DocuSign Envelope ID: 93F2EA57-6E17-4E8C-836D-AE7D8917BD10

| Form 8879-TE | IRS e-file Signature Authorization for a Tax Exempt Entity | OMB No. 1545-0047 | | | |
|---|---|--|--|--|--|
| | For calendar year 2021, or fiscal year beginning $_ JUL 1$, 2021, and ending $_ JUN 30$, | ²⁰ 22 2021 | | | |
| Department of the Treasury Internal Revenue Service | Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. | | | | |
| Name of filer | | EIN or SSN | | | |
| CENTRA: | L MICHIGAN UNIVERSITY | 38-6004447 | | | |
| Name and title of officer or pe | · | | | | |
| Deut I Turne of I | ASSOCIATE VICE PRESIDENT | | | | |
| | Return and Return Information | | | | |
| Form 5330 filers may enter or 10a below, and the amo | rn for which you are using this Form 8879-TE and enter the applicable amount, if any, from dollars and cents. For all other forms, enter whole dollars only. If you check the box on line ount on that line for the return being filed with this form was blank, then leave line 1b, 2b, ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable | ne 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, | | | |
| 1a Form 990 check h | ere b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | | | | |
| 2a Form 990-EZ che | ck here 🕨 📃 🛛 b Total revenue, if any (Form 990-EZ, line 9) | | | | |
| 3a Form 1120-POL of | | | | | |
| 4a Form 990-PF che | | | | | |
| 5a Form 8868 check | | | | | |
| 6a Form 990-T check | | | | | |
| 7a Form 4720 check | | 7b | | | |
| 8a Form 5227 check | | 8b | | | |
| 9a Form 5330 check | | 9b | | | |
| 10a Form 8038-CP ch | eck here b Amount of credit payment requested (Form 8038-CP, Part III, li ion and Signature Authorization of Officer or Person Subject to Tax | ine 22) 10b | | | |
| | I declare that I am an officer of the above entity or I am a person subject to tak | | | | |
| of entity) | , (EIN) and | | | | |
| entry to the financial institu financial institution to debi- later than 2 business days payment of taxes to receiv personal identification num PIN: check one box only | , I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic to ition account indicated in the tax preparation software for payment of the federal taxes on the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financia prior to the payment (settlement) date. I also authorize the financial institutions involved in e confidential information necessary to answer inquiries and resolve issues related to the ber (PIN) as my signature for the electronic return and, if applicable, the consent to electronic to electronic to the payment for the electronic return and its applicable. | wed on this return, and the ial Agent at 1-888-353-4537 no n the processing of the electronic payment. I have selected a ronic funds withdrawal. | | | |
| X I authorize PL. | ANTE & MORAN, PLLC to | enter my PIN 12345 | | | |
| | ERO firm name | Enter five numbers, but do not enter all zeros | | | |
| with a state ager | on the tax year 2021 electronically filed return. If I have indicated within this return that a ncy(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afor isclosure consent screen. | | | | |
| return. If I have i | person subject to tax with respect to the entity, I will enter my PIN as my signature on the indicated within this return that a copy of the return is being filed with a state agency(ies) r rogram, I will enter my PIN on the return's disclosure consent screen. | regulating charities as part of the | | | |
| Signature of officer or person subject | | Date > 5/2/2023 | | | |
| Part III Certifica | tion and Authentication | | | | |
| | ur six-digit electronic filing identification your five-digit self-selected PIN. 38627813579 Do not enter all zeros | | | | |
| - | neric entry is my PIN, which is my signature on the 2021 electronically filed return indicate cordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Au | | | | |
| ERO's signature 🕨 PLA | NTE & MORAN, PLLC Date ► 05/ | 01/23 | | | |
| ERO Must Retain This Form - See Instructions | | | | | |
| | Do Not Submit This Form to the IRS Unless Requested To Do S | Form 8879-TE (2021) | | | |
| | Paperwork Reduction Act Notice, see instructions. | | | | |
| 102521 01-11-22 | 9 | | | | |

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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 15, 2023 | | | | | | | |
|--------------------------------------|--|-------------------|--|--|--|--|--|
| Form 990-T | | | | | | | |
| | (and proxy tax under section 6033(e)) | | | | | | |
| | For calendar year 2021 or other tax year beginning JUL 1, 2021 , and ending JUN 30, 202 | 22 | 2021 | | | | |
| Department of the Treasury | ► Go to www.irs.gov/Form990T for instructions and the latest information. | — L | | | | | |
| 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 | Ì | , | | | | |
| 408A 530(a) | City or town, state or province, country, and ZIP or foreign postal code | | | | | | |
| 529(a) 529A | MOUNT PLEASANT, MI 48859 | _F 🗌 | Check box if | | | | |
| | C Book value of all assets at end of year | | an amended return. | | | | |
| G Check organization | type 🕨 🔀 501(c) corporation 🔄 501(c) trust 🔄 401(a) trust 🔄 Other trust | | | | | | |
| H Check if filing only to | p ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439 | | | | | | |
| Check if a 501(c)(3) | organization filing a consolidated return with a 501(c)(2) titleholding corporation | <u></u> | | | | | |
| J Enter the number of | attached Schedules A (Form 990-T) | | <u>6 </u> | | | | |
| • • • | was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? | | Yes X No | | | | |
| | ame and identifying number of the parent corporation. | | | | | | |
| | re of ► JULIA MONTROSS Telephone number ► | <u>989-</u> | 774-3332 | | | | |
| | related Business Taxable Income | | | | | | |
| 1 Total of unrelated | business taxable income computed from all unrelated trades or businesses (see | 1 | | | | | |
| instructions) | | 1 | 227,454. | | | | |
| 2 Reserved | | 2 | | | | | |
| 3 Add lines 1 and 2 | | 3 | 227,454. | | | | |
| | utions (see instructions for limitation rules) STMT 1 STMT 2 | 4 | 0. | | | | |
| | isiness taxable income before net operating losses. Subtract line 4 from line 3 | 5 | 227,454. | | | | |
| | operating loss. See instructions STATEMENT 3 | 6 | 227,454. | | | | |
| | business taxable income before specific deduction and section 199A deduction. | 1 | | | | | |
| Subtract line 6 fro | | 7 | 1 000 | | | | |
| | n (generally \$1,000, but see instructions for exceptions) | | 1,000. | | | | |
| | 99A deduction. See instructions | 9 | 1 000 | | | | |
| | Add lines 8 and 9 | 10 | 1,000. | | | | |
| | ss taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, | | 0 | | | | |
| Part II Tax Com | nutation | 11 | 0. | | | | |
| | kable as corporations. Multiply Part I, line 11 by 21% (0.21) | | 0. | | | | |
| - | | ▶ 1 | 0. | | | | |
| | trust rates. See instructions for tax computation. Income tax on the amount on | | | | | | |
| Part I, line 11 from | | ► <u>2</u> ► 3 | <u> </u> | | | | |
| 3 Proxy tax. See ins | | 4 | | | | | |
| | | 4 5 | | | | | |
| | | 6 | | | | | |
| | | 7 | 0. | | | | |
| | through 6 to line 1 or 2, whichever applies | / | Form 990-T (2021) | | | | |
| | | | · onn •••• • (2021) | | | | |

| Form 9 | 90-T (2021) | | | Page 2 |
|--------|---|--------------|-----|---------------|
| 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 amounts due. 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 | Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 | 5 | | 0. |
| 6a | Payments: A 2020 overpayment credited to 2021 6a | | | |
| b | 2021 estimated tax payments. Check if section 643(g) election applies 66 | | | |
| с | Tax deposited with Form 8868 6c | | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) 6d | | | |
| е | Backup withholding (see instructions) | | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | | | |
| 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 2022 estimated tax Refunded | 11 | | |
| Part | IV Statements Regarding Certain Activities and Other Information (see instructions) | | | |
| 1 | At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority | | Yes | <u>s No</u> |
| | 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 | | | |
| 4 | Enter available pre-2018 NOL carryovers here \$ 946, 286. Do not include any post-2017 NOL ca | ryover | | |
| | shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Par | t I, line 4. | | |
| 5 | Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce | | | |
| | the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions | | | |
| | Business Activity Code Available post-2017 NOL of | arryover | | |
| | SEE STATEMENT 6 \$ | | | |
| | \$ | | | |
| 6a | Did the organization change its method of accounting? (see instructions) | | | X |
| b | If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," | | | |
| | explain in Part V | <u></u> | | |
| Davet | V Supplemental Information | | | |

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

| Sign Here | | | | | | | |
|----------------------|----------------------------|----------------------|------------------|-------------------------|----------|--|--|
| Paid | Print/Type preparer's name | Preparer's signature | Date 05/01/23 | Check self- employe | if | ctions)? X Yes No PTIN P00645252 | |
| Preparer Use Only | | | | Firm's EIN Phone no. | | $\frac{38-1357951}{69) 567-4500}$ | |
| 123711 01-31-2 | | | | T Hono Ho. | <u>\</u> | Form 990-T (2021) | |

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| FORM 990-T | CONTRIBUTIONS | STATEMENT 1 |
|---|------------------------------|-------------|
| DESCRIPTION/KIND OF PROPERTY | METHOD USED TO DETERMINE FMV | AMOUNT |
| CHARITABLE CONTRIBUTIONS FROM PASS THROUGH | N/A | 138. |
| TOTAL TO FORM 990-T, PART I, LI | INE 4 | 138. |

| FORM 990-T | CONTRIBUTIONS SUMMARY | | STATEMENT | 2 |
|--|--|-----------------|-----------|---|
| | CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT | | | |
| FOR TAX FOR TAX FOR TAX FOR TAX | OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2016 YEAR 2017 YEAR 2018 YEAR 2019 YEAR 2020 | | | |
| TOTAL CARI TOTAL CURI | RYOVER RENT YEAR 10% CONTRIBUTIONS | 138 | | |
| | TRIBUTIONS AVAILABLE NCOME LIMITATION AS ADJUSTED | 138 0 | | |
| EXCESS 10 | NTRIBUTIONS D% CONTRIBUTIONS ESS CONTRIBUTIONS | 138 0 138 | | |
| ALLOWABLE | CONTRIBUTIONS DEDUCTION | | | 0 |
| TOTAL CON | TRIBUTION DEDUCTION | | | 0 |
| | | | | |

| FORM 990-T | PRE 2018 NOL SCHEDULE | STATEMENT 3 |
|---|---|----------------------|
| PRE-2018 NOL CARRY FORW PRE-2018 NOL DEDUCTION | ARD FROM PRIOR YEAR INCLUDED IN PART I, LINE 6 | 946,286. 227,454. |
| SCHEDULE A PORTION OF P SCHEDULE A ENTITY | RE-2018 NOL SCHEDULE A SHARE | |
| 1 2 | 0.0. | |
| - 3 4 | 0.0. | |
| 5 | 0. | |
| 6 | 0. | |
| TOTAL SCHEDULE A SHARE (| OF PRE-2018 NOL | 0. |
| NET OPERATING DEDUCTION BALANCE AFTER PRE-2018 | NOL DEDUCTION | 227,454. 0. |
| EXPIRING NET OPERATING DECARRY FORWARD OF NET OP | | 0. 718,832. |
| | | ,10,002. |

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).

38-6004447

| FORM 990-T | PRE-201 | 8 NET OPERATING | LOSS DEDUCTION | STATEMENT 5 |
|------------|--------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/07 | 351,026. | 351,026. | 0. | 0. |
| 06/30/08 | 256,580. | 137,936. | 118,644. | 118,644. |
| 06/30/09 | 50,318. | 0. | 50,318. | 50,318. |
| 06/30/10 | 123,216. | 0. | 123,216. | 123,216. |
| 06/30/11 | 29,733. | 0. | 29,733. | 29,733. |
| 06/30/12 | 108,000. | 0. | 108,000. | 108,000. |
| 06/30/13 | 99,731. | 0. | 99,731. | 99,731. |
| 06/30/14 | 51,084. | 0. | 51,084. | 51,084. |
| 06/30/15 | 103,831. | 0. | 103,831. | 103,831. |
| 06/30/18 | 261,729. | 0. | 261,729. | 261,729. |
| NOL CARRYO | VER AVAILABLE THIS | YEAR | 946,286. | 946,286. |

FORM 990T, PART IV

AVAILABLE POST-2017 NOL

STATEMENT 6

| BUSINESS CODE | AVAILABLE POST-2017 NOL |
|--------------------------------------|--|
| 520000 450000 530000 710000 | 1,020,735. 1,436. 22,365. 45,117. |
| 720000 | 87,209. |

SCHEDULE 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).

