# **Public Disclosure Copy**

## Form 990T

### \*\*PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS\*\*

### Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990–EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

EXTENDED TO MAY 16, 2022								
Form <b>990-T</b>	Exempt Organization Business Income Tax Return							
		(and proxy tax under section 6033(e))						
	For ca	lendar year 2020 or other tax year beginning $ { m JUL}$ 1 $$ , $$ 2020 $$ , and ending $$ $$ $$ $$ JUN $$ 30 $$ , $$ 202	1	2020				
Department of the Treasury		► Go to www.irs.gov/Form990T for instructions and the latest information.						
Internal Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only				
A Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	DEmplo	oyer identification number				
B Exempt under section	Print	CENTRAL MICHIGAN UNIVERSITY		8-6004447				
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.		o exemption number nstructions)				
408(e) 220(e)	Type	1200 S. FRANKLIN ST						
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code						
529(a) 529S		MOUNT PLEASANT, MI 48859	_F	Check box if				
		ok value of all assets at end of year		an amended return.				
G Check organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust A	pplicat	ble reinsurance entity				
H Check if filing only to	o 🕨	Claim credit from Form 8941 Claim a refund shown on Form 2439						
Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>					
		ed Schedules A (Form 990-T)		6				
		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No				
		d identifying number of the parent corporation.						
		JULIA MONTROSS     Telephone number      S	189-	774-3332				
		ss taxable income computed from all unrelated trades or businesses (see						
			1	74,505.				
			2	74 505				
3 Add lines 1 and 2		са стали со страната с с с с с с с с с с с с с с с с с с	3	74,505.				
		see instructions for limitation rules) STMT 1 STMT 2	4	74,505.				
		taxable income before net operating losses. Subtract line 4 from line 3 ng loss. See instructions <b>STATEMENT 3</b>	6	74,505.				
	•	ss taxable income before specific deduction and section 199A deduction.	0	/1,505.				
Subtract line 6 fro			7					
		o	8	1,000.				
		duction. See instructions	9					
10 Total deductions			10	1,000.				
		able income. Subtract line 10 from line 7. If line 10 is greater than line 7,						
enter zero			11	0.				
Part II Tax Com	putat	on						
1 Organizations tax	xable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.				
		ates. See instructions for tax computation. Income tax on the amount on						
Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2					
3 Proxy tax. See ins	structio		3					
4 Other tax amounts	s. See i		4					
5 Alternative minimu	um tax (		5					
6 Tax on noncomp	liant fa	cility income. See instructions	6					
		h 6 to line 1 or 2, whichever applies	7	0.				
LHA For Paperwork	Reduct	ion Act Notice, see instructions.		Form <b>990-T</b> (2020)				

Form 9	90-T (2020)			Page <b>2</b>		
Part	III Tax and Payments					
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)					
b	Other credits (see instructions) 1b					
с	General business credit. Attach Form 3800 (see instructions)					
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d					
е	Total credits. Add lines 1a through 1d	1e				
2	Subtract line 1e from Part II, line 7	2		0.		
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866					
	Other (attach statement)	3				
4	Total tax. Add lines 2 and 3 (see instructions).					
	section 1294. Enter tax amount here	4		0.		
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.		
6a	Payments: A 2019 overpayment credited to 2020 6a					
b	2020 estimated tax payments. Check if section 643(g) election applies					
с	Tax deposited with Form 8868 6c					
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d					
е	Backup withholding (see instructions) 6e					
f	Credit for small employer health insurance premiums (attach Form 8941) 6f					
g	Other credits, adjustments, and payments: Form 2439					
	□ Form 4136 Other Total ▶ 6g					
7	Total payments. Add lines 6a through 6g	7				
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8				
9	Tax due.       If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9				
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10				
	Enter the amount of line 10 you want: Credited to 2021 estimated tax   Refunded	11				
Part	<b>IV</b> Statements Regarding Certain Activities and Other Information (see instructions)					
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority		Yes	No		
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country					
	here			X		
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a					
	foreign trust?			X		
	If "Yes," see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year					
4a	a Did the organization change its method of accounting? (see instructions)					
b	b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"					
	explain in Part V					
Part	V Supplemental Information					

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined correct, and complete. Declaration of preparer (other than	n taxpayer) is based on all information of which pre ASSOC	EIATE VICE	e best of my knov ge.		e and belief, it is true, the IRS discuss this return with
TIELE	Signature of officer	Date PRESI	DENT			reparer shown below (see uctions)? X Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if	PTIN
Paid Proparar	, DORI J. EGGETT	DORI J. EGGETT	05/09/22	self- employe	ed	P00645252
Preparer Use Only		Firm's EIN		38-1357951		
	750 TRADE					
	Firm's address 🕨 PORTAGE , M	I 49002		Phone no.	(2	69) 567-4500
						Form <b>990-T</b> (2020)

023711 02-02-21

CENTRAL MICHIGAN UNIVERSITY

FORM 990-T	CONTRIBUTIONS	STATEMENT	1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
CHARITABLE CONTRIBUTIONS FROM PASS THROUGH	N/A		85.
TOTAL TO FORM 990-T, PART I, LI	NE 4		85.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	2
~	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT			
CARRYOVER C FOR TAX Y FOR TAX Y FOR TAX Y FOR TAX Y FOR TAX Y	ZEAR 2016 ZEAR 2017 ZEAR 2018			
TOTAL CARRY TOTAL CURRE	YOVER ENT YEAR 10% CONTRIBUTIONS	85		
TOTAL CONTRIBUTIONS AVAILABLE 8 TAXABLE INCOME LIMITATION AS ADJUSTED			-	
	TRIBUTIONS & CONTRIBUTIONS SS CONTRIBUTIONS	85 0 85	-	
ALLOWABLE C	CONTRIBUTIONS DEDUCTION		-	0
TOTAL CONTR	RIBUTION DEDUCTION			0

ORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 3
	ORWARD FROM PRIOR YEAR ON INCLUDED IN PART I, LINE 6	1,020,706. 74,505.
SCHEDULE A PORTION C SCHEDULE A ENTITY	F PRE-2018 NOL SCHEDULE A SHARE	
1 2	0.0.	
2 3	0.	
4	0.	
5 6	0. 0.	
FOTAL SCHEDULE A SHA		0.
NET OPERATING DEDUCT BALANCE AFTER PRE-20		74,505. 0.
EXPIRING NET OPERATI		0.
CARRY FORWARD OF NET	OPERATING LOSS	946,201.

#### FOOTNOTES

STATEMENT 4

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

CENTRAL MICHIGAN UNIVERSITY 1200 S. FRANKLIN ST. MT. PLEASANT, MI 48859

EMPLOYER IDENTIFICATION NUMBER: 38-6004447 FOR THE YEAR ENDING JUNE 30, 2021

CENTRAL MICHIGAN UNIVERSITY IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F).

SCHE	DULE A
(Form	990-T)

Department of the Treasury

Internal Revenue Service

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

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

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

Open to Public Inspection for 501(c)(3) Organizations Only

6

nonizatio Name of th Α

ie of the organiza	tion		
CENTRAL	MICHIGAN	UNIVERSITY	

520000 Unrelated business activity code (see instructions) С

#### Describe the unrelated trade or business **INVESTMENTS**

ΕI	E Describe the unrelated trade or business INVESTMENTS				
	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ►	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a	63,059.		63,059. -1,132.
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b	-1,132.		-1,132.
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT</b> 5	5	-192,259.		-192,259.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	-130,332.		-130,332.

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

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement) (see instructions)			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562) (see instructions)	7			
8	Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12				12	
13	Excess readership costs (Part IX)			13	
14				14	
15				15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from				
	column (C)			16	-130,332.
17				17	0.
18				18	-130,332.
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2020

023741 12-23-20

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ENTITY

B Employer identification number

1

of

38-6004447

D Sequence:

1

OMB	No.	1545-0047

					ENTITY 1
Sched Part	ule A (Form 990-T) 2020 III Cost of Goods Sold Enter metho	od of inventory valuation			Page
1	Inventory at beginning of year	1		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter he	ere and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property pr				Yes No
Part	IV Rent Income (From Real Property and I	Personal Property	Leased with Rea	l Property)	
1	Description of property (property street address, city, sta	te, ZIP code). Check if a	a dual-use (see instructi	ons)	
	A				
	В				
	c				
	D []				
		Α	В	C	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
4	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter	ar here and on Part I lin	e 6. column (B)		0 .
Part			<u> </u>	······	
1	Description of debt-financed property (street address, cit	y, state, ZIP code). Che	ck if a dual-use (see ins	tructions)	
	A 🗌				
	в 📃				
	c 🗌				
	D 🗌				
		A	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
-	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	0
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). I	nter here and on Part I	, line 7, column (A)	·····•	0.
9	Allocable deductions. Multiply line 3c by line 6				^
10	Total allocable deductions. Add line 9, columns A throu				
11	Total dividends-received deductions included in line 1	U			0.
23721	12-23-20			Schedule A (	Form 990-T) 2020