OMB No. 1545-0047

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

6

A Name

| ne of the organization | | B Employer |
|------------------------|------------|------------|
| CENTRAL MICHIGAN | UNIVERSITY | 38-60 |
| | | |

identification number 04447

1

of

D Sequence:

520000 C Unrelated business activity code (see instructions)

| EC | E Describe the unrelated trade or business INVESTMENTS | | | | | | |
|-----|---|----|------------|--------------|-----------|--|--|
| Pa | | | (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 | 495,932. | | 495,932. | | |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions) | 4b | -108. | | -108. | | |
| с | Capital loss deduction for trusts | 4c | | | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | | | |
| | statement) STATEMENT 7 | 5 | -342,435. | | -342,435. | | |
| 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 | 153,389. | | 153,389. | | |
| _ | | | | | | | |

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 | | | | 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 | | | | |
| 12 | Excess exempt expenses (Part VIII) | | | | |
| 13 | Excess readership costs (Part IX) | | | 13 | |
| 14 | Other deductions (attach statement) | | | 14 | |
| 15 | Total deductions. Add lines 1 through 14 | | | 15 | 0. |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from | Part | I, line 13, | | |
| | column (C) | | | 16 | 153,389. |
| 17 | Deduction for net operating loss. See instructions | | | 17 | 0. |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | | | | 153,389. |
| LHA | For Paperwork Reduction Act Notice, see instructions. | | | Schedu | le A (Form 990-T) 2021 |

123741 01-28-22

| Sched | ule A (Form 990-T) 2021 | | | | ⊥ Page 2 |
|----------|---|-----------------------------------|---------------------------------------|---------------|--------------------|
| Part | | nod of inventory va l uati | on 🕨 | | |
| 1 | Inventory at beginning of year | | | 1 | |
| 2 | Purchases | | | | |
| 3 | Cost of labor | | | | |
| 4 | Additional section 263A costs (attach statement) | | | | |
| 5 6 | Other costs (attach statement) | | | | |
| 7 | Inventory at end of year | | | | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter h | | | | |
| 9 | Do the rules of section 263A (with respect to property p | | | | Yes No |
| Part | IV Rent Income (From Real Property and | Personal Proper | ty Leased with Re | eal Property) | |
| 1 | Description of property (property street address, city, st | tate, ZIP code). Check | if a dual-use. See instr | uctions. | |
| | A | | | | |
| | в | | | | |
| | | | | | |
| | D | • | n l | 0 | |
| 2 | Rent received or accrued | A | В | C | D |
| 2 a | From personal property (if the percentage of | | | | |
| u | 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 | | | | |
| 3 | Total rents received or accrued. Add line 2c columns A | through D. Enter here | and an Dart L lina 6 a | | 0. |
| 3 | Deductions directly connected with the income | through D. Enter here | and on Part I, line 0, co | | •• |
| 4 | in lines 2(a) and 2(b) (attach statement) | | | | |
| • | | 1 | 1 | L | |
| 5 | Total deductions. Add line 4 columns A through D. En | | line 6, co l umn (B) | | 0. |
| Part | V Unrelated Debt-Financed Income (se | e instructions) | | | |
| 1 | Description of debt-financed property (street address, c | ity, state, ZIP code). C | heck if a dual-use. See | instructions. | |
| | | | | | |
| | B | | | | |
| | с р | | | | |
| | | А | В | с | D |
| 2 | Gross income from or allocable to debt-financed | | U | | |
| - | 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 | | | | |
| F | 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 | /0 | // | ,,, | |
| 8 | Total gross income (add line 7, columns A through D). | . Enter here and on Par | t I, line 7, column (A) | > | 0. |
| | - · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | | |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 | Total allocable deductions. Add line 9, columns A three | | | | 0. |
| 11 | Total dividends-received deductions included in line | 10 | | | 0. |
| 123721 (| 01-28-22 | 19 | | Schedule A | (Form 990-T) 2021 |

| | | | | | | | | | | | | 1 |
|---------------|-------------------------|-----------------|------------------------------|--------------|------------------------------|--------------|---|-------------------|--------------------------------|--------|--------------------|-----------------------------|
| Sched Part | ule A (Form 990-T) 2021 | l Jities Ro | valties and R | ents fron | n Control | led Or | ganization | | e instruct | ione) | | Page 3 |
| 1 art | | | jandoo, and m | | | | Exempt Control | ` | | , | | |
| | 1. Name of controlled | | 2. Employer | 3. Net | unrelated | - | al of specified | - | t of colur | | 6. Deduc | tions directly |
| | organization | | identification | incom | ne (loss) | payn | nents made | | nc l uded Iling orga | | conne | cted with |
| | | | number | (see ins | structions) | | | | gross inc | | income | in co l umn 5 |
| <u>(1)</u> | | | | | | | | | | | | |
| <u>(2)</u> | | | | | | | | | | | | |
| <u>(3)</u> | | | | | | | | | | | | |
| <u>(4)</u> | | | | | | | | | | | | |
| | | | | | Controlled O | <u> </u> | | <u> </u> | 0 | | <u> </u> | |
| 7 | 7. Taxable Income | ind | let unrelated come (loss) | | otal of specif yments mad | | 10. Part of that is included controlling | luded in | n the | | connecte | |
| | | (see | instructions) | | | | gross | income | • | | come in c | |
| <u>(1)</u> | | | | | | | | | | | | |
| <u>(2)</u> | | | | | | | | | | | | |
| <u>(3)</u> | | | | | | | | | | | | |
| <u>(4)</u> | | | | | | | Add colum | ine 5 an | d 10 | Ado | 1 columns | 6 and 11. |
| | | | | | | | Enter here | and on I | Part I, | Ente | er here an | d on Part I , |
| | | | | | | | line 8, c | co l umn (| A) | l | ine 8, co l | umn (B) |
| Totals | | | | | | ► | | | Ο. | | | Ο. |
| Part | VII Investment | Income o | of a Section 50 |)1(c)(7), (| 9), or (17) | Orgar | nization _{(s} | ee instru | uctions) | | | |
| | 1. Desc | cription of ir | ncome | | 2. Amou | | 3. Deductio | | 4. Set | | | al deductions |
| | | | | | incor | ne | directly conne (attach stater | | attach st | atemer | | set-asides cols 3 and 4) |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | Add amou | inte in | | | | | Add | amounts in |
| | | | | | column 2 | | | | | | | mn 5. Enter |
| | | | | | here and o | | | | | | | and on Part I, |
| Totals | | | | | line 9, colu | umn (A) 0 | | | | | lines | ∂, column (B) 0 . |
| Part | | xemnt Δ | ctivity Income | Other T | ∣ han Adve | | | lago inst | ructions) | | | 0. |
| 1 | Description of exploite | | | , etailer i | | | gineenie | 366 1131 | ructions | | | |
| 2 | Gross unrelated busin | | from trade or busi | iness. Enter | r here and o | n Part I. | line 10. colum | n (A) | | 2 | | |
| 3 | Expenses directly con | | | | | | | | | | | |
| - | | | · | | | | | | | 3 | | |
| 4 | Net income (loss) from | | | | | | | | | | | |
| | | | | | | | | | | 4 | | |
| 5 | Gross income from ac | tivity that is | not unrelated bus | iness incor | ne | | | | | 5 | | |
| 6 | Expenses attributable | | | | | | | | | 6 | | |
| 7 | Excess exempt expension | | | | | | | | | | | |
| | 4. Enter here and on P | Part II, line 1 | 2 | | | <u></u> | | <u></u> | | 7 | | |

Schedule A (Form 990-T) 2021

123731 01-28-22

| Sched | ule A (Form 990-T) 2021 | | | | ⊥ Page 4 |
|----------------|---|------------------------------|-------------------|-----------------|--------------------|
| Part | | | | | Fage - |
| 1 | Name(s) of periodical(s). Check box if reporting | two or more periodicals on a | consolidated basi | s. | |
| | A | | | | |
| | В | | | | |
| | c | | | | |
| | D | | | | |
| Enter a | amounts for each periodical listed above in the co | prresponding column. | | | |
| | | Α | В | С | D |
| 2 | Gross advertising income | | | | |
| | Add columns A through D. Enter here and on P | Part I, line 11, 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, 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 | | | | |
| | line 4, enter the lesser of line 4 or line 7 | | | | |
| а | Add line 8, columns A through D. Enter the grea | | | | 0. |
| Part | Part II, line 13 X Compensation of Officers, Dire | ctors and Trustees | | ····· ► | 0. |
| I art | | | | 3. Percentage | 4. Compensation |
| | 1. Name | 2. Title | | of time devoted | attributable to |
| | | | | to business | unrelated business |
| (1) | | | | % | |
| (2) | | | | % | |
| | | | | 1 1 | |
| (3) | | | | | |
| | | | | % | |
| | | | | % | |
| <u>(4)</u> | . Enter here and on Part II. line 1 | | | | 0. |
| <u>(4)</u> | . Enter here and on Part II, line 1 XI Supplemental Information (see | instructions) | | | 0. |
| <u>(4)</u> | | instructions) | | | 0. |
| (4) Total | | instructions) | | | 0. |
| (4) Total | | instructions) | | | 0. |
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| (4) Total | | instructions) | | | 0. |
| <u>(4)</u> | | instructions) | | | 0. |
| (4) Total | | instructions) | | | 0. |
| | | instructions) | | | 0. |
| <u>(4)</u> | | instructions) | | | 0. |
| <u>(4)</u> | | instructions) | | | 0. |

| FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 7 |
|---|-------------------------|
| DESCRIPTION | NET INCOME OR (LOSS) |
| ARCLIGHT ENERGY PARTNERS FUND VI, L.P ORDINARY BUSINESS | |
| INCOME (LOSS) | 28,506 |
| ARCLIGHT ENERGY PARTNERS FUND VI, L.P INTEREST INCOME | 63 |
| BROOKFIELD STRATEGIC REAL ESTATE PARTNERS III HERCULES | |
| AIV-C LP - ORDINARY B | 640 |
| HARVEST MLP INCOME FUND II LLC - ORDINARY BUSINESS INCOME | 100 |
| LOSS) | -120 |
| GLOUSTON PRIVATE EQUITY OPPORTUNITIES V, L.P ORDINARY BUSINESS INCOME (LO | E 100 |
| IPS LLC – ORDINARY BUSINESS INCOME (LOSS) | 5,120 16 |
| AYNE ANDERSON ENERGY FUND VII, LP - ORDINARY BUSINESS | 10 |
| INCOME (LOSS) | 80,735 |
| ANDMARK EQUITY PARTNERS XV, L.P ORDINARY BUSINESS | 00,755 |
| INCOME (LOSS) | 43,460 |
| LANDMARK EQUITY PARTNERS XV, L.P INTEREST INCOME | 613 |
| LANDMARK EQUITY PARTNERS XV, L.P DIVIDEND INCOME | 61 |
| LANDMARK EQUITY PARTNERS XV, L.P OTHER INCOME (LOSS) | 58,663 |
| MONROE CAPITAL PRIVATE CREDIT FUND II (UNLEV) LP - | |
| ORDINARY BUSINESS INCOME | -180 |
| SDC DIGITAL INFRASTRUCTURE OPPORTUNITY FUND I LP - | |
| ORDINARY BUSINESS INCOME | -35,171 |
| SEARCHLIGHT CAPITAL III, L.P ORDINARY BUSINESS INCOME | |
| (LOSS) | -45 |
| TAILWATER ENERGY FUND IV LP - ORDINARY BUSINESS INCOME | |
| LOSS) | -517,645 |
| THE BARING ASIA PRIVATE EQUITY FUND VII LP - ORDINARY BUSINESS INCOME (LOSS) | -22,388 |
| THE BARING ASIA PRIVATE EQUITY FUND VII LP - INTEREST | -22,300 |
| INCOME | 227 |
| THE BARING ASIA PRIVATE EQUITY FUND VII LP - DIVIDEND | |
| INCOME | 57,872 |
| THOMA BRAVO DISCOVER FUND II AIV LP - ORDINARY BUSINESS | ··· , ···- |
| INCOME (LOSS) | -6,002 |
| VANCE STREET CAPITAL LIII L.P ORDINARY BUSINESS INCOME | |
| (LOSS) | -63,473 |
| VARBURG PINCUS (GANYMEDE) PRIVATE EQUITY XII (CAYMAN), | |
| J.P ORDINARY BUSIN | -4,832 |
| VARBURG PINCUS (GANYMEDE) PRIVATE EQUITY XII (CAYMAN), | |
| J.P DIVIDEND INCOM | 338 |
| VARBURG PINCUS PRIVATE EQUITY (E&P) XII MAIN-1, L.P | 10 700 |
|)RDINARY BUSINESS INC VARBURG PINCUS PRIVATE EQUITY (E&P) XII (A), L.P | 10,768 |
| DRDINARY BUSINESS INCOME | -11,583 |
| VARBURG PINCUS PRIVATE EQUITY XII (FT-1), L.P ORDINARY | -11,303 |
| BUSINESS INCOME (L | 30,318 |
| BROOKFIELD STRATEGIC REALESTATE PARTNERS III-A LP - | 50,510 |
| DRDINARY BUSINESS INCOME | 3,914 |
| HIGHBAR PARTNERS III, L.P ORDINARY BUSINESS INCOME | -, |
| (LOSS) | 383 |
| IIGHBAR PARTNERS III, L.P INTEREST INCOME | -2,680 |
| | |
| PONTIFAX GLOBAL FOOD AND AGRICULTURE TECHNOLOGY FUND II, LP - ORDINARY BUSIN | -13 |

09000501 147228 43642

38-6004447

| TOTAL | INCLUDED | ON | SCHEDULE | Α. | PART | Ι. | LINE | 5 |
|-------|----------|-----|-----------|----|------|----|------|---|
| - O | THOTODDD | 011 | 001100000 | / | | ÷, | | - |

-342,435.

| 990-T SCH | A POST-201 | 17 NET OPERATING | LOSS DEDUCTION | STATEMENT 8 |
|----------------------------------|----------------------------------|-------------------------------|----------------------------------|----------------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/19 06/30/20 06/30/21 | 299,567. 590,836. 130,332. | 0. 0. 0. | 299,567. 590,836. 130,332. | 299,567. 590,836. 130,332. |
| NOL CARRYC | VER AVAILABLE THIS | YEAR | 1,020,735. | 1,020,735. |

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

ms 990-T. **202**

38-6004447

Employer identification number

► Yes X No

CENTRAL MICHIGAN UNIVERSITY

| 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 la | 000 |
| In res, allacing official see its instructions for additional requirements for reporting your gain of it | J33. |

| Part I Short-Term Capital Gai | ns and Losses - Ass | ets Held One Year o | 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 Box A checked | | | | | |
| 2 Totals for all transactions reported on | | | | | |
| Form(s) 8949 with Box B checked | | | | | |
| 3 Totals for all transactions reported on | | | | | |
| Form(s) 8949 with Box C checked | | | | | 1,444. |
| 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 compute | | | | 6 | () |
| 7 Net short-term capital gain or (loss). Combine | <u>e lines 1a through 6 in columr</u> | <u>1 h</u> | <u> </u> | 7 | 1,444. |
| Part II Long-Term Capital Gai | ns and Losses - Ass | ets Held More Than | | | |
| 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 Box D checked | | | | | |
| 9 Totals for all transactions reported on | | | | | |
| Form(s) 8949 with Box E checked | | | | | |
| 10 Totals for all transactions reported on | | | | | 404 400 |
| Form(s) 8949 with Box F checked | | | | | 494,488. |
| | | | | 11 | |
| 12 Long-term capital gain from installment sales | | 7 | | 12 | |
| 13 Long-term capital gain or (loss) from like-kind | d exchanges from Form 8824 | | | 13 | |
| | | | | 14 | 404 400 |
| 15 Net long-term capital gain or (loss). Combine | | <u>nh</u> | | 15 | 494,488. |
| Part III Summary of Parts I and | | | | | 1 4 4 4 |
| 16 Enter excess of net short-term capital gain (lin | | | | 16 | 1,444. |
| 17 Net capital gain. Enter excess of net long-term | | | | 17 | 494,488. |
| 18 Add lines 16 and 17. Enter here and on Form | | plicable line on other returns | | 18 | 495,932. |
| 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) 2021

121051 12-17-21



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 | 4 |
|-------------------|---|
| 2021 | |

Attachment Sequence No. **12A**

Social security number or taxpayer identification no.

C O O A A A 7

| CENTRAL MICHIG | AN UNIVE | RSITY | | | | 38-6 | 004447 | |
|--|-----------------------|---|--------------------------------------|---|-----------------------------|--|--|---|
| Before you check Box A, B, or C bel statement will have the same informa- | ation as Form 10 | you received any 99-B. Either will s | / Form(s) 1099-B show whether you | or substitute staten ır 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 Part I Short-Term. Transact | | al assets you held | 1 year or less are ge | enerally short-term (see | e instruction | s). For long-term | | |
| transactions, see page 2. Note: You may aggregate al codes are required. Enter the | II short-term transac | tions reported on I | Form(s) 1099-B show | wing 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 | X. If more than one b | ox applies for your sho | ort-term transactions, com | olete a separa | te Form 8949, page 1, for | | |
| If you have more short-term transactions than wi | | | | | | | | |
| (A) Short-term transactions re | • • | • | • | • | Note ab | ove) | | |
| (B) Short-term transactions re | • • | | • | reported to the IRS | | | | |
| X (C) Short-term transactions no | | | | | | | | |
| 1 (a) | (b) | (c) | (d) Proceeds | (e) | Adjustmei | nt, if any, to gain or ou enter an amount | (h) | |
| Description of property | Date acquired | Date sold or | (sales price) | Cost or other basis. See the | in column | (g), enter a code in | Gain or (loss). Subtract column (e) | |
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of | (| Note below and | |). See instructions. | from column (d) & | |
| | | (Mo., day, yr.) | | see Column (e) in the instructions | (f) Code(s) | (g) Amount of | combine the result with column (g) | |
| GLOUSTON PRIVATE | | | | | ., | adjustment | (g) | |
| EOUITY | | | | | | | | |
| OPPORTUNITIES V, | | | | | | | 1,236. | С |
| LANDMARK EQUITY | | | | | | | | - |
| PARTNERS XV, L.P. | | | | | | | 51. | С |
| THE BARING ASIA | | | | | | | 511 | C |
| PRIVATE EQUITY | | | | | | | | |
| FUND VII | | | | | | | 29. | C |
| THOMA BRAVO | | | | | | | | C |
| | - | | | | | | | |
| DISCOVER FUND II | | | | | | | 100 | ~ |
| LP | | | | | | | 128. | C |
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| 2 Totals. Add the amounts in colu | | .,. | | | | | | |
| negative amounts). Enter each to | | - | | | | | | |
| Schedule D, line 1b (if Box A abo | | • | | | | | 1 4 4 4 | |
| above is checked), or line 3 (if E | | | | | | | 1,444. | |
| Note: If you checked Box A above adjustment in column (g) to correct | | | | | | | | |

| Form 8949 (2021) | | | | Attachn | nent Seque | nce No. 12A | Page 2 | |
|--|--|----------------------|--|---|----------------------------|-------------------------|--------------------------------------|-----|
| Name(s) shown on return. Name and | I SSN or taxpaye | er identification n | o. not required if | | | Social secur | rity number or entification 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 | | r Form(s) 1099-B o show whether you | or substitute statem ır basis (usually you | ent(s) from r cost) was | | | • |
| Part II Long-Term. Transactio | ons involving capita | al assets you held r | 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 | e totals directly on S | Schedule D, line 8a | ı; you aren't required | d to report these trans | actions on Fo | orm 8949 (see instru | ictions). | - |
| You must check Box D, E, or F below. O If you have more long-term transactions than will | | | | | | | each applicable box. | |
| (D) Long-term transactions rep | orted on Form(s |) 1099-B showin | g basis was repoi | rted to the IRS (see | Note abo | ove) | | |
| (E) Long-term transactions rep X (F) Long-term transactions not | orted on Form(s) |) 1099-B showing | g basis wasn't re | | | | | |
| 1 (a) | (b) | (c) | (d) | (e) | Adjustmen | t, if any, to gain or | (h) | • |
| Description of property | Date acquired | Date sold or | Proceeds | Cost or other | | (g), enter a code in | Gain or (loss) | |
| (Example: 100 sh. XYZ Co.) | (Mo , day, yr) | disposed of | (sales price) | basis. See the | column (f) | . See instructions. | Subtract column (e) | |
| | | (Mo., day, yr.) | | Note below and see Column (e) in | (f) | (g) | from column (d) & combine the result | |
| | | | | the instructions | Code(s) | Amount of adjustment | with column (g) | |
| ARCLIGHT ENERGY | | | | | | | | , |
| PARTNERS FUND VI, | | | | | | | | , |
| L.P. | | | | | | | 1,498. | Ċ |
| GLOUSTON PRIVATE | | | | | | | | • |
| EQUITY | | | | | | | | |
| OPPORTUNITIES V, | | | | | | | 67,120. | Ċ |
| LANDMARK EQUITY | | | | | | | | |
| PARTNERS XV, L.P. | | | | | | | 14. | Ċ |
| SDC DIGITAL | | | | | | | | |
| INFRASTRUCTURE | | | | | | | | _ |
| OPPORTUNITY F | | | | | | | 394,502. | Ċ |
| THE BARING ASIA | | | | | | | | _ |
| PRIVATE EQUITY | | | | | | | | |
| FUND VII | | | | | | | 12,064. | _ (|
| WARBURG PINCUS | | | | | | | | - |
| (GANYMEDE) PRIVATE | | | | | | | | - |
| EQUITY | | | | | | | 18,504. | . 0 |
| BROOKFIELD | | | | | | | | |
| STRATEGIC | | | | | | | | |
| REALESTATE | | | | | | | | . , |
| PARTNERS | | | | | | | 7. | . C |
| HIGHBAR PARTNERS | | | | | | | 770 | . , |
| III, L.P. | | | | | | | 779. | . (|
| | | | | + | | | | |
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| | | | | | | | | , |
| 2 Totals. Add the amounts in colur | nns (d), (e), (a) a | nd (h) (subtract | | | | | | • |
| negative amounts). Enter each to | | | | | | | | |
| Schedule D, line 8b (if Box D abo | | • | | | | | | |
| above is checked), or line 10 (if E | | • | | | | | 494,488. | |
| Note: If you checked Box D above b | | | was incorrect. ent | ter in co l umn (e) the | basis as re | eported to the IRS | · · · | • |
| adjustment in column (g) to correct t | | | | | | | | |

123012 12-14-21

Form **8949** (2021)

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

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

| | 202 I | | | | | |
|--------------------|-------------------------------|--|--|--|--|--|
| | Attachment Sequence No. 27 | | | | | |
| Identifying number | | | | | | |

| CENTRAL MICHIGAN UNIVERSITY | | 38-6004447 |
|--|----|------------|
| 1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S | | |
| (or substitute statement) that you are including on line 2, 10, or 20 | 1a | |
| b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of | | |
| MACRS assets | 1b | |
| c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS | | |
| agente | 10 | |

Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Part I Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

| | | | | | (000 1101 00101 | (0) | |
|---------|--|---|---|--------------------------|---|---|-----------------------------|
| 2 S1 | (a) Description of property EE STATEMENT 24 | (b) Date acquired (mo., day, yr.) | (C) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (y) Gain or (loss) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| _ | Opin if any from Form 4004 line 20 | | | | | | <u> </u> |
| 3 | Gain, if any, from Form 4684, line 39 | | | | | | |
| 4 | Section 1231 gain from installment s | | | | | | |
| 5 | Section 1231 gain or (loss) from like- | kind exchanges fi | rom Form 8824 | | | | 5 |
| 6 | Gain, if any, from line 32, from other | than casua l ty or t | heft | | | | |
| 7 | Combine lines 2 through 6. Enter the | gain or (loss) her | re and on the ap | propriate line as fo | llows | | -108. |
| | Partnerships and S corporations. F line 10, or Form 1120-S, Schedule K, | edule K, | | | | | |
| | Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. | | | | | | |
| 8 | Nonrecaptured net section 1231 loss | ses from prior yea | rs. See instructi | ons | | 8 | 3 |
| 9 | Subtract line 8 from line 7. If zero or | | | | | | |
| | line 9 is more than zero, enter the am | , | , | 0 | | | |
| | capital gain on the Schedule D filed v | | | | | g | , |
| _ | • | | | | | | |
| Pa | art II Ordinary Gains and | LOSSES (see in: | structions) | | | | |

| Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): | | |
|---|--|--|
| | | |
| | | |
| | | |
| | | |
| Loss, if any, from line 7 | 11 | (108. |
| | 12 | |
| Gain, if any, from line 31 | | |
| Net gain or floss) from Form 4684 lines 31 and 38a | | |
| | | |
| | | |
| | | -108. |
| | 1/ | -100. |
| 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. | | |
| 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 | | |
| loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used | | |
| as an employee.) Identify as from "Form 4797. line 18a." See instructions | 18a | |
| | | |
| | 19h | |
| | | |
| | Gain, if any, from line 7 or amount from line 8, if applicable Gain, if any, from line 31 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 Ordinary gain or (loss) from like-kind exchanges from Form 8824 Combine lines 10 through 16 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. 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 | Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 Gain, if any, from line 7 or amount from line 8, if applicable 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 Combine lines 10 through 16 17 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. 17 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 loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 18a |

For Paperwork Reduction Act Notice, see separate instructions. 118011 12-17-21

38-6004447 Page 2

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

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: | | | | | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
|--|---|-----|------------|------------|--------------------------------------|----------------------------------|
| Α | | | | | | |
| В | | | | | | |
| С | | | | | | |
| 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 1a before completing.) | 20 | | | | |
| 21 | Cost or other basis plus expense of sale | 21 | | | | |
| 22 | Depreciation (or depletion) allowed or allowable | 22 | | | | |
| 23 | Adjusted basis. Subtract line 22 from line 21 | 23 | | | | |
| 24 | Total gain. Subtract line 23 from line 20 | 24 | | | | |
| 25 | If section 1245 property: | | | | | |
| | Depreciation allowed or allowable from line 22 | 25a | | | | |
| | Enter the smaller of line 24 or 25a | 25b | | | | |
| 26 | If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | | | | |
| a | Additional depreciation after 1975. See instructions | 26a | | | | |
| Ł | Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions | 26b | | | | |
| c | Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e | 26c | | | | |
| c | Additional depreciation after 1969 and before 1976 | 26d | | | | |
| | Enter the smaller of line 26c or 26d | 26e | | | | |
| | Section 291 amount (corporations only) | 26f | | | | |
| | Add lines 26b, 26e, and 26f | 26g | | | | |
| | If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. | 07 | | | | |
| | Soil, water, and land clearing expenses | 27a | | | | |
| | Line 27a multiplied by applicable percentage | 27b | | | | |
| - | Enter the smaller of line 24 or 27b | 27c | | | | |
| | 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 | | | | |
| a | If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions | 29a | | | | |
| k | Enter the smaller of line 24 or 29a. See instructions | 29b | | | | |

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

| 30 | Total gains for all properties. Add property columns A through D, line 24 | 30 | |
|----|--|-----|---------|
| | | | |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 | |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion | | |
| | from other than casualty or theft on Form 4797, line 6 | 32 | |
| P | art IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to | 50% | or Less |

| | | | (a) Section 179 | (b) Section 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 | | |
| 1180 | 12 12-17-21 | | | Form 4797 (2021) |

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SCHEDULE 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).

OMB No. 1545-0047

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

6

| Α | Name of the organization | B Employer ic |
|----------|---|---------------|
| | CENTRAL MICHIGAN UNIVERSITY | 38-600 |
| | | |
| <u>c</u> | Unrelated business activity code (see instructions) 450000 | D Sequence: |

identification number 04447

2

of

Describe the unrelated trade or business **BOOKSTORE** F

| Pa | t I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net | | | | | |
|--------------|--|---------------|-----------------------|---|---------|--|--|--|--|--|
| 1a b 2 | Gross receipts or sales 2,150. Less returns and allowances c Balance ► Cost of goods sold (Part III, line 8) | 1c 2 | 2,150. 2,167. | | | | | | | |
| 3 4 a | Gross profit. Subtract line 2 from line 1c Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions | 3 4a | -17. | | -17. | | | | | |
| b c 5 | Net gain (loss) (Form 4797) (attach Form 4797). See instructions) Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach | 4b 4c | | | | | | | | |
| 6 7 | statement) Rent income (Part IV) Unrelated debt-financed income (Part V) | 5 6 7 | | | | | | | | |
| 8 9 | Interest, annuities, royalties, and rents from a controlled organization (Part VI) Investment income of section 501(c)(7), (9), or (17) | 8 | | | | | | | | |
| 10 11 | organizations (Part VII) Exploited exempt activity income (Part VIII) Advertising income (Part IX) | 9 10 11 | | | | | | | | |
| 12 13 | Other income (see instructions; attach statement) | 12 13 | -17. | | -17. | | | | | |
| Pa | t II Deductions Not Taken Elsewhere See instruction | ons fo | or limitations on ded | 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 | 295. |
| 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 21 | • | |
| 8 | Less depreciation claimed in Part III and elsewhere on return 8a | 8b | 21. |
| 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) SEE STATEMENT 9 | 14 | 277. |
| 15 | Total deductions. Add lines 1 through 14 | 15 | 593. |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, | | |
| | column (C) | 16 | -610. |
| 17 | Deduction for net operating loss. See instructions | 17 | 0. |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | 18 | -610. |
| LHA | For Paperwork Reduction Act Notice, see instructions. | Schedu | e A (Form 990-T) 2021 |

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| | | | | | 2 |
|----------------|--|----------------------|------------------------------|------------|-------------------|
| Schedi Part | ule A (Form 990-T) 2021 | nod of inventory val | uation N/A | | Page 2 |
| 1 | Inventory at beginning of year | | | 1 | 0. |
| 2 | Purchases | | | | 2,167. |
| 3 | Cost of labor | | | | 0. |
| 4 | Additional section 263A costs (attach statement) | | | | 0. |
| 5 | Other costs (attach statement) | | | | 0. |
| 6 | Total. Add lines 1 through 5 | | | 6 | 2,167. |
| 7 | Inventory at end of year | | | 7 | 0. |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter h | | | | 2,167. |
| 9 Dort | Do the rules of section 263A (with respect to property p | | | | Yes X No |
| Part | | | - | | |
| 1 | Description of property (property street address, city, s | tate, ZIP code). Che | eck if a dual-use. See instr | ructions. | |
| | | | | | |
| | B | | | | |
| | с р | | | | |
| | B | А | В | с | D |
| 2 | Rent received or accrued | A | B | | U |
| ے a | From personal property (if the percentage of | | | | |
| a | 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 | Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, or a base of the second | e instructions) | | | 0. |
| | c | | | | |
| | D | - | _ | - | _ |
| | | Α | В | C | D |
| 2 | Gross income from or allocable to debt-financed | | | | |
| 3 | property Deductions directly connected with or allocable | | | | |
| Ū | to debt-financed property | | | | |
| а | Straight line depreciation (attach statement) | | | | |
| b | Other deductions (attach statement) | | | | |
| c | Total deductions (add lines 3a and 3b, | | | | |
| - | columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable | | | | |
| F | to debt-financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to debt- | | | | |
| 6 | financed property (attach statement) Divide line 4 by line 5 | | % | % | % |
| 6 7 | Gross income reportable. Multiply line 2 by line 6 | | <u>/v %</u> | 70 | 90 |
| 8 | Total gross income (add line 7, columns A through D). | Enter here and on I | Part I, line 7, column (A) | L | 0. |
| 5 | | | | | |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 | Total allocable deductions. Add line 9, columns A thr | | | | 0. |
| | Total dividends-received deductions included in line | 10 | | | 0. |
| 123721 (| 01-28-22 | 20 | | Schedule A | (Form 990-T) 2021 |

| | | | | | | | | | | | 2 |
|------------|--|-----------------------|------------------------------|--------------|-----------------|--------------|---|--|------------|--------|---|
| Schedu | ule A (Form 990-T) 2021 | | | | | | <u> </u> | | | | Page 3 |
| Part | VI Interest, Annu | lities, Ro | byalties, and Re | ents fror | n Control | | - | ` | e instruct | , | |
| | 1 Name of controlle | d | 2. Emp l oyer | 2 Not | uprolotod | 1 | Exempt Control al of specified | 1 | | | 6. Deductions directly |
| | Name of controlle organization | | | _ | | | al of specified 5. Part of column terms made | | | | connected with |
| | organization | | number | | e instructions) | | | controlling organiza- tion's gross income | | | income in column 5 |
| (1) | | | | | , | | | | gross inc | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | - | Nc | nexempt C | Controlled O | ganizati | ons | | | | |
| 7 | . Taxable Income | | Net unrelated | 9. To | otal of specif | ied | 10. Part o | | | 11. | Deductions directly |
| | | | icome (loss) | pa | yments mad | е | that is inc | | | | connected with |
| | | (see | e instructions) | | | | | incom | | inc | come in co l umn 10 |
| <u>(1)</u> | | | | | | | | | | | |
| <u>(2)</u> | | | | | | | | | | | |
| <u>(3)</u> | | | | | | | | | | | |
| <u>(4)</u> | | | | | | | Add colum | | - 10 | م ام | columns 6 and 11. |
| | | | | | | | Enter here | | | | r here and on Part I, |
| | | | | | | | line 8, c | co l umn | (A) | li | ine 8, co l umn (B) |
| Totals | | | | | | ► | | | ο. | | 0. |
| Part | VII Investment | ncome | of a Section 50 | 1(c)(7), (| 9), or (17) | Orgar | hization (s | ee instr | ructions) | | |
| | | cription of | | | 2. Amou | - | 3. Deductio | | 4. Set a | asides | 5. Total deductions |
| | | | | | incor | ne | directly conne | | (attach st | atemer | t) and set-asides (add cols 3 and 4) |
| | | | | | | | (attach stater | nent) | | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | Add amou | inte in | | | | | Add amounts in |
| | | | | | column 2 | | | | | | column 5. Enter |
| | | | | | here and o | | | | | | here and on Part I, |
| Totals | | | | • | line 9, colu | umn (A) 0 | | | | | line 9, column (B) 0 • |
| Part | VIII Exploited E | xempt A | ctivity Income | Other T | l Than Adve | ••• | n Income | | tructions) | | 0. |
| 1 | Description of exploite | | | | | | | 300 113 | | | |
| 2 | Gross unrelated busin | - | | ness. Ente | r here and o | n Part I. | line 10. colum | n (A) | | 2 | |
| 3 | Expenses directly con | | | | | | | | | | |
| - | | | | | | | | | | 3 | |
| 4 | Net income (loss) from | | | | | | | | | | |
| | lines 5 through 7 | | | | | | | | | 4 | |
| 5 | Gross income from ac | tivity that i | s not unre l ated bus | iness incor | ne | | | | | 5 | |
| 6 | Expenses attributable | to income | entered on line 5 $_{\rm .}$ | | | | | | | 6 | |
| 7 | Excess exempt expen | | | | | | | | | | |
| | 4. Enter here and on F | Part II, l ine | 12 | | | <u></u> | | | | 7 | |