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										ENITI T
Part	ile A (Form 990-T) 2020	, uities, Ro	oyalties, and Re	ents fror	n Contro	lled Or	ganization	s (see instru	ctions)	Page 3
						E	Exempt Contro		,	
	<ol> <li>Name of controlle organization</li> </ol>	d	<b>2.</b> Employer identification number	incon	unrelated ne (loss) structions)	<b>4.</b> Tota	al of specified ments made	5. Part of co that is include controlling or tion's gross i	umn 4 d in the ganiza-	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
<u>.                                    </u>			No	nexempt C	Controlled O	rganizati	ions	•	•	
7	. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of speci yments mac		that is inc controlling	of column 9 cluded in the organization's income		Deductions directly connected with ome in column 10
(1)										
(2)										
(3)										
(4)										
Totals						•		and on Part I, column (A) 0	li	r here and on Part I, ne 8, column (B) <b>0</b> •
Part	VII Investment	Income	of a Section 50	1(c)(7), (	9). or (17)	Orga	nization (s	ee instructions		
		cription of			2. Amou incor	int of	3. Deduction directly conn (attach state)	ons <b>4.</b> Se	et-asides statemen	t) <b>5. Total deductions</b> and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)					A					A data and a second a la
Totals					Add amo column 2 here and o line 9, colu	. Enter n Part I,				Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •
Part	VIII Exploited E	xempt A	Activity Income,	, Other T	Than Adv	ertising	g Income	see instructior	is)	
1	Description of exploite	ed activity:								
2	Gross unrelated busin	ess incom	e from trade or busir	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	2	
3	Expenses directly con	nected wit	h production of unre	elated busi	ness incom	e. Enter I	here and on Pa	art I,		
	line 10, column (B)								3	
4	Net income (loss) from						<b>5</b> / I			
	lines 5 through 7								4	
5	Gross income from ac	tivity that	is not unrelated busi	iness incor	ne					
6	Expenses attributable								6	
7	Excess exempt expen			-						
	4. Enter here and on F	art II, line	12						7	

Schedule A (Form 990-T) 2020

Page 4

		3. Percentage	4. Compensation
1. Name	<b>2.</b> Title	of time devoted	
		to business	unrelated business
			%
			%
			%
			%
		I	
here and on Part II, line 1		•	0.
Supplemental Information (s	e instructions)	F	
(3			
		S	chedule A (Form 990-T) 2020
	12		
47000 40640			I INITIZED OF 42C42
47228 43642	2020.05094	CENTRAL MICHIGAN	N UNIVERSI 43642

	A					
	B C					
Enter :	amounts for each periodical listed above in the	corresponding column				
Lincia		A		В	С	D
2	Gross advertising income				<b>v</b>	
	Add columns A through D. Enter here and on		A)			• 0.
а	Ũ					
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on	Part I, line 11, column (	B)			0.
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in					
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le					
•	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g		umps tota	l or zero here and	1 on	
a	Part II, line 13	reater of the line da, con	unins tota		Þ	• 0.
Part		rectors, and Trust	ees (see			
		-	(	,	3. Percentage	4. Compensation
	1. Name	2.	Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
					🕨	0.
Part	XI Supplemental Information (se	e instructions)				

Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

Schedule A (Form 990-T) 2020 Part IX Advertising Income

1

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FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 5
DESCRIPTION	NET INCOME OR (LOSS)
ALLIANCE RESOURCE PARTNERS, L.P ORDINARY BUSINESS	
INCOME (LOSS)	-177.
ARCLIGHT ENERGY PARTNERS FUND VI, L.P ORDINARY BUSINESS INCOME (LOSS)	50,988.
ARCLIGHT ENERGY PARTNERS FUND VI, L.P INTEREST INCOME BROOKFIELD STRATEGIC REAL ESTATE PARTNERS III HERCULES	6.
AIV-C LP - ORDINARY B DAVIDSON KEMPNER INSTITUTIONAL (ENDOWMENT) - ORDINARY	-46.
BUSINESS INCOME (LOSS)	-770.
ENVIVA PARTNERS, LP - ORDINARY BUSINESS INCOME (LOSS)	-10.
HARVEST MLP INCOME FUND II LLC - ORDINARY BUSINESS INCOME	100
(LOSS) GLOUSTON PRIVATE EQUITY OPPORTUNITIES V, L.P ORDINARY	109.
BUSINESS INCOME (L	-5,022.
HPS LLC - ORDINARY BUSINESS INCOME (LOSS)	153.
JAMES J MCGUIRK NON GRANTOR CHARITABLE LEAD ANNUITY TRUST	
- ORDINARY BUSINES	23.
KAYNE ANDERSON ENERGY FUND VII, LP - ORDINARY BUSINESS	-21,576.
INCOME (LOSS) LANDMARK EQUITY PARTNERS XV, L.P ORDINARY BUSINESS	-21,570.
INCOME (LOSS)	19,285.
LANDMARK EQUITY PARTNERS XV, L.P INTEREST INCOME	709.
LANDMARK EQUITY PARTNERS XV, L.P DIVIDEND INCOME	38.
LANDMARK EQUITY PARTNERS XV, L.P OTHER INCOME (LOSS)	11,534.
MAGELLAN MIDSTREAM PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS)	-314.
MONROE CAPITAL PRIVATE CREDIT FUND II (UNLEV) LP -	514.
ORDINARY BUSINESS INCOME	-1,990.
PLAINS ALL AMERICAN PIPELINE LP - ORDINARY BUSINESS	
INCOME (LOSS)	-364.
SDC DIGITAL INFRASTRUCTURE OPPORTUNITY FUND I LP - ORDINARY BUSINESS INCOME	-35,081.
SEARCHLIGHT CAPITAL III, L.P ORDINARY BUSINESS INCOME	55,001.
(LOSS)	-30.
TAILWATER ENERGY FUND IV LP - ORDINARY BUSINESS INCOME	
(LOSS)	-158,683.
THE BARING ASIA PRIVATE EQUITY FUND VII LP - ORDINARY BUSINESS INCOME (LOSS)	-11,366.
THE BARING ASIA PRIVATE EQUITY FUND VII LP - DIVIDEND	11,500.
INCOME	3,710.
THOMA BRAVO DISCOVER FUND II AIV LP - ORDINARY BUSINESS	
INCOME (LOSS)	-3,881.
VANCE STREET CAPITAL LIII L.P ORDINARY BUSINESS INCOME (LOSS)	-11,473.
WARBURG PINCUS (GANYMEDE) PRIVATE EQUITY XII (CAYMAN),	-11,4/3.
L.P ORDINARY BUSIN	-2,525.
WARBURG PINCUS (GANYMEDE) PRIVATE EQUITY XII (CAYMAN),	-
L.P INTEREST INCOM	1.
WARBURG PINCUS (GANYMEDE) PRIVATE EQUITY XII (CAYMAN), L.P DIVIDEND INCOM	540.
WARBURG PINCUS PRIVATE EQUITY (E&P) XII MAIN-1, L.P	540.
ORDINARY BUSINESS INC	722.
13	STATEMENT (S)

10590509 147228 43642

13

STATEMENT(S) 5

2020.05094 CENTRAL MICHIGAN UNIVERSI 43642\_\_1

CENTRAL MICHIGAN UNIVERSITY	38-6004447
WARBURG PINCUS PRIVATE EQUITY (E&P) XII (A), L.P ORDINARY BUSINESS INCOME WARBURG PINCUS PRIVATE EQUITY XII (FT-1), L.P ORDINARY	-20,790.
BUSINESS INCOME (L	-5,391.
DAVIDSON KEMPNER INSTITUTIONAL (OPERATING) - ORDINARY BUSINESS INCOME (LOSS)	-588.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-192,259.

SCHE	DULE A
(Form	990-T)

Department of the Treasury

Internal Revenue Service

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

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

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

to Public Inspection for

020

6

OMB No. 1545-0047

ENTITY

B Employer identification number

2

of

38-6004447

D Sequence:

501(c)(3) O	rganizations Only

Name of the organization Α

CENTRAL MICHIGAN UNIVERSIT	Y
----------------------------	---

450000 Unrelated business activity code (see instructions) С

### Describe the unrelated trade or business BOOKSTORE

<u>E</u> [	Describe the unrelated trade or business BOOKSTORE				
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
b			2,587.		
2 3	Cost of goods sold (Part III, line 8) Gross profit. Subtract line 2 from line 1c	2 3	2,342. 245.		245.
	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a			
с	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) Capital loss deduction for trusts	4b 4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6 7	Rent income (Part IV) Unrelated debt-financed income (Part V)	6 7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 11	Exploited exempt activity income (Part VIII)Advertising income (Part IX)	10 11			
12 <u>13</u>	Other income (see instructions; attach statement)         Total. Combine lines 3 through 12	12 13	245.		245.

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

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages		326.
3	Repairs and maintenance		
4	Bad debts	4	
5	Interest (attach statement) (see instructions)	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562) (see instructions) 7 19	•	
8	Less depreciation claimed in Part III and elsewhere on return 8a	8b	19.
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs		
12	Excess exempt expenses (Part VIII)		
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) SEE STATEMENT 6	14	301.
15	Total deductions. Add lines 1 through 14	15	646.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	-401.
17	Deduction for net operating loss (see instructions)	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		-401.
LHA	For Paperwork Reduction Act Notice, see instructions.	Schedu	le A (Form 990-T) 2020

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10590509 147228 43642

2

	ule A (Form 990-T) 2020				Page <b>2</b>
Part	III Cost of Goods Sold Enter meth	od of inventory valua	tion 🕨 N/A		
1	Inventory at beginning of year				0.
2	Purchases				2,342.
3	Cost of labor				0.
4	Additional section 263A costs (attach statement)			4	0.
5	Other costs (attach statement)				0.
6	Total. Add lines 1 through 5				2,342.
7	Inventory at end of year				0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter h		-		2,342.
9	Do the rules of section 263A (with respect to property p			······	Yes X No
Part					
1	Description of property (property street address, city, st A	ate, ZIP code). Check	k if a dual-use (see instru	c	D
•	Partmenting	A	D	U	<u> </u>
2 a b c	Rent received or accrued From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 4	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	through D. Enter here	and on Part I, line 6, ca	olumn (A)	0.
5	Total deductions. Add line 4 columns A through D. Ent	er here and on Part I	line 6. column (B)	►	0.
Part		e instructions)		E.	
1	Description of debt-financed property (street address, ci A		Check if a dual-use (see	· · · · · · · · · · · · · · · · · · ·	
	-	Α	В	С	D
2	Gross income from or allocable to debt-financed				
3 a b c	property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b,				
U	columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt- financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	Enter here and on Pa	art I, line 7, column (A)	<b>&gt;</b>	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thro				
10 11	Total allocable deductions. Add line 9, columns A thro Total dividends-received deductions included in line				0.