Schedule A (Form 990-T) 2021

123731 01-28-22

| | ule A (Form 990-T) 2021 | | | | | Page 4 |
|---------|---|---------------|--------------------|-----------------------|-----------------|--------------------|
| Part | | | | | | |
| 1 | Name(s) of periodical(s). Check box if reportir | ng two or mo | pre periodicals on | a consolidated basi | s. | |
| | A | | | | | |
| | В | | | | | |
| | c | | | | | |
| | D | | | | | |
| Enter a | amounts for each periodical listed above in the | correspondi | ing column. | | | |
| | | | Α | В | C | D |
| 2 | Gross advertising income | · · · · · · | | | | |
| | Add columns A through D. Enter here and on | Part I, line | 11, column (A) | | ▶ | 0. |
| а | | | | | | |
| 3 | Direct advertising costs by periodical | L | | | | |
| а | Add columns A through D. Enter here and on | Part I, line | 11, column (B) | | ▶ | 0. |
| | | Г | | | | |
| 4 | Advertising gain (loss). Subtract line 3 from lir | 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 | | | | | |
| 8 | than line 6, enter zero | ····· – | | | | |
| 0 | 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 | | lino 8a. columns i | iotal or zoro boro an | ud on | |
| d | Part II, line 13 | reater of the | ine oa, columns i | | • | . 0. |
| Part | | rectors. a | nd Trustees | (see instructions) | | |
| | , | , | | | 3. Percentage | 4. Compensation |
| | 1. Name | | 2. Title | | of time devoted | attributable to |
| | | | | | to business | unrelated business |
| (1) | | | | | % | |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| | | | | | | |
| Total | Enter here and on Part II, line 1 | | | | ► | 0. |
| Part | XI Supplemental Information (Se | e instructio | ns) | | | |
| | | | | | | |
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123732 01-28-22

38-6004447

| FORM 990-T (A) | OTHER DEDUCTIONS | STATEMENT 9 |
|---------------------------|------------------|-------------|
| DESCRIPTION | | AMOUNT |
| SUPPLIES AND EQUIPMENT | | 277. |
| TOTAL TO SCHEDULE A, PART | II, LINE 14 | 277. |

| 990-T SCH | A POST-201 | 7 NET OPERATING | LOSS DEDUCTION | STATEMENT 10 |
|----------------------|--------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/20 06/30/21 | 1,035. 401. | 0.0. | 1,035. 401. | 1,035. 401. |
| NOL CARRYO | VER AVAILABLE THIS | YEAR | 1,436. | 1,436. |

| FORM 4797 | PRO | PERTY HEL | D MORE THAN | N ONE YEAR | ST. | ATEMENT 24 |
|---|------------------|--------------|----------------|------------|------------------|-----------------|
| DESCRIPTION | DATE ACQUIRED | DATE SOLD | SALES PRICE | DEPR. | COST OR BASIS | GAIN OR LOSS |
| ARCLIGHT ENERGY | | | | | | |
| PARTNERS FUND VI, L.P. | | | | | | 95. |
| LANDMARK EQUITY PARTNERS XV, L.P. SDC DIGITAL | | | | | | -794. |
| INFRASTRUCTURE OPPORTUNITY F WARBURG PINCUS | | | | | | -13. |
| PRIVATE EQUITY (E&P) XII | | | | | | 604. |
| TOTAL TO 4797, PA | ART I, LINE | 2 | | | | -108. |

SCHEDULE 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).

OMB No. 1545-0047

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

6

Name of the organization Α

| CENTRAL | UNIVERSITY | |
|---------|------------|--|
| | | |

Unrelated business activity code (see instructions) С

510000

| D Sequence: |
|--------------------|

38-6004447

3

of

B Employer identification number

Describe the unrelated trade or business **▶**PUBLIC BROADCASTING F

| Pa | t 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 | | | |
| 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 | 135,071. | 64,918. | 70,153. |
| 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 11 | 12 | 3,996. | | 3,996. |
| 13 | Total. Combine lines 3 through 12 | 13 | 139,067. | 64,918. | 74,149. |
| Pa | TII Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business inc | | | uctions. Deduction | s must be |

| 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 | | |
| 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) SEE STATEMENT 12 | 14 | 3,223. |
| 15 | Total deductions. Add lines 1 through 14 | 15 | 3,223. |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, | | |
| | column (C) | 16 | 70,926. |
| 17 | Deduction for net operating loss. See instructions | 17 | 0. |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | 18 | 70,926. |
| LHA | For Paperwork Reduction Act Notice, see instructions. | Schedu | le A (Form 990-T) 2021 |

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| hedui | le A (Form 990-T) 2021 | | | | Page 2 |
|--|---|--|---|---------------|----------------------------|
| rt II | | hod of inventory va l uati | on 🕨 | | |
| 1 | Inventory at beginning of year | | | | |
| 2 | Purchases | | | | |
| | Cost of labor | | | | |
| 4 | Additional section 263A costs (attach statement) | | | 4 | |
| 5 | Other costs (attach statement) | | | | |
| 6 | Total. Add lines 1 through 5 | | | 6 | |
| | Inventory at end of year | | | | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter I | nere and in Part I, line 2 | | | |
| | Do the rules of section 263A (with respect to property p | | | | Yes No |
| art I | | | | | |
| 1 | Description of property (property street address, city, s | | | | |
| | A <u>PUBLIC BROADCASTING - TO</u> | <u>DWER 1200 S.</u> | FRANKLIN | ST, MOUNT PL | EASANT, MI |
| | в 🛄 | | | | |
| | c 🔄 | | | | |
| | D | Г Г | | | |
| | | A | В | С | D |
| | Rent received or accrued | | | | |
| | From personal property (if the percentage of | | | | |
| | rent for personal property is more than 10% | | | | |
| | but not more than 50%) | 0. | | | |
| | 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) | 135,071. | | | |
| С | Total rents received or accrued by property. | | | | |
| | Add lines 2a and 2b, columns A through D | 135,071. | | | |
| 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) STMT 13 Total deductions. Add line 4 columns A through D. Er | 64,918. | | | <u>135,071.</u> 64,918. |
| 4 <u>5</u> art V 1 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 13 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of A | 64,918. Iter here and on Part I, I ee instructions) | ine 6, column (B) | ▶ | <u>135,071.</u> 64,918. |
| 4 <u>5</u> art V 1 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 13 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B | 64,918. Iter here and on Part I, I ee instructions) | ine 6, column (B) | ▶ | |
| 1 5 1 1 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 13 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (so Description of debt-financed property (street address, of B C | 64,918. Iter here and on Part I, I ee instructions) | ine 6, column (B) | ▶ | |
| 4 <u>5</u> art V 1 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 13 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B | 64,918. Iter here and on Part I, ee instructions) city, state, ZIP code). Cl | ine 6, column (B) neck if a dual-use. See | instructions. | 64,918. |
| 4 <u>5</u> art V 1 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 13 Total deductions. Add line 4 columns A through D. Er <u>Unrelated Debt-Financed Income</u> (si Description of debt-financed property (street address, of A B D | 64,918. Iter here and on Part I, I ee instructions) | ine 6, column (B) | > | |
| 4 <u>5</u> art V 1 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT 13 Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (s) Description of debt-financed property (street address, of A B C D Gross income from or allocable to debt-financed | 64,918. Iter here and on Part I, ee instructions) city, state, ZIP code). Cl | ine 6, column (B) neck if a dual-use. See | instructions. | 64,918. |
| 4 <u>5</u> 1 1 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT 13 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s) Description of debt-financed property (street address, of A B C Gross income from or allocable to debt-financed property | 64,918. Iter here and on Part I, ee instructions) city, state, ZIP code). Cl | ine 6, column (B) neck if a dual-use. See | instructions. | 64,918. |
| 4 <u>5</u> art V 1 2 3 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 13 Total deductions. Add line 4 columns A through D. Er <u>Unrelated Debt-Financed Income</u> (s) Description of debt-financed property (street address, of A | 64,918. Iter here and on Part I, ee instructions) city, state, ZIP code). Cl | ine 6, column (B) neck if a dual-use. See | instructions. | 64,918. |
| 4 <u>5</u> art V 1 2 3 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 13 Total deductions. Add line 4 columns A through D. Er <u>Unrelated Debt-Financed Income</u> (s) Description of debt-financed property (street address, of A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property | 64,918. Iter here and on Part I, ee instructions) city, state, ZIP code). Cl | ine 6, column (B) neck if a dual-use. See | instructions. | 64,918. |
| 4 <u>5</u> art V 1 2 3 a | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 13 Total deductions. Add line 4 columns A through D. Er <u>Unrelated Debt-Financed Income</u> (sr Description of debt-financed property (street address, of A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) | 64,918. Iter here and on Part I, ee instructions) city, state, ZIP code). Cl | ine 6, column (B) neck if a dual-use. See | instructions. | 64,918. |
| 4 5 art V 1 2 3 a b | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 13 Total deductions. Add line 4 columns A through D. Er <u>Unrelated Debt-Financed Income</u> (si Description of debt-financed property (street address, of A | 64,918. Iter here and on Part I, ee instructions) city, state, ZIP code). Cl | ine 6, column (B) neck if a dual-use. See | instructions. | 64,918. |
| 4 <u>5</u> art V 1 2 3 a b c | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 13 Total deductions. Add line 4 columns A through D. Er <u>Unrelated Debt-Financed Income</u> (si Description of debt-financed property (street address, of A | 64,918. Iter here and on Part I, ee instructions) city, state, ZIP code). Cl | ine 6, column (B) neck if a dual-use. See | instructions. | 64,918. |
| 4 <u>5</u> art V 1 2 3 a b c | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 13 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s) Description of debt-financed property (street address, of A | 64,918. Iter here and on Part I, ee instructions) city, state, ZIP code). Cl | ine 6, column (B) neck if a dual-use. See | instructions. | 64,918. |
| 4 <u>5</u> art V 1 1 2 3 a b c | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 13 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s) Description of debt-financed property (street address, of A | 64,918. Iter here and on Part I, ee instructions) city, state, ZIP code). Cl | ine 6, column (B) neck if a dual-use. See | instructions. | 64,918. |
| 1 5 7 1 2 3 3 8 5 5 5 5 1 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 13 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, of B | 64,918. Iter here and on Part I, ee instructions) city, state, ZIP code). Cl | ine 6, column (B) neck if a dual-use. See | instructions. | 64,918. |
| 4 5 art V 1 2 3 a b c 4 5 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 13 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, of B | 64,918. Iter here and on Part I, I ee instructions) city, state, ZIP code). Cl A | ine 6, column (B) neck if a dual-use. See | instructions. | 64,918. |
| ۱ ۱ <mark>۲۲ ۷</mark> ۱ 2 3 4 5 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 13 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (su Description of debt-financed property (street address, of A | 64,918. Iter here and on Part I, ee instructions) city, state, ZIP code). Cl A | ine 6, column (B) neck if a dual-use. Sec B | c | 64,918. |
| 1 <u>5</u> 1 2 3 a b c 1 5 5 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 13 Total deductions. Add line 4 columns A through D. Er <u>Unrelated Debt-Financed Income</u> (si Description of debt-financed property (street address, of A | 64,918. Iter here and on Part I, ee instructions) city, state, ZIP code). Cl A | ine 6, column (B) neck if a dual-use. See | c | 64,918. |
| 4 <u>5</u> 1 2 3 a b c 4 5 7 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT 13 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (si Description of debt-financed property (street address, of A | 64,918. | ine 6, column (B) neck if a dual-use. Sec B | c | 64,918. |
| 4 5 1 2 3 a b c 4 5 5 7 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 13 Total deductions. Add line 4 columns A through D. Er <u>Unrelated Debt-Financed Income</u> (si Description of debt-financed property (street address, of A | 64,918. | ine 6, column (B) neck if a dual-use. Sec B | c | 64,918. |
| 4 5 art V 1 2 3 a b c 4 5 5 7 3 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 13 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, of B | 64,918. | ine 6, column (B) neck if a dual-use. Sec B | c | 64,918. |
| ا ال ال ک ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT 13 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, of B | 64,918. | ine 6, column (B) neck if a dual-use. Sec B B t I, line 7, column (A) | C C % | 64,918. |
| 4 5 7 3 6 7 3 6 7 3 9 9 0 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>STMT</u> 13 Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, of B | 64,918. | ine 6, column (B) neck if a dual-use. Sec B B t I, line 7, column (A) | C C % | 64,918. |