ENTITY

2

<u> </u>										
	ule A (Form 990-T) 2020 VI Interest, Annu		ies, and Re	ents fron	n Contro	led Or	ganization	s (see instruct	tions)	Page 3
1. Name of controlled organization				Exempt Controlled Organizations						
		_	<b>2.</b> Employer identification number		3. Net unrelated income (loss) (see instructions)		al of specified nents made	5. Part of column 4 that is included in the controlling organiza- tion's gross income		<b>6.</b> Deductions directly connected with income in column 5
(1)								tion a gross inc		
(2)										
(3)										
(4)										
<u></u>			Nc	nexempt C	Controlled O	roanizati	ons	1	1	
7	. Taxable Income	8. Net ur income (see instr	nrelated (loss)	<b>9.</b> To	otal of speci yments mac	ied	<b>10.</b> Part of that is inclusion controlling	of column 9 Iuded in the organization's income		Deductions directly connected with ome in column 10
(1)							<u>J</u>			
(2)										
(3)										
(4)										
Totals						•		and on Part I, column (A) 0 •		here and on Part I, ne 8, column (B) 0 •
Part	VII Investment	Income of a	Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee instructions)		
		cription of incom			2. Amou incor	nt of	3. Deduction directly connormal (attach state)	ons <b>4.</b> Set	asides tatement	5. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)										
Totals					Add amo column 2 here and o line 9, colu	. Enter n Part I, umn (A) <b>0</b> •				Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0.
Part	VIII Exploited E	xempt Activ	ity Income	, Other T	han Advo	ertising	g Income (	see instructions	)	
1	Description of exploite	ed activity:								
2	Gross unrelated busin	less income from	n trade or busi	ness. Entei	r here and o	n Part I,	line 10, colum	n (A)	2	
3	Expenses directly con	nected with pro	duction of unr	elated busi	ness incom	e. Enter l	here and on Pa	art I,		
	line 10, column (B)								3	
4	Net income (loss) from					•	<b>o</b> , 1			
	lines 5 through 7								4	
5	Gross income from ac	tivity that is not	unrelated bus	iness incor	ne				5	
6	Expenses attributable								6	
7	Excess exempt expen									
	4. Enter here and on F	art II, line 12							7	

Schedule A (Form 990-T) 2020

Page 4

<b>1.</b> Name	2. Title	<b>3.</b> Percentage of time devoted	<b>4.</b> Compensation attributable to
I. Name			
		to business	unrelated business
		%	
		%	
		%	
		%	
here and on Part II, line 1		►	0.
Supplemental Information			
		Sch	edule A (Form 990-T) 2020
	18	301	
47228 43642		JTRAL MICHICAN	UNIVERSI 43642
1,220 10012		THE HIGHLORY	0111 / DIGT 40042

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reportir	ng two or r	more periodicals on a	consolidated basi	S.	
	A 🗌					
	в 🗔					
	c 🗌					
	D 🗌					
Enter a	amounts for each periodical listed above in the	correspor	nding column.			
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and on	Part I, line	e 11, column (A)			0.
а						
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on	Part I, line	e 11, column (B)		•	0.
	-					
4	Advertising gain (loss). Subtract line 3 from li	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	n				
	line 4 showing a loss or zero, do not complet	е				
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le	SS				
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g		he line 8a, columns to	tal or zero here ar	nd on	
	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors,	and Trustees (s	ee instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
	Enter here and on Part II, line 1					0.
Part	XI Supplemental Information (se	e instruct	ions)			

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Schedule A (Form 990-T) 2020

CENTRAL MICHIGAN UNIVERSITY

#### 38-6004447

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
SUPPLIES AND EQUIPMENT		301.
TOTAL TO SCHEDULE A, PART	II, LINE 14	301.

						ENT	ΙТΥ 3
		Unrelated Busin	ess	Taxable Inc	ome		OMB No. 1545-0047
(For	(Form 990-T) From an Unrelated Trade or Business						
							2020
Depart	ment of the Treasury	Go to www.irs.gov/Form990T fo					Open to Public Inspection for
Interna	Revenue Service	Do not enter SSN numbers on this form as it	may be	made public if your org	panization is a 501(c)	(3).	501(c)(3) Organizations Only
A N	lame of the organizatio						ation number
	CENTRAL	MICHIGAN UNIVERSITY			38-6	00444	± /
C I	Inrelated business :	activity code (see instructions) 51000	0		D Sequence	e: 3	3 <sub>of</sub> 6
<u> </u>			•		<b>B</b> ocquerie		
EC	escribe the unrelate	ed trade or business PUBLIC BROAD	CASI	ING	1		
Par	t I Unrelated	Trade or Business Income		(A) Income	(B) Expens	es	(C) Net
	Gross receipts or s Less returns and allo		1c				
2		d (Part III, line 8)	2				
3		ract line 2 from line 1c	3				
4a		come (attach Sch D (Form 1041 or Form					
	1120)) (see instruc	tions)	4a				
		rm 4797) (attach Form 4797) (see instructions)	4b				
		tion for trusts	4c				
5	. ,	a partnership or an S corporation (attach	_				
~		NA	5 6	132,004	59	937.	72,067.
6 7		IV)anced income (Part V)	6 7	152,004	• 55,	557.	12,007.
8		royalties, and rents from a controlled	<b>-</b>				
•		VI)	8				
9		e of section 501(c)(7), (9), or (17)					
	organizations (Par	t VII)	9				
10		activity income (Part VIII)	10				
11	Advertising income	e (Part IX)	11	<u> </u>			<u> </u>
12		instructions; attach statement) <b>STMT</b> 7	12	<u>6,360</u> 138,364		937.	<u>6,360.</u> 78,427.
13		nes 3 through 12	13		-		
Par		Is Not Taken Elsewhere (See instruction nected with the unrelated business in the unrelated business in the unrelated business in the unrelated business.			leductions) Dec	duction	s must be
		Theeted with the dhielated business in	come				
1	Compensation of o	officers, directors, and trustees (Part X)				1	
2		s				2	2,988.
3		enance				3	
4		· · · · · · · · · · · · · · · · · · ·				4	
5		atement) (see instructions)				5	
6 7	Depreciation (attac	s ch Form 4562) (see instructions)		7		0	
8		claimed in Part III and elsewhere on return				8b	
9						9	
10	Contributions to d	eferred compensation plans				10	
11	Employee benefit	programs				11	
12		penses (Part VIII)				12	
13	Excess readership	costs (Part IX)				13	0.2.4
14 15		(attach statement)				14	<u>934.</u> 3,922.
15 16		Add lines 1 through 14 s income before net operating loss deduction. Su				15	J,J44•
10		s income before her operating loss deduction. St		,	,	16	74,505.
17	Deduction for net	operating loss (see instructions)				17	0.
18		ss taxable income. Subtract line 17 from line 16				18	74,505.
LHA	For Paperwork F	Reduction Act Notice, see instructions.				Schedul	e A (Form 990-T) 2020

Additional section 263A costs (attach statement) Other costs (attach statement) <b>Total.</b> Add lines 1 through 5	2 3 4 5	Page 2	
Purchases Cost of labor Additional section 263A costs (attach statement) Other costs (attach statement) Total. Add lines 1 through 5	2 3 4 5		
Cost of labor Additional section 263A costs (attach statement) Other costs (attach statement) <b>Total.</b> Add lines 1 through 5			
Additional section 263A costs (attach statement) Other costs (attach statement) Total. Add lines 1 through 5			
<ul> <li>5 Other costs (attach statement)</li> <li>6 Total. Add lines 1 through 5</li> </ul>			
6 Total. Add lines 1 through 5			
		,	
Do the rules of section 263A (with respect to property produced or acquired for resale) apply to t		Yes No	
Int IV Rent Income (From Real Property and Personal Property Leased with			
Description of property (property street address, city, state, ZIP code). Check if a dual-use (see in A PUBLIC BROADCASTING - TOWER 1200 S. FRANKLIN B		EASANT, MI	
D			
A B	С	D	
2 Rent received or accrued			
a From personal property (if the percentage of			
rent for personal property is more than 10%			
but not more than 50%) 0 •			
b From real and personal property (if the			
percentage of rent for personal property exceeds			
50% or if the rent is based on profit or income) <u>132,004.</u>			
c       Total rents received or accrued by property.         Add lines 2a and 2b, columns A through D       132,004.			
<ul> <li>Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) .</li> <li>rt V Unrelated Debt-Financed Income (see instructions)</li> <li>Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instruction)</li> <li>B</li> </ul>		59,937.	
c 🗌			
D	<u> </u>		
A B	С	D	
2 Gross income from or allocable to debt-financed			
to debt-financed property  Straight line depresiation (attach statement)			
a Straight line depreciation (attach statement)     b Other deductions (attach statement)	+ +		
c Total deductions (attach statement)	+ +		
columns A through D)			
4 Amount of average acquisition debt on or allocable	++		
to debt-financed property (attach statement)			
5 Average adjusted basis of or allocable to debt-			
Infanced property (attach statement)	%	%	
financed property (attach statement)         6       Divide line 4 by line 5			
Divide line 4 by line 5%			
6 Divide line 4 by line 5	(A) •	0.	
Divide line 4 by line 5 %     Gross income reportable. Multiply line 2 by line 6      Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (	 (A)▶	0.	
Divide line 4 by line 5       %         Gross income reportable. Multiply line 2 by line 6			
Image: Second structure       Image: Second structure <th image:="" second="" structure<="" t<="" td=""><td>(see instructions)</td><td></td></th>	<td>(see instructions)</td> <td></td>	(see instructions)	