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| | | | | | | | | | | | 3 |
|----------------|-------------------------|-----------------------|-----------------------------|-------------|--------------------|-----------|-----------------------------------|--|----------------------------|--------|--------------------------------------|
| Schedu | ule A (Form 990-T) 2021 | itiaa D | | anta fuan | . O a vatura l | | | | | | Page 3 |
| Part | VI Interest, Annu | lities, Ro | oyalties, and Re | ents fror | n Control | | - | ` | e instruct | , | |
| | 1. Name of controlle | d | 2. Emp l oyer | 2 Not | unrelated | 1 | Exempt Control al of specified | 1 | ganization art of colur | | 6. Deductions directly |
| | organization | u | identification | - | | | nents made that | | included | in the | connected with |
| | | | number | | e instructions) | | | controlling organiza- tion's gross income | | | income in column 5 |
| (1) | | | | | | | | | groos inc | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | | No | nexempt C | Controlled O | rganizati | ons | | | | |
| 7 | Taxable Income | | Net unrelated | | otal of specif | | 10. Part of | | | | Deductions directly |
| | | | ncome (loss) | pa | yments mad | е | that is inc | | | | connected with |
| | | (see | e instructions) | | | | gross | incom | е | inc | come in co l umn 10 |
| <u>(1)</u> | | | | - | | | | | | | |
| <u>(2)</u> | | | | | | | | | | | |
| <u>(3)</u> | | | | | | | | | | | |
| <u>(4)</u> | | | | | | | Add colum | | nd 10 | ۸dd | I columns 6 and 11. |
| | | | | | | | Enter here | | | | r here and on Part I, |
| | | | | | | | line 8, c | o l umn | (A) | li | ine 8, co l umn (B) |
| Totals | | | | | | ► | | | Ο. | | 0. |
| Part | | ncome | of a Section 50 | 1(c)(7), (| 9), or (17) | Orgar | hization (s | ee inst | ructions) | | - |
| | | cription of | | | 2. Amou | - | 3. Deductio | | 4. Set | asides | 5. Total deductions |
| | | | | | incor | ne | directly conn | | (attach st | atemer | t) and set-asides (add cols 3 and 4) |
| | | | | | | | (attach stater | ment) | | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | Add amou | unto in | | | | | Add amounts in |
| | | | | | column 2 | | | | | | column 5. Enter |
| | | | | | here and o | , | | | | | here and on Part I, |
| T . 4 . 1 . | | | | | line 9, colu | umn (A) | | | | | line 9, column (B) |
| Totals Part | | vemnt A | Activity Income | Other T | han Adve | | | a a a ima | tru (otiono) | | 0. |
| 1 | Description of exploite | | - | , ouier i | | rusin | gincome | see ins | structions) | | |
| 2 | Gross unrelated busin | - | | ness Ente | r here and o | n Part I | line 10. colum | n (Δ) | | 2 | |
| 3 | Expenses directly con | | | | | | | | | | |
| 0 | | | | | | | | | | 3 | |
| 4 | Net income (loss) from | | | | | | | | | | |
| | lines 5 through 7 | | | | | | 0 / 1 | | | 4 | |
| 5 | Gross income from ac | tivity that i | is not unrelated bus | iness incor | ne | | | | | 5 | |
| 6 | Expenses attributable | | | | | | | | | 6 | |
| 7 | Excess exempt expen | | | | | | | | | | |
| | 4. Enter here and on F | Part II, l ine | 12 | | | <u></u> | | | | 7 | |

Schedule A (Form 990-T) 2021

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| | ule A (Form 990-T) 2021 | | | | Page 4 |
|------------|--|-------------------------------|-----------------------|-----------------|--------------------|
| Part | | | | | |
| 1 | Name(s) of periodical(s). Check box if reportir | ng two or more periodicals or | a consolidated basis | 6. | |
| | A | | | | |
| | B | | | | |
| | | | | | |
| | | | | | |
| Enter a | amounts for each periodical listed above in the | | | | |
| • | Our en estructivir a in energe | A | <u> </u> | C | D |
| 2 | Gross advertising income | | | | 0. |
| _ | Add columns A through D. Enter here and on | Part I, line TT, column (A) | | | 0. |
| a | Divert advertision as to by neviadical | | | | |
| 3 | Direct advertising costs by periodical | | | | 0. |
| а | Add columns A through D. Enter here and on | Part I, line TT, column (B) | | | 0. |
| | Advertising gain (loss). Subtrast line 2 from li | nn | | | |
| 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 | n | | | |
| | line 4 showing a loss or zero, do not complet | | | | |
| | 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 | on | | | |
| | line 4, enter the lesser of line 4 or line 7 | | | | |
| а | Add line 8, columns A through D. Enter the g | | total or zero here an | d on | |
| | Part II, line 13 | | | | 0. |
| Part | X Compensation of Officers, Di | rectors, and Trustees | (see instructions) | | |
| | | | | 3. Percentage | 4. Compensation |
| | 1. Name | 2. Title | | of time devoted | attributable to |
| | | | | to business | unrelated business |
| <u>(1)</u> | | | | % | |
| <u>(2)</u> | | | | % | |
| <u>(3)</u> | | | | % | |
| <u>(4)</u> | | | | % | |
| | | | | | |
| | Enter here and on Part II, line 1 | | | > | 0. |
| Part | XI Supplemental Information (se | ee instructions) | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

38 - 6004447

3,223.

| FORM 990-T (A) | OTHER | INCOME | STATEMENT 11 |
|--------------------------------------|--------|------------|--------------|
| DESCRIPTION | | | AMOUNT |
| CLOSED CAPTIONING SERVIC | 3,996. | | |
| TOTAL TO SCHEDULE A, PART I, LINE 12 | | | 3,996. |
| FORM 990-T (A) | OTHER | DEDUCTIONS | STATEMENT 12 |
| | | | |
| DESCRIPTION | | | AMOUNT |

TOTAL TO SCHEDULE A, PART II, LINE 14

| FORM 990-T (A) | DEDUCTIONS | CONNECTED | WITH RENTAL | INCOME | STATEMENT 13 |
|--------------------------------------|--------------|------------|--------------------|--------------------|--------------|
| DESCRIPTION | | | ACTIVITY NUMBER | AMOUNT | TOTAL |
| PB TOWER EXPENDI PB NON-TOWER EXP | | | | 47,503. 17,415. | |
| | | - SUBTOTA | և – 3 | , | 64,918. |
| TOTAL TO FORM 99 | 0-T, SCHEDUI | LE A, PART | IV, LINE 4 | | 64,918. |

SCHEDULE 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).

OMB No. 1545-0047

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

6

B Employer identification number

4

of

38-6004447

D Sequence:

Name of the organization Α

| Name of the organiza | lion | | |
|----------------------|----------|------------|--|
| CENTRAL | MICHIGAN | UNIVERSITY | |
| | | | |

530000 Unrelated business activity code (see instructions) С

Describe the unrelated trade or business **ATHLETIC & UNIVERSITY EVENT RENTALS**

| Ра | t 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 | | | |
| 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 | 17,644. | | 17,644. |
| 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 14 | 12 | 16,020. | | 16,020. |
| 13 | Total. Combine lines 3 through 12 | 13 | 33,664. | | 33,664. |
| Ра | t II Deductions Not Taken Elsewhere See instruction | | or limitations on dec | luctions. Deduction | s must be |

directly connected with the unrelated business income

| 1 | Compensation of officers, directors, and trustees (Part X) | 1 | |
|-----|---|--------|------------------------|
| 2 | Salaries and wages | 2 | 17,708. |
| 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 | 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) SEE STATEMENT 15 | 14 | 12,817. |
| 15 | Total deductions. Add lines 1 through 14 | 15 | 30,525. |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, | | |
| | column (C) | 16 | 3,139. |
| 17 | Deduction for net operating loss. See instructions | 17 | 0. |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | 18 | 3,139. |
| LHA | For Paperwork Reduction Act Notice, see instructions. | Schedu | le A (Form 990-T) 2021 |

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| | le A (Form 990-T) 2021 | | | | Page 2 |
|---|---|---|---|-----------------|---------------|
| τI | | nod of inventory valuat | ion 🕨 | | · |
| | Inventory at beginning of year | | | 1 | |
| | Purchases | | | | |
| | Cost of labor | | | | |
| | Additional section 263A costs (attach statement) | | | | |
| | Other costs (attach statement) | | | | |
| | Total. Add lines 1 through 5 | | | | |
| | Inventory at end of year | | | | |
| | Cost of goods sold. Subtract line 7 from line 6. Enter h | | | | |
| rt ľ | Do the rules of section 263A (with respect to property p Rent Income (From Real Property and | | | | Yes No |
| | Description of property (property street address, city, si | | - | | |
| 1 | A ATHLETIC EVENT RENTALS - | | | | EASANT. MI |
| | в 🗌 | | | | |
| | c 🗌 | | | | |
| | D | | | | |
| | | А | В | с | D |
| 2 | Rent received or accrued | | _ | | ——— |
| | From personal property (if the percentage of | | | | |
| | rent for personal property is more than 10% | | | | |
| | but not more than 50%) | 0. | | | |
| | 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) | 17,644. | | | |
| | Total rents received or accrued by property. | , - | | | |
| | Add lines 2a and 2b, columns A through D | 17,644. | | | |
| } | 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) | 0. | and off f art i, line o, t | | 17,644. |
| | - | u l | | | |
| 1 5 | in lines 2(a) and 2(b) (attach statement) | 0 . ter here and on Part I, | | | 0. |
| 4 5 1rt \ | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se | 0 . ter here and on Part I, se instructions) | line 6, column (B) | ·····► | |
| 4 5 art \ | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c | 0 . ter here and on Part I, se instructions) | line 6, column (B) | ·····► | |
| s Trt V | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c | 0 . ter here and on Part I, se instructions) | line 6, column (B) | ·····► | |
| s Trt V | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c B | 0 • 0 • 1 ter here and on Part I, se instructions) | line 6, column (B) | ·····► | |
| rt \ | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A B C | 0 • 0 • 1 ter here and on Part I, se instructions) | line 6, column (B) | ·····► | |
| s Trt V | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B | 0 . ter here and on Part I, ee instructions) ity, state, ZIP code). C | line 6, column (B) heck if a dual-use. Se | e instructions. | 0. |
| 4 <u>5</u> art \ 1 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C D D D D | 0 • 0 • 1 ter here and on Part I, se instructions) | line 6, column (B) | ·····► | |
| 4 5 art \ 1 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of B C G Gross income from or allocable to debt-financed | 0 . ter here and on Part I, ee instructions) ity, state, ZIP code). C | line 6, column (B) heck if a dual-use. Se | e instructions. | 0. |
| 1 <u>5</u> <u>1</u> 1 | in lines 2(a) and 2(b) (attach statement) | 0 . ter here and on Part I, ee instructions) ity, state, ZIP code). C | line 6, column (B) heck if a dual-use. Se | e instructions. | 0. |
| 4 <u>5</u> <u>1</u> 1 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c | 0 . ter here and on Part I, ee instructions) ity, state, ZIP code). C | line 6, column (B) heck if a dual-use. Se | e instructions. | 0. |
| 4 5 1rt V 1 2 3 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A B C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property | 0 . ter here and on Part I, ee instructions) ity, state, ZIP code). C | line 6, column (B) heck if a dual-use. Se | e instructions. | 0. |
| 4 <u>5</u> 1 2 3 a | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A | 0 . ter here and on Part I, ee instructions) ity, state, ZIP code). C | line 6, column (B) heck if a dual-use. Se | e instructions. | 0. |
| 4 5 1 1 2 3 a b | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A | 0 . ter here and on Part I, ee instructions) ity, state, ZIP code). C | line 6, column (B) heck if a dual-use. Se | e instructions. | 0. |
| 4 <u>5</u> art \ 1 1 2 3 a b c | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c | 0 . ter here and on Part I, ee instructions) ity, state, ZIP code). C | line 6, column (B) heck if a dual-use. Se | e instructions. | 0. |
| 4 5 art V 1 1 2 3 a b c | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A | 0 . ter here and on Part I, ee instructions) ity, state, ZIP code). C | line 6, column (B) heck if a dual-use. Se | e instructions. | 0. |
| int <u>)</u> I 2 3 a b c | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c B C G G G G G G G G G G G G | 0 . ter here and on Part I, ee instructions) ity, state, ZIP code). C | line 6, column (B) heck if a dual-use. Se | e instructions. | 0. |
| art V art V b c | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A | 0 . ter here and on Part I, ee instructions) ity, state, ZIP code). C | line 6, column (B) heck if a dual-use. Se | e instructions. | 0. |
| h nrtl 1 2 3 a b c h 5 | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, c A | 0 . ter here and on Part I, se instructions) ity, state, ZIP code). C A | line 6, column (B) heck if a dual-use. Se | e instructions. | 0. |
| a b c | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C B C D C C D C C C C C C C C C C C C | 0 . ter here and on Part I, se instructions) ity, state, ZIP code). C A | line 6, column (B) heck if a dual-use. Se B | e instructions. | 0. |
| a b c | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A | 0 . ter here and on Part I, se instructions) ity, state, ZIP code). C A | line 6, column (B) heck if a dual-use. Se B | e instructions. | 0. |
| a b c | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A | A C . ter here and on Part I, be instructions) ity, state, ZIP code). C A A | line 6, column (B) heck if a dual-use. Se B | e instructions. | 0. |
| a b c | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A | A C . ter here and on Part I, be instructions) ity, state, ZIP code). C A A | line 6, column (B) heck if a dual-use. Se B | e instructions. | 0. |
| a b c | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A | A C . ter here and on Part I, be instructions) ity, state, ZIP code). C A A | line 6, column (B) heck if a dual-use. Se B | e instructions. | 0. |
| a b c | in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income Description of debt-financed property (street address, or A B C D Gross income from or allocable to debt-financed 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, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 | A Enter here and on Part I, be instructions) ity, state, ZIP code). C A % Enter here and on Part % | line 6, column (B) heck if a dual-use. Se B B t I, line 7, column (A) | e instructions. | 0. 0. |