21 2020.05094 CENTRAL MICHIGAN UNIVERSI 43642\_1

		_								ENITIT 2
	ule A (Form 990-T) 2020 VI Interest, Annu		ovalties, and Re	ents fror	n Contro	led Or	ganization	s (see instru	ctions)	Page 3
				Exempt Controlled Organizations						
1. Name of controlled organization		ed	<b>2.</b> Employer identification number	3. Net unrelated income (loss) (see instructions)		<b>4.</b> Tota	al of specified nents made	<b>5.</b> Part of column 4 that is included in the controlling organiza- tion's gross income		5. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
<u> /</u>			No	nexempt C	Controlled O	rganizati	ions	1	I	
7	'. Taxable Income	in	Net unrelated acome (loss) e instructions)	<b>9.</b> To	otal of speci yments mac	fied	<b>10.</b> Part of that is inclusion controlling	of column 9 cluded in the organization's income	c	Deductions directly connected with ome in column 10
(1)							<u>J</u>			
(2)										
(3)										
(4)										
Totals						•		and on Part I, column (A) 0 ,	lir	here and on Part I, ne 8, column (B) 0 •
Part	VII Investment	Income	of a Section 50	1(c)(7). (	9), or (17)	Organ	l nization (s	ee instructions		
		cription of		<u>- (- // / / / / / / / / / / / / / / / / </u>	2. Amou incor	int of	3. Deduction directly connection (attach state)	ons <b>4.</b> Se ected (attach	t-asides statement	t) (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)					A					A del e se e se te la
Totals					Add amo column 2 here and o line 9, colu	. Enter n Part I, umn (A) <b>0</b> •				Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0.
Part	VIII Exploited E	xempt A	Activity Income,	, Other T	Than Adv	ertising	g Income (	see instruction	s)	
1	Description of exploite	ed activity:								
2	Gross unrelated busin	ness incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	2	
3	Expenses directly con	nected wit	h production of unre	elated busi	ness incom	e. Enter l	here and on Pa	art I,		
	line 10, column (B)								3	
4	Net income (loss) from						<b>o</b> / 1			
	lines 5 through 7								4	
5	Gross income from ac								5	
6	Expenses attributable								6	
7	Excess exempt expen			-						
	4. Enter here and on F	art II, line	12						7	

Schedule A (Form 990-T) 2020

Sched Part	Iule A (Form 990-T) 2020 IX Advertising Income					Page 4
1	Name(s) of periodical(s). Check box if reportin         A         B         C         D	ng two or n	nore periodicals on a c	onsolidated basis		
Enter	amounts for each periodical listed above in the	correspon	ding column.			
		. ſ	A	В	С	D
2	Gross advertising income	Γ				
	Add columns A through D. Enter here and on	Part I, line	e 11, column (A)			0.
а	-	-				
3	Direct advertising costs by periodical	ſ				
а	Add columns A through D. Enter here and on	_	e 11, column (B)			0.
	Ũ	,	, , ,			
4	Advertising gain (loss). Subtract line 3 from lin 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8	n e				
5	Readership costs	Г				
6	Circulation income					
7	Excess readership costs. If line 6 is less than	I				
	line 5, subtract line 6 from line 5. If line 5 is le					
	than line 6, enter zero	I				
8	Excess readership costs allowed as a	·····				
•	deduction. For each column showing a gain of	nn				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g		ue line 8a. columns tota	al or zero here and	1 on	
u	Part II, line 13					0.
Part		rectors.	and Trustees (se	e instructions)		•••
	1. Name	,	<b>2.</b> Title		3. Percentage of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Tota	I. Enter here and on Part II, line 1					0.
Part	XI Supplemental Information (Se	e instructi	ons)			

CENTRAL MICHIGAN UNIVERSITY

38 - 6004447

934.

FORM 990-T (A)	OTHER	INCOME	STATEMENT 7
DESCRIPTION			AMOUNT
STUDIO RENTAL & PRODUCT CLOSED CAPTIONING SERVI DVD SALES			2,500. 3,850. 10.
TOTAL TO SCHEDULE A, PA	RT I, LINE 12		6,360.
FORM 990-T (A)	OTHER	DEDUCTIONS	STATEMENT 8
DESCRIPTION			AMOUNT
SUPPLIES AND EQUIPMENT			934.

TOTAL TO SCHEDULE A, PART II, LINE 14

FORM 990-T (A) DEDUCTIONS CONNECTED WI	TH RENTAL	INCOME	STATEMENT 9
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
PB TOWER EXPENDITURES PB NON-TOWER EXPENDITURES		42,522. 17,415.	
- SUBTOTAL - TOTAL TO FORM 990-T, SCHEDULE A, PART IV	-		59,937.  59,937.

Unrelated Business Taxable Income
From an Unrelated Trade or Business

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

Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only B Employer identification number

of

..... Α

SCHEDULE A

(Form 990-T)

Name of the organization		
CENTRAL MIC	CHIGAN UNIVER	SITY

530000 Unrelated business activity code (see instructions) С

#### Describe the unrelated trade or business >ATHLETIC & UNIVERSITY EVENT RENTALS

<b>E</b> [	Describe the unrelated trade or business ATHLETIC & U	NTA	ERSITY EVENT	RENTALS	
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b		1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)) (see instructions)	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) STMT 10	12	1,567.		1,567.
13	Total. Combine lines 3 through 12	13	1,567.		1,567.

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

1	Compensation of officers, directors, and trustees (Part X)			1	
2					1,993.
3	Salaries and wages			3	
4	Bad debts			4	
5	Interest (attach statement) (see instructions)			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562) (see instructions)	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)	EE	STATEMENT 11	14	832.
15	Total deductions. Add lines 1 through 14			15	2,825.
16	Unrelated business income before net operating loss deduction. Subtract line 15 fro	om Pai	t I, line 13,		
	column (C)			16	-1,258.
17	Deduction for net operating loss (see instructions)			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				-1,258.
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2020

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ENTITY

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38-6004447

D Sequence:

OMB No. 1545-0047

					ENTITY 4
Schedu Part I	Ile A (Form 990-T) 2020 II Cost of Goods Sold En:	ter method of inventory valua	tion		Page 2
1				1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7				_	
8	Cost of goods sold. Subtract line 7 from line 6.	Enter here and in Part I, line	2		
9	Do the rules of section 263A (with respect to pro-		<u> </u>	<u>u</u>	Yes No
Part I			-		
1	A B	, city, state, ZIP code). Check	if a dual-use (see instru	uctions)	
	c 🗌				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceed	ls			
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
_	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Part V	Total deductions. Add line 4 columns A throug           /         Unrelated Debt-Financed Incon		line 6, column (B)		0.
1	Description of debt-financed property (street ad	· · · · · ·	book if a dual use (see	instructions)	
•	A	uless, oily, slate, ZIF codej. C	Sheck in a dual-use (see	instructions)	
	В				
	c 🗌				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable				
5	to debt-financed property				
а	Obscipht line demonstration (attack statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
Ū	columns A through D)				
4	Amount of average acquisition debt on or alloca				
•	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
•	financed property (attach statement)				
6	Divide line 4 by line 5		%		% 9
7	Gross income reportable. Multiply line 2 by line				
8	Total gross income (add line 7, columns A thro		rt I, line 7, column (A)		0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, column				0.
11	Total dividends-received deductions included	d in line 10			0.
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0 - 1 1											ENIII 4
Part	ule A (Form 990-T) 2020 VI Interest, Annu	, uities, Re	oyalties, and Re	ents fron	n Contro	led Or	ganization	S (see	instructi	ons)	Page 3
						E	- Exempt Contro	lled Orgai	nizations	S	
	<ol> <li>Name of controlle organization</li> </ol>	d	<b>2.</b> Employer identification number	incon	unrelated ne (loss) structions)	<b>4.</b> Tota	al of specified nents made	<b>5.</b> Part that is in controlli tion's g	of colun cluded i ng orga	nn 4 <b>6</b> n the niza-	Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
<u></u>			No	nexempt C	Controlled O	rganizati	ions				
7	7. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of speci yments mac		that is inc controlling		the	C	eductions directly onnected with me in column 10
(1)											
(2)											
(3)											
(4)											
Totals						•	Enter here line 8, c	and on Pa column (A	,		here and on Part I, e 8, column (B) 0 •
Part		Income	of a Section 50	1(c)(7). (	9). or (17)	Orgar	nization (s	ee instruc			
		cription of			2. Amou incor	int of	<b>3.</b> Deduction directly conn (attach state)	ons ected (a	4. Set-a	asides atement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amo column 2 here and o line 9, col	. Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals				►		0.					0.
Part	VIII Exploited E	xempt A	Activity Income,	, Other T	Than Adv	ertising	g Income	(see instru	uctions)		
1	Description of exploite	ed activity:									
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con										
	line 10, column (B)									3	
4	Net income (loss) from						<b>5</b> , 1				
	lines 5 through 7									4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen									_	
	4. Enter here and on F	art II, line	12							7	

Schedule A (Form 990-T) 2020

Page 4

line 13	Directors, and Trustees (see instructio		0.
	see Instructio		4. Compensation
d Nama	0. 784-	3. Percentage	
1. Name	<b>2.</b> Title	of time devoted	attributable to
		to business	unrelated business
		%	
		%	
		%	
		%	
re and on Part II, line 1			0.
upplemental Information	(see instructions)		
		Sche	dule A (Form 990-T) 2020
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1	Name(s) of periodical(s). Check box if reporting	two or more	periodicals on a	consolidated basis	5.	
	A [ B [					
	c 🗌					
	• p					
Enter a	amounts for each periodical listed above in the co	orrespondina	column.			
			Α	В	с	D
2	Gross advertising income					
	Add columns A through D. Enter here and on F	Part I, line 11, o	column (A)			0.
а						
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on P	Part I, line 11, o	column (B)		►	0.
4	Advertising gain (loss). Subtract line 3 from line					
-	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in					
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is less					
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain on					
а	line 4, enter the lesser of line 4 or line 7 Add line 8, columns A through D. Enter the gre		o 8a. columns t		don	
a	Part II, line 13				►	0.
Part		ectors, and	Trustees			•••
				,	3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
<u>(4)</u>					%	
						•
	Enter here and on Part II, line 1			<u></u>	<b>&gt;</b>	0.
Part	XI Supplemental Information (see	instructions)				

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 Schedule A (Form 990-T) 2020

 Part IX
 Advertising Income

CENTRAL MICHIGAN UNIVERSITY

38 - 6004447

FORM 990-T (A)	OTHER	INCOME	STATEMENT 10
DESCRIPTION			AMOUNT
EVENT RENTALS			1,567.
TOTAL TO SCHEDULE A, PART	1,567.		
FORM 990-T (A)	OTHER	DEDUCTIONS	STATEMENT 11
DESCRIPTION			AMOUNT
SUPPLIES AND EQUIPMENT			832.
TOTAL TO SCHEDULE A, PART	II, LINE 14		832.