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| | | | | | | | | | | | | 4 |
|----------------|--|----------------|--|----------------|----------------------|---------------|---|---------------------|--|---------------------------|---------|---|
| Part | ule A (Form 990-T) 2021 VI Interest, Annu | uities, Ro | yalties, and Ro | ents fron | n Control | led Or | ganizations | S (se | e instruct | ions) | | Page 3 |
| | | | | | | E | - Exempt Control | olled Organizations | | | | |
| | 1. Name of controlled organization | | identification inco | | income (loss) paym | | al of specified 5. Part that is in | | rt of colur included olling orga | in the | co | ductions directly nnected with |
| | | | number | (see ins | structions) | | | tion's | gross inc | ome | incor | ne in co l umn 5 |
| <u>(1)</u> | | | | | | | | | | | | |
| <u>(2)</u> | | | | | | | | | | | | |
| <u>(3)</u> | | | | | | | | | | | | |
| <u>(4)</u> | | | Nc | I nexempt (| Controlled O | l manizati | ons | | | | | |
| 7 | . Taxable Income | 8. N | et unrelated | - | otal of specif | - | 10. Part o | of colur | nn 9 | 11. | Deduc | ctions directly |
| | | | yments mad | | that is inc | luded i | n the ation's | | conne | ected with n column 10 | | |
| <u>(1)</u> | | | | | | | | | | | | |
| <u>(2)</u> | | | | | | | | | | | | |
| <u>(3)</u> | | | | | | | | | | | | |
| <u>(4)</u> | | | | | | | | | | | | |
| | | | | | | | Add colum Enter here line 8, c | and on | Part I , (A) | Ente | er here | nns 6 and 11. and on Part I, column (B) |
| Totals Part | | | of a Section 50 | 1(0)(7) (| 0) or (17) | | izotion | | 0. | | | 0. |
| Fail | | cription of in | | (C)(7), (| | | | | ructions) | ! -! | 5 | Total deductions |
| | I. Desc | | | | 2. Amou incon | | 3. Deduction directly connormal (attach stater | ected | 4. Set- (attach st | | nt) a | dd cols 3 and 4) |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| | | | | | Add amou column 2 | | | | | | | Add amounts in column 5. Enter |
| | | | | | here and o | | | | | | | re and on Part I, |
| | | | | | line 9, colu | | | | | | lir | ne 9, co l umn (B) |
| Totals | | | | <u> </u> | | 0. | - | | | | | 0. |
| Part | Exploited E | - | ctivity Income | , Other T | han Adve | ertising | g Income (| see ins | tructions) | | | |
| 1 | Description of exploite | | | | | | | | | | | |
| 2 | Gross unrelated busin | | | | | | | | | 2 | | |
| 3 | Expenses directly con | nected with | production of unr | elated busi | ness income | e. Enter l | here and on Pa | art I, | | | | |
| | | | | | | | | | | 3 | | |
| 4 | Net income (loss) from | | | | | | | | | | | |
| - | | | | | | | | | | 4 | | |
| 5 | Gross income from ac | | | | | | | | | 5 6 | | |
| 6 7 | Expenses attributable Excess exempt expense | | | | | | | | | | | |
| 1 | | | | | | | | | | 7 | | |
| | 4. Enter here and on P | arn, 1110 1. | ــــــــــــــــــــــــــــــــــــــ | | | | | | | 1 | | |

Schedule A (Form 990-T) 2021

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| | ule A (Form 990-T) 2021 | | | | Page 4 |
|------------|--|-------------------------------|------------------------|-----------------|--------------------|
| Part | | | | | |
| 1 | Name(s) of periodical(s). Check box if reportir | ng two or more periodicals of | n a consolidated basis | S. | |
| | A | | | | |
| | B | | | | |
| | | | | | |
| E.t. | | | | | |
| Entera | amounts for each periodical listed above in the | | | | |
| • | | A | <u> </u> | C | D |
| 2 | Gross advertising income | | | | 0. |
| _ | Add columns A through D. Enter here and on | Part I, line TT, column (A) | | | 0. |
| a | Divert advertision as to by neviadical | | | | |
| 3 | Direct advertising costs by periodical | | | | 0. |
| а | Add columns A through D. Enter here and on | Part I, line TT, column (B) | | | |
| | Advertising gain (loss). Subtrast line 2 from li | ~ | | | |
| 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 | n | | | |
| | line 4 showing a loss or zero, do not complet | | | | |
| | 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 | on | | | |
| | line 4, enter the lesser of line 4 or line 7 | | | | |
| а | Add line 8, columns A through D. Enter the g | | total or zero here an | d on | |
| | Part II, line 13 | · | | | 0. |
| Part | X Compensation of Officers, Di | rectors, and Trustees | (see instructions) | | |
| | | | | 3. Percentage | 4. Compensation |
| | 1. Name | 2. Title | | of time devoted | attributable to |
| | | | | to business | unrelated business |
| <u>(1)</u> | | | | % | |
| <u>(2)</u> | | | | % | |
| <u>(3)</u> | | | | % | |
| <u>(4)</u> | | | | % | |
| | | | | | |
| - | Enter here and on Part II, line 1 | | | ▶ | 0. |
| Part | XI Supplemental Information (se | e instructions) | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

38-6004447

| STATEMENT 14 | |
|--------------|--|
| | |
| AMOUNT | |
| 16,020. | |
| 16,020. | |
| | |
| STATEMENT 15 | |
| AMOUNT | |
| 12,817. | |
| 12,817. | |
| - | |

| 990-T SCH | A POST-202 | L7 NET OPERATING | LOSS DEDUCTION | STATEMENT 16 |
|----------------------|---------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/20 06/30/21 | 21,107. 1,258. | 0.0. | 21,107. 1,258. | 21,107. 1,258. |
| NOL CARRYO | OVER AVAILABLE THIS | YEAR | 22,365. | 22,365. |

SCHEDULE 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).

OMB No. 1545-0047

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

6

A Name of the organization

| | CENTRAL MICHIGAN UNIVERSITY | |
|--|-----------------------------|--|
|--|-----------------------------|--|

C Unrelated business activity code (see instructions) ► 710000

| В | Employer identification number $38-6004447$ |
|---|---|
| | |

5

of

D Sequence:

E Describe the unrelated trade or business **UNIVERSITY RECREATION**

| Part 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 | | | |
| 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 | 38,120. | 967. | 37,153. |
| 12 | Other income (see instructions; attach statement)STMT17 | 12 | 72,175. | | 72,175. |
| 13 | Total. Combine lines 3 through 12 | 13 | 110,295. | 967. | 109,328. |
| 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 | 132,709. | | |
| 3 | Repairs and maintenance | | | | |
| 4 | Bad debts | | | | |

| - | | | | | |
|-----|--|----|--|--------|------------------------|
| 5 | Interest (attach statement). See instructions | | | | |
| 6 | | | | 6 | |
| 7 | Taxes and licenses | 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) | | | | |
| 13 | Excess readership costs (Part IX) | | | 13 | |
| 14 | Other deductions (attach statement) | | | 14 | 7,939. |
| 15 | Total deductions. Add lines 1 through 14 | | | 15 | 140,648. |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from | | | | |
| | column (C) | | | 16 | -31,320. |
| 17 | Deduction for net operating loss. See instructions | | | 17 | 0. |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | | | | -31,320. |
| LHA | For Paperwork Reduction Act Notice, see instructions. | | | Schedu | le A (Form 990-T) 2021 |

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| 0 - 1 | | | | | 5 |
|-----------|--|--------------------------------|-----------------------------|---------------|-------------------------|
| Part | ule A (Form 990-T) 2021 III Cost of Goods Sold Enter meth | nod of inventory va l u | ation 🕨 | | Page 2 |
| 1 | Inventory at beginning of year | | | 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 h | | | | │ │ Yes │ No |
| 9 Part | Do the rules of section 263A (with respect to property p IV Rent Income (From Real Property and | | | | |
| 1 | Description of property (property street address, city, si | | - | | |
| • | A | | | | |
| | B | | | | |
| | 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 exceeds | | | | |
| • | 50% or if the rent is based on profit or income) Total rents received or accrued by property. | | | | |
| С | 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) | <u> </u> | | | |
| | | | | | |
| 5 | Total deductions. Add line 4 columns A through D. En | | I, line 6, column (B) | ▶ | 0. |
| Part | [01 | | | | |
| 1 | Description of debt-financed property (street address, c | sity, state, ZIP code). | Check if a dual-use. See | instructions. | |
| | B | | | | |
| | c 🗌 | | | | |
| | D | | | | |
| | | А | 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- | | | | |
| 6 | financed property (attach statement) | | % | | 0/ 0/ |
| 6 7 | Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 | | %% | | % % |
| 7 8 | Total gross income (add line 7, columns A through D). | Enter here and on E | Part Lline 7. column (A) | | 0. |
| ð | rotar gross meente (aud inte 7, columns A through D). | . Enter nere and off P | | | 0. |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 | Total allocable deductions. Add line 9, columns A thr | ough D. Enter here a | nd on Part I, line 7, colur | mn (B)► | 0. |
| 11 | Total dividends-received deductions included in line | | | | 0. |
| 123721 | 01-28-22 | 4.4 | | Schedu | ule A (Form 990-T) 2021 |

| | | | | | | | | | | | | 5 |
|--------------------|-------------------------|---------------|--|-------------|------------------------|---|---|---------|--------------------------|---------------------|-------------------------------------|-----------------------------|
| Sched | ule A (Form 990 T) 2021 | | | | <u> </u> | | | | | | | Page 3 |
| Part | VI Interest, Annu | uities, Ro | oyalties, and Re | ents fron | n Control | | - | · · | e instruct | , | | |
| | d Name of controlle | -1 | 0 England | | | | Exempt Control | | - | | 0 Dealerati | |
| | organization identi | | Employer identification | - | unrelated ne (loss) | | al of specified nents made | | art of colui included | | | ons directly ted with |
| | | | number | | structions) | μαγι | nems made | contr | olling orga | aniza- | | n column 5 |
| (4) | | | | (000 | | | | tion's | gross inc | come | | |
| (<u>1</u>) | | | | | | | | | | | | |
| <u>(2)</u> (3) | | | | | | | | | | | | |
| (<u>3)</u> (4) | | | | | | | | | | | | |
| <u>(+)</u> | | | INc | nexempt C | Controlled O | ı oanizati | ons | | | | | |
| | 7. Taxable Income | 8.1 | Net unrelated | | otal of specif | • | 10. Part o | of colu | mn 9 | 11. | Deduction | s directly |
| | | in | icome (l oss) | | , yments mad | | that is inc | | | | connected | , |
| | | (see | e instructions) | | | | controlling organization's gross income | | | income in column 10 | | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| | | | | | | | Add colum | ins 5 a | nd 10. | Add | d co l umns | 6 and 11. |
| | | | | | | | Enter here line 8, c | | | | er here and ine 8, co l u | |
| | | | | | | | | Junn | . , | ľ | ine o, colu | пп (Б) |
| Totals | | | | | | 🕨 | | | 0. | | | 0. |
| Part | | | of a Section 50 |)1(c)(7), (| 9), or (17) | Orgar | nization _{(s} | ee inst | ructions) | | | |
| | 1. Desc | cription of | income | | 2. Amou | | 3. Deductio | | | asides | | deductions |
| | | | | | | directly connected (attach s) (attach statement) | | | | ols 3 and 4) | | |
| <u></u> | | | | | | | ` | , | | | | |
| <u>(1)</u> | | | | | | | | | | | | |
| <u>(2)</u> | | | | | | | | | | | | |
| <u>(3)</u> | | | | | | | | | | | | |
| <u>(4)</u> | | | | | Add amou | unts in | | | | | Add | amounts in |
| | | | | | column 2 | Enter | | | | | colur | nn 5. Enter |
| | | | | | here and o | , | | | | | | nd on Part I, column (B) |
| Totals | | | | | line 9, colu | 0. | | | | | 1116 5, | 0 • |
| Part | | xempt A | Activity Income | Other T | han Adve | ••• | a Income | see ing | structions) | 1 | | |
| 1 | Description of exploite | | | , • | | - doing | <u>g incenie</u> (| 300 111 | structions | | | |
| 2 | Gross unrelated busin | - | | ness Enter | 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 | | | | | | | | | | | |
| - | lines 5 through 7 | | | | | | 0 / 1 | | | 4 | | |
| 5 | Gross income from ac | tivity that i | s not unrelated bus | iness incon | ne | | | | | 5 | | |
| 6 | Expenses attributable | | | | | | | | | 6 | | |
| 7 | Excess exempt expen | | | | | | | | | | | |
| | 4. Enter here and on F | Part II, line | 12 | <u></u> | <u></u> | <u></u> | | | <u></u> | 7 | | |