						El	ITITY	5
	IEDULE A	Unrelated Busin	000	Tavable Ind	com	<u>م</u>	OMB No	o. 1545-0047
(For	m 990-T)					-		
		From an Unrelate	aı	rade or Bus	sine	55	20	)20
		► Go to www.irs.gov/Form990T for	r instr	uctions and the late	st infor	mation.		
	ment of the Treasury I Revenue Service	Do not enter SSN numbers on this form as it						lic Inspection for ganizations Only
	lame of the organization	no				B Employer ider		
	-	MICHIGAN UNIVERSITY				38-6004		
<u>c</u> ι	Inrelated business a	activity code (see instructions) <b>&gt;</b> 71000	0			D Sequence:	5 of	6
<b>E</b> D	escribe the unrelate	ed trade or business <b>►UNIVERSITY</b> R	ECR.	EATION				
Par	t I Unrelated	Trade or Business Income		(A) Income		(B) Expenses	(0	C) Net
1 a	Gross receipts or s	29102						
		wances c Balance >	1c					
2		d (Part III, line 8)	2					
3		ract line 2 from line 1c	3					
4a		come (attach Sch D (Form 1041 or Form						
	1120)) (see instruc		4a					
b	Net gain (loss) (For	rm 4797) (attach Form 4797) (see instructions)	4b					
с	Capital loss deduc	tion for trusts	4c					
5	Income (loss) from	a partnership or an S corporation (attach						
			5					
6		IV)	6					
7		anced income (Part V)	7					
8		royalties, and rents from a controlled						
•		VI)	8					
9		e of section 501(c)(7), (9), or (17)	9					
10		t VII) activity income (Part VIII)	9 10					
11		e (Part IX)	11					
12		instructions; attach statement)	12					
13		les 3 through 12	13	C	).			
Dar		IS Not Taken Elsewhere (See instructi	ons f	or limitations on	deduc	tions) Deduct	ions must	he
ı aı		nnected with the unrelated business in			ucuuu			
	-							
1		officers, directors, and trustees (Part X)					1	
2		s					2	
3		enance					3	
4 5		tomont) (coo instructions)					5	
5 6	•	atement) (see instructions)					5 6	
7	Depreciation (attac	ch Form 4562) (see instructions)		7		·····	5	
8		claimed in Part III and elsewhere on return				8	b	
9							Э	
10							0	
11	Employee benefit (	programs				1	1	
12	Excess exempt ex	penses (Part VIII)				1	2	
13		costs (Part IX)					3	
14		(attach statement)					4	
15		Add lines 1 through 14				1	5	0.
16		s income before net operating loss deduction. Su						Δ
17		oporating loss (coo instructions)					6 7	0.
17 18		operating loss (see instructions)					8	0.
LHA		Reduction Act Notice, see instructions.			<u></u>			n 990-T) 2020
								.,

					ENTITY 5
Schedu Part I	Ile A (Form 990-T) 2020	er method of inventorv valuati	on 🕨		Page 2
1		,		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7				_	
8	Cost of goods sold. Subtract line 7 from line 6.				
9	Do the rules of section 263A (with respect to pro				Yes No
Part I					·
1	Description of property (property street address, A B C	city, state, ZIP code). Check	if a dual-use (see instru	uctions)	
	D				
		Α	В	C	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
_	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds	6			
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
_	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				0.
5 Part V	Total deductions. Add line 4 columns A through Unrelated Debt-Financed Incom		line 6, column (B)	·····	0.
1	Description of debt-financed property (street add	· · · · ·	heck if a dual-use (see	instructions)	
•				inot dottonoj	
	B				
	c 🗌				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
b	Other deductions (attach statement)				
с	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocat				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu		t I, line 7, column (A)		0.
	_ 、 , ,	- ,			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, column	s A through D. Enter here and	l on Part I, line 7, colui	mn (B)	
11	Total dividends-received deductions included				0.
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Sched	ule A (Form 990-T) 2020	)									Page 3
	VI Interest, Annu		alties, and Re	ents fror	n Contro	led Or	ganization	S (se	e instruct	ions)	
						E	Exempt Contro	lled Org	ganization	s	
	1. Name of controlle organization	d	<b>2.</b> Employer identification number	incon	unrelated ne (loss) structions)		al of specified nents made	5. Part of column 4 that is included in the controlling organiza- tion's gross income		in the iniza-	Deductions directly connected with ncome in column 5
(1)									greee me		
(2)											
(3)											
(4)											
			No	nexempt C	Controlled O	rganizati	ons				
7	7. Taxable Income	inc	et unrelated ome (loss) nstructions)		otal of specir yments mac		<b>10.</b> Part of that is inclusion controlling gross	luded i	n the ation's	co	eductions directly onnected with me in column 10
(1)											
(2)											
(3)											
(4)											
Totals							Enter here line 8, c		,		nere and on Part I, e 8, column (B) 0 •
Part		Income o	f a Section 50	1(c)(7), (	9), or (17)	Orgar	hization (s	ee insti	ructions)		
		cription of in			2. Amou incor	int of	3. Deduction directly connormal (attach state)	ons ected	<b>4.</b> Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
Totals				•	Add amo column 2 here and o line 9, colu	. Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •
Part		xempt Ac	tivity Income,	Other 1	Than Adv		a Income	see ins	tructions)		
1	Description of exploite		,,	, •			<b>y</b> eee	300 113			
2	Gross unrelated busin		from trade or busi	ness. Ente	r here and o	n Part I.	line 10. colum	n (A)		2	
3	Expenses directly con	nected with	production of unre	elated busi	iness incom	e. Enter l	here and on Pa	art I,		3	
4	line 10, column (B) Net income (loss) from	n unrelated t	rade or business. S	Subtract lir	ne 3 from lin	e 2. lf a g	gain, complete				
~	lines 5 through 7									4	
5	Gross income from ac									5 6	
6 7	Expenses attributable Excess exempt expen									0	
'	4. Enter here and on F									7	

Schedule A (Form 990-T) 2020

Sched Part	Iule A (Form 990-T) 2020 IX Advertising Income					Page 4
1	Name(s) of periodical(s). Check box if reportin         A         B         C         D	ng two or n	nore periodicals on a c	onsolidated basis		
Enter	amounts for each periodical listed above in the	correspon	ding column.			
		. ſ	A	В	С	D
2	Gross advertising income	Γ				
	Add columns A through D. Enter here and on	Part I, line	e 11, column (A)		•	0.
а	-	-				
3	Direct advertising costs by periodical	ſ				
а	Add columns A through D. Enter here and on	_	e 11, column (B)			0.
	Ũ	,	, , ,			
4	Advertising gain (loss). Subtract line 3 from lin 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8	n e				
5	Readership costs	Г				
6	Circulation income					
7	Excess readership costs. If line 6 is less than	I				
	line 5, subtract line 6 from line 5. If line 5 is le					
	than line 6, enter zero	I				
8	Excess readership costs allowed as a	·····				
•	deduction. For each column showing a gain of	nn				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g		ue line 8a. columns tota	al or zero here and	1 on	
u	Part II, line 13					0.
Part		rectors.	and Trustees (se	e instructions)		•••
	1. Name	,	<b>2.</b> Title		3. Percentage of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Tota	I. Enter here and on Part II, line 1					0.
Part	XI Supplemental Information (Se	e instructi	ons)			

						ENT	ITY 6	
	EDULE A n 990-T)	Unrelated Busin					OMB No. 1545-0047	
		From an Unrelate	ed Ti	rade or Busin	ess		2020	
		► Go to www.irs.gov/Form990T fo	r instru	ctions and the latest in	formation.		2020	
	ent of the Treasury Revenue Service	Do not enter SSN numbers on this form as it				3).	Open to Public Inspection for 501(c)(3) Organizations Only	
	me of the organizatio	n MICHIGAN UNIVERSITY				identification number 04447		
<u><b>C</b></u> Ur	nrelated business a	ctivity code (see instructions) <b>&gt;</b> 72000	0		D Sequence	9:	6 <sub>of</sub> 6	
E De	escribe the unrelate	ed trade or business ►CATERING,BE	VERA	GE SRVS, CON	CESSIONS	& E	BEAVER	
Part	Unrelated	Trade or Business Income		(A) Income	(B) Expense	S	(C) Net	
1a (	Gross receipts or s	ales 89,009.						
	•	wances c Balance ►	1c	89,009.				
	Cost of goods sold		2	42,435.				
	•	act line 2 from line 1c	3	46,574.			46,574.	
		come (attach Sch D (Form 1041 or Form					,	
		tions)	4a					
		m 4797) (attach Form 4797) (see instructions)	4b					
		tion for trusts	4c					
		a partnership or an S corporation (attach						
			5					
			6					
		IV)	7					
		Inced income (Part V)						
		royalties, and rents from a controlled	8					
		e of section 501(c)(7), (9), or (17)						
c	organizations (Part	VII)	9					
		activity income (Part VIII)	10					
		e (Part IX)	11					
		instructions; attach statement)	12					
		es 3 through 12	13	46,574.			46,574.	
	II Deduction	s Not Taken Elsewhere (See instruct nnected with the unrelated business in		or limitations on ded	uctions) Ded	uctior	ns must be	
1 (	Compensation of c	fficers, directors, and trustees (Part X)				1		
2 3	Salaries and wages	§				2	2,489.	
		enance				3		
						4		
5 I		tement) (see instructions)				5		
		۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰				6		
		h Form 4562) (see instructions)						
		claimed in Part III and elsewhere on return				8b		
						9		
		eferred compensation plans				10		
		programs				11		
		penses (Part VIII)				12		
		costs (Part IX)				13		
14 (	Other deductions (	attach statement)		SEE STATI	EMENT 12	14	131,294.	
						15	133,783.	
		s income before net operating loss deduction. Si		line 15 from Part I, line 1		-13		
				,	,	16	-87,209.	
		porating loss (soo instructions)					-07,209	
		operating loss (see instructions) ss taxable income. Subtract line 17 from line 16				17 18	-87,209.	
<u>18</u> (		eduction Act Notice, see instructions.	ر				lle A (Form 990-T) 2020	

	ule A (Form 990-T) 2020				Page 2
Part	III Cost of Goods Sold Enter methods	od of inventory valua	tion 🕨 N/A		
1	Inventory at beginning of year			1	0.
2	Purchases				42,435.
3	Cost of labor				0.
4	Additional section 263A costs (attach statement)			4	0.
5	Other costs (attach statement)				0.
6	Total. Add lines 1 through 5				42,435.
7	Inventory at end of year				0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter he				42,435.
9	Do the rules of section 263A (with respect to property p			······	Yes X No
Part		Personal Prope	rtv Leased with Re	al Property)	
1	Description of property (property street address, city, sta A B C				
		•	<b></b>	•	
•	<u> </u>	Α	B	C	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
5 Part 1	Description of debt-financed property (street address, ci	e instructions)		L.	0.
	c 🔄				
	D		,		
	-	Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
с	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
•	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
5	0				
•	financed property (attach statement)				
6	Divide line 4 by line 5	%	ő <u>%</u>	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	Enter here and on Pa	art I, line 7, column (A)	•	0.
	г		<u>г</u>	I	
9	Allocable deductions. Multiply line 3c by line 6		1		
10					
	Total allocable deductions. Add line 9, columns A thro				
11	Total allocable deductions. Add line 9, columns A thro Total dividends-received deductions included in line 1			►	0 • 0 • (Form 990-T) 2020

### 10590509 147228 43642

35 2020.05094 CENTRAL MICHIGAN UNIVERSI 43642\_\_1

ENTITY

6

Sabadı	ula A (Earm 000 T) 2020	<b>`</b>										
Part	ule A (Form 990-T) 2020	, uities, Re	oyalties, and Re	ents from	n Contro	led Or	ganization	s (see ir	nstructio	ns)	Page 3	
				Exempt Controlled Organizations								
	1. Name of controlled organization		<b>2.</b> Employer identification number	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in th controlling organiza tion's gross income		the iza-	ne connected with	
(1)												
(2)												
(3)												
(4)												
<u>.                                    </u>			No	nexempt C	Controlled O	rganizati	ions	•				
		ir			, Total of specified payments made		<b>10.</b> Part of column 9 that is included in the controlling organization's gross income		ne	<b>11.</b> Deductions directly connected with income in column 10		
(1)												
(2)												
(3)												
(4)												
Totals						•	Enter here line 8, c	and on Pa column (A)	rt I, 0 •	Enter h	olumns 6 and 11. here and on Part I, e 8, column (B) 0 •	
Part	VII Investment	Income	of a Section 50	1(c)(7). (	9), or (17)	Organ	l nization (s	ee instruct			0.	
	1. Description of income			<u>- (- // / / / / / / / / / / / / / / / / </u>	2. Amount of income		3. Deductions 4. Set		4. Set-as	asides tatement) 5. Total deduction and set-aside (add cols 3 and		
(1)												
(2)												
(3)												
(4)					Add amo column 2 here and o	. Enter					Add amounts in column 5. Enter here and on Part I,	
Totals				►	line 9, col	umn (A) 0 •					line 9, column (B)	
Part	VIII Exploited E	xempt A	Activity Income,	, Other T	Than Adv	ertising	g Income	(see instruc	ctions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con		•									
	line 10, column (B)									3		
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete											
	lines 5 through 7									4		
5	Gross income from ac									5		
6	Expenses attributable								·····  -	6		
7	Excess exempt expen			-						_		
	4. Enter here and on F	art II, line	12							7		

Schedule A (Form 990-T) 2020

D

С

В

Page 4

0.

0.

	line 4 showing a loss or zero, do not complete	Э							
	lines 5 through 7, and enter zero on line 8								
5	Readership costs								
6	Circulation income								
	Excess readership costs. If line 6 is less than								
	line 5, subtract line 6 from line 5. If line 5 is le	SS							
	than line 6, enter zero								
	Excess readership costs allowed as a								
	deduction. For each column showing a gain o	n							
	line 4, enter the lesser of line 4 or line 7								
	Add line 8, columns A through D. Enter the g		the line 8a,	columns to	otal or zer	o here an	d on		
	Part II, line 13								Ο.
Part X	Compensation of Officers, Dir	rectors	, and Tru	ustees (	see instru	ctions)			
							3. Percentage	4. Compens	sation
	1. Name		<b>2.</b> Title			of time devoted	attributabl		
						to business	unrelated bu	siness	
(1)							%		
(2)							%		
(3)							%		
(4)							%		
Total. E		e instruc	tions)	<u></u>			····· ►		0.
023732 12	-23-20		27			Sche	edule A (Form 9	90-T) 2020	

(1) (2) (3) (4)

Schedule A (Form 990-T) 2020

Advertising Income

Gross advertising income

Enter amounts for each periodical listed above in the corresponding column.

Direct advertising costs by periodical

Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in

Add columns A through D. Enter here and on Part I, line 11, column (A)

Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

Α

Add columns A through D. Enter here and on Part I, line 11, column (B)

Part IX

Α В С D

1

2

а 3

а

4

10590509 147228 43642

CENTRAL MICHIGAN UNIVERSITY

38 - 6004447

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 12		
DESCRIPTION		AMOUNT		
SUPPLIES AND EQUIPMENT		131,294.		
TOTAL TO SCHEDULE A, PAI	131,294.			
FORM 990-T DESCRIPT: SCHEDULE A	ION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 13		

CATERING, BEVERAGE SRVS, CONCESSIONS & BEAVER ISLAND

TO FORM 990-T, SCHEDULE A, LINE E

Name

Department of the Treasury Internal Revenue Service

# Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

38-6	5004	447		
		Yes	X	No

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or	loss.

Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with <b>Box A</b> checked					
2 Totals for all transactions reported on					
Form(s) 8949 with <b>Box B</b> checked					
<b>3</b> Totals for all transactions reported on					070
Form(s) 8949 with <b>Box C</b> checked					972.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kind				5	
6 Unused capital loss carryover (attach computa				6	972.
7 Net short-term capital gain or (loss). Combine Part II Long-Term Capital Gain	e lines ta through 6 in column	n ets Held More Than	One Year	7	972.
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9 Totals for all transactions reported on					
Form(s) 8949 with <b>Box E</b> checked					
10 Totals for all transactions reported on					
Form(s) 8949 with <b>Box F</b> checked					62,087.
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine		nh		15	62,087.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lin				16	972.
17 Net capital gain. Enter excess of net long-term				17	62,087.
<b>18</b> Add lines 16 and 17. Enter here and on Form		plicable line on other returns		18	63,059.
Note: If losses exceed gains, see Capital Los	ses in the instructions.				

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

Schedule D (Form 1120) 2020

021051 12-14-20



Name(s) shown on return

## **Sales and Other Dispositions of Capital Assets**

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Attachment hment ence No. 12A

Social security number or taxpayer identification no.

6001117

CENTRAL MICHIG	AN UNIVE	RSITY				38-6	004447
Before you check Box A, B, or C bell statement will have the same information		you received any 99-B. Either will s	r Form(s) 1099-B o show whether you	or substitute statem r basis (usually you	nent(s) fron r cost) was	n your broker. A su s reported to the IF	bstitute IS by your
broker and may even tell you which is           Part I         Short-Term. Transact		al assets you held	1 year or less are ge	nerally short-term (see	e instruction	is). For long-term	
transactions, see page 2. <b>Note:</b> You may aggregate al codes are required. Enter the	I short-term transac	tions reported on F	Form(s) 1099-B show	ving basis was reporte	ed to the IRS	S and for which no ac	
You must check Box A, B, or C below.	Check only one bo	<b>x.</b> If more than one b	ox applies for your shor	t-term transactions, comp	olete a separat	te Form 8949, page 1, for	/
If you have more short-term transactions than wil					-		
(B) Short-term transactions re		,	•	,	Note ab	000)	
X (C) Short-term transactions no		,	0				
1 (a)	(b)	(c)	(d)	(e)	Adjustme	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If y	où enter an amount	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	in column column (f	(g), enter a code in ). See instructions.	Subtract column (e)
, i , , , , , , , , , , , , , , , , , ,		(Mo., day, yr.)		Note below and	(f)	(g)	from column (d) &
				see Column (e) in the instructions	Code(s)	Amount of	combine the result with column (g)
GLOUSTON PRIVATE						adjustment	(9)
EQUITY							
OPPORTUNITIES V,							209.
LANDMARK EQUITY							209.
· •							762
PARTNERS XV, L.P.							763.
2 Totals. Add the amounts in colur	mns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to	tal here and inclu	ude on your					
Schedule D, line 1b (if Box A abo	ove is checked),	line 2 (if Box B					
above is checked), or line 3 (if B	ox C above is ch	necked)					972.
Note: If you checked Box A above b	out the basis repo	orted to the IRS v	was incorrect, ent	er in column (e) the	basis as r	reported to the IRS	, and enter an
adjustment in column (g) to correct t	the basis. See C	<i>olumn (g)</i> in the s	separate instructio	ons for how to figur	e the amo	unt of the adjustm	ent.

2020.05094 CENTRAL MICHIGAN UNIVERSI 43642\_\_1

Form 8949 (2020)				Attachm	nent Seque	nce No. <b>12A</b>	Page <b>2</b>
Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1 Social security number or taxpayer identification no.							
CENTRAL MICHIG	AN UNTVE	SULAS					004447
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	w, see whether y ation as Form 109		r Form(s) 1099-B c show whether you	or substitute statem Ir basis (usually you	ent(s) from r cost) was		
Part II Long-Term. Transaction	ons involving capita	al assets you held n	nore than 1 year are	generally long-term (s	ee instructio	ns). For short-term t	ransactions,
see page 1. Note: You may aggregate all codes are required. Enter the You must check Box D, E, or F below. C If you have more long-term transactions than will (D) Long-term transactions rep	totals directly on S Check only one bo fit on this page for one	Schedule D, line 8a x. If more than one b or more of the boxes	a; you aren't required ox applies for your long , complete as many form	to report these transa- term transactions, compl ns with the same box check	actions on Fo ete a separate ked as you nee	orm 8949 (see instru Form 8949, page 2, for ed.	ctions).
(E) Long-term transactions rep (E) Long-term transactions rep (X) (F) Long-term transactions not	orted on Form(s)	) 1099-B showing	g basis <b>wasn't</b> re		Note abo	ve)	
1 (a)	(b)	(c)	(d)	(e)	Adjustment	t, if any, to gain or	(h)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of (Mo., day, yr.)	Proceeds (sales price)	Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in	in column	u enter an amount (g), enter a code in . See instructions. (g) Amount of	<b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result
				the instructions	0000(0)	adjustment	with column (g)
GLOUSTON PRIVATE							
EQUITY OPPORTUNITIES V,							42,608.
LANDMARK EQUITY							42,000.
PARTNERS XV, L.P.							13,648.
THE BARING ASIA							13,040.
PRIVATE EQUITY							
FUND VII							2,766.
WARBURG PINCUS							2,7000
(GANYMEDE) PRIVATE							
EQUITY							3,065.
							5,0050
2 Totals. Add the amounts in columnegative amounts). Enter each to Schedule D, line 8b (if Box D abo	tal here and inclu	ude on your					
above is checked), or line 10 (if E							62,087.
Note: If you checked Box D above b adjustment in column (g) to correct t	ut the basis repo	orted to the IRS				•	s, and enter an
asjastinent in column (g) to conect t				sile iei new to ngui		or the aujustin	

023012 12-11-20

Form 8949 (2020)

## Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,

OMB No. 1545-0123

120

Department of the Treasury Internal Revenue Service			REIT, 1120-RIC, 1120-SI 20 for instructions and the la		)-T.	2020
Name					Emplo	oyer identification number
CENTRAL M	CHIGAN UNI	VERSITY			38-	6004447
Did the corporation dispose			nity fund during the tax ye	ear?		N V
If "Yes," attach Form 8949						
			sets Held One Year			
See instructions for how to fig	ure the amounts	(d)	(e)	(g) Adjustments to g	ain	(h) Gain or (loss)
to enter on the lines below. This form may be easier to cor		Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part I, line 2, column	949,	Subtract column (e) from column (d) and combine the result with column (g)
round off cents to whole dollar					-	result with column (g)
1a Totals for all short-term tr reported on Form 1099-B was reported to the IRS a have no adjustments (see However, if you choose to transactions on Form 894 blank and go to line 1b	for which basis nd for which you instructions). report all these					
<b>1b</b> Totals for all transactions	reported on					
Form(s) 8949 with <b>Box A</b>	checked					
2 Totals for all transactions	· /					
Form(s) 8949 with <b>Box B</b>						
<b>3</b> Totals for all transactions						070
Form(s) 8949 with <b>Box C</b>						972.
4 Short-term capital gain fro					4	
5 Short-term capital gain or					5	
6 Unused capital loss carryo					6	
7 Net short-term capital gain	n or (loss). Combine lir	ies 1a through 6 in colum	n h sets Held More Tha	n One Veer	7	972.
		and Losses - As		n One fear		
See instructions for how to fig to enter on the lines below.	Jure the amounts	<b>(d)</b> Proceeds	(e) Cost	(g) Adjustments to g		(h) Gain or (loss) Subtract column (e) from
This form may be easier to cor round off cents to whole dollar	nplete if you 's.	(sales price)	(or other basis)	or loss from Form(s) 89 Part II, line 2, column		column (d) and combine the result with column (g)
8a Totals for all long-term tra on Form 1099-B for which reported to the IRS and fo no adjustments (see instri- if you choose to report all on Form 8949, leave this I line 8b	h basis was r which you have uctions). However, these transactions					
${\bf 8b} \ \ {\rm Totals} \ {\rm for} \ {\rm all} \ {\rm transactions}$	reported on					
Form(s) 8949 with <b>Box D</b>	checked					
9 Totals for all transactions	reported on					
Form(s) 8949 with <b>Box E</b>	checked					
10 Totals for all transactions	reported on					
Form(s) 8949 with <b>Box F</b>	checked					62,087.
11 Enter gain from Form 479					11	
12 Long-term capital gain from	om installment sales fro	m Form 6252, line 26 or 3	37		12	
13 Long-term capital gain or	(loss) from like-kind ex	changes from Form 8824	ļ		13	
14 Capital gain distributions					14	
15 Net long-term capital gair			nn h		15	62,087.
-	of Parts I and II				1	
16 Enter excess of net short-					16	972.
17 Net capital gain. Enter exc					17	62,087.
18 Add lines 16 and 17. Ente	r here and on Form 112	0. page 1. line 8. or the a	pplicable line on other returns	s	18	63,059.

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

Note: If losses exceed gains, see Capital Losses in the instructions.

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns

Schedule D (Form 1120) 2020

021051 12-14-20



Name(s) shown on return

## **Sales and Other Dispositions of Capital Assets**

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

12A nce No

Social security number or taxpayer identification no.

CENTRAL MICHIG							004447
Before you check Box A, B, or C bell statement will have the same informa broker and may even tell you which b	ow, see whether ation as Form 109	you received any 99-B. Either will s	/ Form(s) 1099-B ( show whether you	or substitute staterr r basis (usually you	nent(s) fron r cost) was	n your broker. A su s reported to the IF	bstitute IS by your
Part I Short-Term. Transact	ions involving capit	al assets you held	1 year or less are ge	nerally short-term (see	e instruction	s). For long-term	
transactions, see page 2. <b>Note:</b> You may aggregate al	l short-term transac	tions reported on I	Form(s) 1099-B show	ing basis was reporte	ed to the IRS	S and for which no ac	ljustments or
codes are required. Enter the You must check Box A, B, or C below.							
If you have more short-term transactions than will							each applicable box.
(A) Short-term transactions re	ported on Form(s	s) 1099-B showin	g basis was repor	ted to the IRS (see	Note ab	ove)	
(B) Short-term transactions re	ported on Form(s	s) 1099-B showin	g basis wasn't re	eported to the IRS			
X (C) Short-term transactions no		,	•				
1 (a)	(b)	(c)	(d)	(e)	Adjustmer	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If y	où enter an amount	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	in column	(g), enter a code in	Subtract column (e)
(Example: 100 sil: X12 00.)	(1010., day, yr.)	(Mo., day, yr.)		Note below and		). See instructions.	from column (d) &
		(1010., day, yr.)		see Column (e) in	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
GLOUSTON PRIVATE							
EQUITY							
OPPORTUNITIES V,							209.
LANDMARK EQUITY							
PARTNERS XV, L.P.							763.
							,
2 Totals. Add the amounts in colur	mns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 1b (if Box A abo							
above is checked), or line 3 (if B		•					972.
Note: If you checked Box A above b		, ,	was incorrect ent	er in column (e) the	hasis as r	reported to the IRS	
adjustment in column (g) to correct t				. ,		•	

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Form 8949 (2020)				Attachm	nent Seque	nce No. <b>12A</b>	Page <b>2</b>
Name(s) shown on return. Name and	I SSN or taxpaye	er identification n	o. not required if	shown on page 1			ity number or ntification no.
CENTRAL MICHIG	AN UNIVE	RSITY					004447
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ow, see whether y ation as Form 109		Form(s) 1099-B c show whether you	or substitute statem Ir basis (usually you	ent(s) from r cost) was		
Part II Long-Term. Transaction	ons involving capita	al assets you held n	nore than 1 year are	generally long-term (s	ee instructio	ns). For short-term t	ransactions,
see page 1. Note: You may aggregate all codes are required. Enter the You must check Box D, E, or F below. O If you have more long-term transactions than will	e totals directly on S Check only one bo	Schedule D, line 8a x. If more than one b	; you aren't required ox applies for your long	to report these transa- term transactions, compl	actions on Fo	orm 8949 (see instru Form 8949, page 2, for o	ctions).
(D) Long-term transactions rep				-	Note abo	ve)	
<b>X</b> (F) Long-term transactions not			-				
1 (a)	(b)	(c)	(d)	(e)	Adjustment	t, if any, to gain or u enter an amount	(h)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of (Mo., day, yr.)	Proceeds (sales price)	Cost or other basis. See the <b>Note</b> below and see <i>Column</i> (e) in the instructions	in column	(g), enter a code in . See instructions. (g) Amount of adjustment	Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
GLOUSTON PRIVATE						aujustment	(0)
EQUITY							
OPPORTUNITIES V,							42,608.
LANDMARK EQUITY							
PARTNERS XV, L.P.							13,648.
THE BARING ASIA							
PRIVATE EQUITY							
FUND VII							2,766.
WARBURG PINCUS							
(GANYMEDE) PRIVATE							3,065.
EQUITY							3,005.
2 Totals. Add the amounts in colur							
negative amounts). Enter each to Schedule D, <b>line 8b</b> (if <b>Box D</b> abo		-					
above is checked), or line 10 (if E							62,087.
Note: If you checked Box D above b			was incorrect. ent	er in column (e) the	basis as re	eported to the IRS	·
adjustment in column (g) to correct t	•			.,		•	

023012 12-11-20

#### Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return.

	OMB No. 1545-0184
	2020
	Attachment Sequence No. 27
Ide	entifying number

Т

Go to www.irs.gov/Form4797 for instructions and the latest information.

CENTRAL MICHIGAN UNIVERSITY								38-6004447
1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S								
(or substitute statement) that you are including on line 2, 10, or 20							1	
Part I	Part I         Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other           Than Casualty or Theft-Most Property Held More Than 1 Year         (see instructions)							
	instructions)							
2	(a) Description	(b) Date acquired	(C) Date sold	(d) Gross sales	(e) Depreciation allowed or	(f) Cost or othe basis, plus	er	(g) Gain or (loss)

2	(a) Description of property	( <b>b</b> ) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	allowable since acquisition	basis, plu improvement expense of	is s and	( <b>g</b> ) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SE	E STATEMENT 14							-1,132.
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment s	ales from Form 6	8252, line 26 or	37			4	
5	Section 1231 gain or (loss) from like-	kind exchanges	from Form 8824	l <u></u>			5	
6	Gain, if any, from line 32, from other	than casualty or	theft				6	
7	Combine lines 2 through 6. Enter the	e gain or (loss) he	ere and on the a	ppropriate line as f	follows		7	-1,132.
	Partnerships and S corporations. line 10, or Form 1120-S, Schedule K		. ,	•	for Form 1065, Sch	edule K,		
	Individuals, partners, S corporatio from line 7 on line 11 below and skip 1231 losses, or they were recaptured the Schedule D filed with your return							
8	Nonrecaptured net section 1231 los	ses from prior ye	ars. See instruc	tions			8	
9	Subtract line 8 from line 7. If zero or line 9 is more than zero, enter the ar capital gain on the Schedule D filed	nount from line 8	on line 12 belo	w and enter the ga			9	

#### Ordinary Gains and Losses (see instructions) Part II

10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):		
11	Loss, if any, from line 7	11	( 1,132.)
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31		
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36		
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824		
17	Combine lines 10 through 16		-1,132.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines		
	a and b below. For individual returns, complete lines a and b below.		
а	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the	e	
	loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property use	d	
	as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1		
	(Form 1040), Part I, line 4	18b	

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Form 4797 (2020)

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Page **2** 

					(b) Date acquired	(c) Date sold
19	(a) Description of section 1245, 1250, 1252, 1254, c	or 1255	property:		(mo., day, yr.)	(mo., day, yr.)
A						
<u> </u>						
_C						
D						
	These columns relate to the properties on lines 19A through 19D.	►	Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20				
21	Cost or other basis plus expense of sale	21				
22	Depreciation (or depletion) allowed or allowable $\dots$	22				
23	Adjusted basis. Subtract line 22 from line 21	23				
24	Total gain. Subtract line 23 from line 20	24				
	If section 1245 property:					
	Depreciation allowed or allowable from line 22	25a				
	Enter the <b>smaller</b> of line 24 or 25a	25b			-	
26	<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
а	Additional depreciation after 1975. See instructions	26a				
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b				
	Subtract line 26a from line 24. If residential rental property <b>or</b> line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
	Additional depreciation after 1969 and before 1976	26d				
е	Enter the smaller of line 26c or 26d	26e				
f	Section 291 amount (corporations only)	26f				
	Add lines 26b, 26e, and 26f	26g				
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. Soil, water, and land clearing expenses	27a				
	Line 27a multiplied by applicable percentage	27b				
	Enter the smaller of line 24 or 27b	27c				
28	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
	Enter the smaller of line 24 or 28a	28b				
	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b	Enter the smaller of line 24 or 29a. See instructions	29b				
Su	mmary of Part III Gains. Complete property c	olumns	A through D through	n line 29b before going	to line 30.	
30	Total gains for all properties. Add property columns	A throu	ugh D, line 24			0
31 32	Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from from other than casualty or theft on Form 4797, line	casual 6	ty or theft on Form 46	684, line 33. Enter the	portion 3	2
Pa	ITT IV Recapture Amounts Under Sectio (see instructions)	ns 17	9 and 280F(b)(2)	When Business	Use Drops to 50	0% or Less
					(a) Section 179	(b) Section 280F(b)(2)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

			179	280
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
				4

#### 018012 12-18-20

Form **4797** (2020)

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46

CENTRAL MICHIGAN UNIVERSITY

38 - 6004447

FORM 4797	PROI	PERTY HEL	D MORE THAN	N ONE YEAR	ST	ATEMENT 14
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
ARCLIGHT ENERGY PARTNERS FUND VI, L.P. DAVIDSON KEMPNER						-922.
INSTITUTIONAL (ENDOWMEN						56.
LANDMARK EQUITY PARTNERS XV, L.P. MAGELLAN						-137.
MIDSTREAM PARTNERS LP WARBURG PINCUS						-13.
PRIVATE EQUITY (E&P) XII DAVIDSON KEMPNER						-160.
INSTITUTIONAL (OPERATIN						44.
TOTAL TO 4797, PAI	RT I, LINE	2				-1,132.

#### Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return.

	OMB No. 1545-0184
	2020
	ζυζυ
	Attachment Sequence No. 27
Ide	entifying number

Go to www.irs.gov/Form4797 for instructions and the latest information.

CENTR		38-6004447								
1 Enter t	1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S									
(or substitute statement) that you are including on line 2, 10, or 20										
Part I	Sales or Exchanges of					y Conversion	ons	From Other		
	Than Casualty or Theft-Most Property Held More Than 1 Year         (see instructions)									
2		( <b>b</b> ) Date acquired	(c) Date sold	(d) Gross sales	(e) Depreciation	(f) Cost or othe	er	(g) Gain or (loss)		

Z	of property	(mo., day, yr.)	(mo., day, yr.)	price	allowed or allowable since acquisition	improvement expense of	s and	Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39	9					3	
4	Section 1231 gain from installment	sales from Form 6	8252, line 26 or	37			4	
5	Section 1231 gain or (loss) from like	kind exchanges	from Form 8824	ļ			5	
6	Gain, if any, from line 32, from other		6					
7	Combine lines 2 through 6. Enter the						7	-1,132.
	<b>Partnerships and S corporations.</b> line 10, or Form 1120-S, Schedule K	1 0	· · ·	0	or Form 1065, Sch	edule K,		
	Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recapture the Schedule D filed with your return	o lines 8 and 9. If d in an earlier yea	line 7 is a gain a ar, enter the gair	and you didn't have n from line 7 as a le	e any prior year se	ction		
8	Nonrecaptured net section 1231 los	ses from prior ye	ars. See instruc	tions			8	
9	Subtract line 8 from line 7. If zero or line 9 is more than zero, enter the ar capital gain on the Schedule D filed	mount from line 8	on line 12 belo	w and enter the ga		long-term	9	

Ordinary Gains and Losses (see instructions) Part II

10	Ordinary gains and lasses not included on	lines 11 th	rough 16 (inclu	do proporte bold 1				
10	Ordinary gains and losses not included on	lines i i u	irougn to (inclu	Ide property neid 1	year or less).			
11	Loss, if any, from line 7			·			11	( 1,132.)
12	Gain, if any, from line 7 or amount from line	e 8, if appl	icable				12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, lines 31	and 38a					14	
15	Ordinary gain from installment sales from F						15	
16	Ordinary gain or (loss) from like-kind excha						16	
17	Combine lines 10 through 16						17	-1,132.
18	For all except individual returns, enter the					skip lines		
	a and b below. For individual returns, com	plete lines	a and b below.					
а	If the loss on line 11 includes a loss from Fo	orm 4684,	line 35, column	(b)(ii), enter that pa	art of the loss here	e. Enter the		
	loss from income-producing property on Sc							
	1 01 1 7	18a						
h	as an employee.) Identify as from "Form 4797, line 18a." See instructions							
Ň	(Form 1040), Part I, line 4	°,					18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2020)

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Page **2** 

<b>19</b> (a) Description of section 1245, 1250, 1252, 1254, o	or 1255 p	property:		(b) Date acqu (mo., day, y		(c) Date sold (mo., day, yr.)
Α						
В						
C						
D						
These columns relate to the properties on						
lines 19A through 19D.		Property A	Property B	Property	C	Property D
Gross sales price (Note: See line 1 before completing.)	20					
Cost or other basis plus expense of sale	21					
2 Depreciation (or depletion) allowed or allowable	22					
Adjusted basis. Subtract line 22 from line 21	23					
Total gain. Subtract line 23 from line 20	24					
If section 1245 property:						
a Depreciation allowed or allowable from line 22	25a					
<b>b</b> Enter the <b>smaller</b> of line 24 or 25a	25b					
<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
${\bf a}$ Additional depreciation after 1975. See instructions $\dots$	26a					
<b>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b					
<b>c</b> Subtract line 26a from line 24. If residential rental property <b>or</b> line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
d Additional depreciation after 1969 and before 1976	26d					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f	26g					
7 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
a Soil, water, and land clearing expenses	27a					
<b>b</b> Line 27a multiplied by applicable percentage	27b					
<ul> <li>c Enter the smaller of line 24 or 27b</li> <li>B If section 1254 property:         <ul> <li>a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions</li> </ul> </li> </ul>	27c					
<b>b</b> Enter the <b>smaller</b> of line 24 or 28a	28b			1		
9 If section 1255 property: a Applicable percentage of payments excluded	29a					
from income under section 126. See instructions <b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b			1		
ummary of Part III Gains. Complete property of	• •	A through D through	line 29b before going	to line 30		
Total gains for all properties. Add property columns	A throu	gn D, line 24			30	
Add property columns A through D, lines 25b, 26g,	27c, 28	o, and 29b. Enter he	re and on line 13		31	
2 Subtract line 31 from line 30. Enter the portion from		y or theft on Form 46	684, line 33. Enter the	portion		
from other than casualty or theft on Form 4797, line Part IV Recapture Amounts Under Section		and 280F(b)(2)	When Business	Use Drops to	32 5 <b>50</b> % (	or Less
(see instructions)				-	,	
				(a) Sectio	n	(b) Section 280F(b)(2)

			179	280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
				4707

### 018012 12-18-20

Form **4797** (2020)

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