Schedule A (Form 990-T) 2021

123731 01-28-22

| | ule A (Form 990-T) 2021 | | | | Page 4 |
|------------|---|---|---------------------|--|--------------------|
| Part | IX Advertising Income | | | | |
| 1 | Name(s) of periodical(s). Check box if reportin | g two or more periodica l s on a c | onsolidated basis | S. | |
| | A ADVERTISING | | | | |
| | В | | | | |
| | c 🗌 | | | | |
| | D 🗌 | | | | |
| Enter | amounts for each periodical listed above in the o | corresponding column. | | | |
| | | A | В | С | D |
| 2 | Gross advertising income | 38,120. | | | |
| | Add columns A through D. Enter here and on | | | | 38,120. |
| а | | | | ······································ | |
| 3 | Direct advertising costs by periodical | 967. | | | |
| | Add columns A through D. Enter here and on | | | | . 967. |
| а | Add columns A through D. Enter here and on | | | | |
| | Advertising asig (less). Subtract line 2 from lin | | | | |
| 4 | Advertising gain (loss). Subtract line 3 from lin | ie | | | |
| | 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 les | | | | |
| | than line 6, enter zero | | | | |
| 8 | Excess readership costs allowed as a | | | | |
| | deduction. For each column showing a gain o | on | | | |
| | line 4, enter the lesser of line 4 or line 7 | | | | |
| а | Add line 8, columns A through D. Enter the gr | reater of the line 8a, columns tota | al or zero here and | d on | |
| | Part II, line 13 | | | | . 0. |
| Part | X Compensation of Officers, Dir | ectors, and Trustees (se | e instructions) | | |
| | | | | 3. Percentage | 4. Compensation |
| | 1. Name | 2. Title | | of time devoted | attributable to |
| | | | | to business | unrelated business |
| (1) | | | | % | |
| (2) | | | | % | |
| (3) | | | | % | |
| <u>(4)</u> | | | | % | |
| <u> /</u> | | | | ,,, | |
| Total | . Enter here and on Part II, line 1 | | | | 0. |
| Part | <i>,</i> | | | | |
| I UIL | | | | | |
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123732 01-28-22

| FORM 990-T (A) OTH | ER INCOME STATEMENT 17 |
|---|---|
| DESCRIPTION | AMOUNT |
| SAC MEMBERSHIPS FACILITY RENTALS LOCKER RENTALS GUEST PASSES GROUP FITNESS PERSONAL TRAINING | 23,737. 23,071 765. 24,412. 30. 160. |
| TOTAL TO SCHEDULE A, PART I, LINE 1 | 2 72,175. |

| FORM 990-T (A) | OTHER DEDUCTIONS | STATEMENT 18 |
|-----------------------------|------------------|--------------|
| DESCRIPTION | | AMOUNT |
| SUPPLIES AND EQUIPMENT | | 7,939. |
| TOTAL TO SCHEDULE A, PART I | I, LINE 14 | 7,939. |

| 990-T SCH . | A POST-201 | 7 NET OPERATING | LOSS DEDUCTION | STATEMENT 19 |
|-------------|--------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/20 | 45,117. | 0. | 45,117. | 45,117. |
| NOL CARRYO | VER AVAILABLE THIS | YEAR | 45,117. | 45,117. |

| SCHE | DULE A |
|-------|--------|
| (Form | 990-T) |

Department of the Treasury

Internal Revenue Service

E

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

ntor CON umba a thia fa ada publia if o ti e . E01(a)(2) . . . Do no

Open to Public Inspection for

6

| A Name of the organization | Α | Name of the organization | |
|----------------------------|---|--------------------------|--|
|----------------------------|---|--------------------------|--|

| ot ente | r SSN numb | ers on this | form as it m | ay be made | e public if yo | our organization | is a 501(c)(3). |
|---------|------------|-------------|--------------|------------|----------------|------------------|-----------------|
| | | | | | | | |

501(c)(3) Organizations Only B Employer identification number 38-6004447

of

6

CENTRAL MICHIGAN UNIVERSITY

<u>C</u> Unrelated business activity code (see instructions) ► 720000

Describe the unrelated trade or business **CATERING**, **BEVERAGE SRVS**, **CONCESSIONS** & **BEAVER**

D Sequence:

| Pa | t I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | s | (C) Net |
|----------|--|------|----------------------------|------------------|----|-----------|
| 1a | Gross receipts or sales265,977. | | | | | |
| b | Less returns and allowances c Balance ► | 1c | 265,977. | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | 145,312. | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | 120,665. | | | 120,665. |
| 4 a | | | | | | |
| | 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 20 | 12 | 1,789. | | | 1,789. |
| 13 | Total. Combine lines 3 through 12 | 13 | 122,454. | | | 122,454. |
| | t II Deductions Not Taken Elsewhere See instructi directly connected with the unrelated business in | come | • | | | must be |
| 1 | Compensation of officers, directors, and trustees (Part X) | | | | 1 | 6 561 |
| 2 | Salaries and wages | | | | 2 | 6,561. |
| 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 | | | | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | | | | 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) | | <u> </u> | ЕМЕ МФ 01 | 13 | 217,405. |
| 14 15 | Other deductions (attach statement) | | | | 14 | 223,966. |
| 15 16 | | | ling 15 from Dort L ling 1 | | 15 | 44J,300. |
| 16 | Unrelated business income before net operating loss deduction. Su | | , | , | 16 | -101,512. |
| 17 | column (C) | | | | 10 | <u> </u> |

| 17 | Deduction for net operating loss. See instructions | 17 | 0. |
|-----|--|--------|------------------------|
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | 18 | -101,512. |
| LHA | For Paperwork Reduction Act Notice, see instructions. | Schedu | le A (Form 990-T) 2021 |

123741 01-28-22

09000501 147228 43642

OMB No. 1545-0047

| | | | | | 6 |
|---------------|---|-----------------------|------------------------------|---------------|---------------------|
| Sched Part | ule A (Form 990-T) 2021 III Cost of Goods Sold Enter meth | nod of inventory val | uation > N/A | | Page 2 |
| 1 | Inventory at beginning of year | | | 1 | 0. |
| 2 | Purchases | | | | 145,312. |
| 3 | Cost of labor | | | | 0. |
| 4 | Additional section 263A costs (attach statement) | | | | 0. |
| 5 | Other costs (attach statement) | | | | 0. |
| 6 | Total. Add lines 1 through 5 | | | | 145,312. |
| 7 | Inventory at end of year | | | | 0. |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter h | | | | 145,312. |
| 9 Part | Do the rules of section 263A (with respect to property p Rent Income (From Real Property and | | | | Yes X No |
| 1 | Description of property (property street address, city, si | - | - | | |
| • | A | | | | |
| | B | | | | |
| | 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 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 | | | | |
| 3 | Total rents received or accrued. Add line 2c columns A | through D. Enter he | ere and on Part I, line 6, c | olumn (A) | 0. |
| | 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. En | ter here and on Par | t Lline 6. column (B) | • | 0. |
| Part | | | | | |
| 1 | Description of debt-financed property (street address, c | ity, state, ZIP code) |). Check if a dual-use. See | instructions. | |
| | A | - | | | |
| | в 🛄 | | | | |
| | 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 | | | | |
| a L | Straight line depreciation (attach statement) Other deductions (attach statement) | | | | |
| b | Total deductions (add lines 3a and 3b, | | | | |
| С | 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 | 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 thr | | | | 0. |
| 11 | Total dividends-received deductions included in line | 10 | | | 0. |
| 123721 (| 01-28-22 | 4.0 | | Schedule A | A (Form 990-T) 2021 |

| | | | | | | | | | | | | 6 |
|--|--|----------------------|----------------------|----------------------|------------------------|-------------------|---|-------------------|-------------------------|---------------------|----------------|---------------------------------------|
| Sched | ule A (Form 990 T) 2021 | | | | | | <u> </u> | | | | | Page 3 |
| Part | VI Interest, Annu | lities, Ro | oyalties, and Re | ents fron | n Control | | - | | e instruct | , | | |
| | | | | | <u> </u> | 1 | Exempt Contro | 1 | | | • • | |
| | 1. Name of controlled 2. Employer organization identification number | | | - | unrelated ne (loss) | | al of specified nents made | | rt of colur included | | | ductions directly |
| | | | | structions) | payi | nems made | contro | olling orga | aniza- | | me in column 5 | |
| (4) | | | (000 | | | | tion's | gross inc | come | | | |
| (<u>1</u>) (2) | | | | | | | | | | | | |
| <u>(2)</u> (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| <u></u> | | | No | nexempt C | Controlled O | rganizati | ons | | | | | |
| 7 | 7. Taxable Income | 8. N | let unrelated | - | otal of specif | - | 10. Part | of co l ui | mn 9 | 11. | Dedu | ctions directly |
| | | ine | come (l oss) | pa | yments mad | е | that is inc | | | | conne | ected with |
| | | (see | instructions) | | | | controlling organization's gross income | | | income in column 10 | | |
| (1) | | | | | | | | | | | | |
| <u>(2)</u> | | | | | | | | | | | | |
| <u>(3)</u> | | | | | | | | | | | | |
| <u>(4)</u> | | | | | | | | | | | | |
| | | | | | | | Add colum | | | | | mns 6 and 11 |
| | | | | | | | Enter here line 8, c | | , | | | e and on Part I, column (B) |
| | | | | | | | | | . , | | | () |
| Totals Part | | | | | 0) (17) | <u> </u> | <u> </u> | | 0. | | | 0. |
| Fait | | cription of i | of a Section 50 | (C)(7), (| | | | | ructions) | • • | 6 | Total deductions |
| | 1. Desc | cription of i | ncome | | 2. Amou incon | | 3. Deduction | | 4. Set (attach st | | | and set-asides |
| | | | | | | | (attach state | | (unaon or | atomo | | dd co l s 3 and 4) |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| <u>. </u> | | | | | Add amou | | | | | | | Add amounts in |
| | | | | | column 2 here and o | | | | | | | column 5. Enter ere and on Part I. |
| | | | | | line 9, colu | | | | | | | ne 9, column (B) |
| Totals | | | | ► | | Ο. | | | | | | 0. |
| Part | VIII Exploited E | xempt A | ctivity Income | , Other T | han Adve | ertising | g Income (| (see ins | tructions) | | | |
| 1 | Description of exploite | | | | | | | | | | | |
| 2 | Gross unrelated busine | ess income | e from trade or busi | ness. Enter | r here and o | n Part I , | line 10, colum | n (A) | | 2 | | |
| 3 | Expenses directly con | nected with | n production of unr | elated busi | ness income | e. Enter l | here and on Pa | art I , | | | | |
| | | | | | | | | | | 3 | | |
| 4 | Net income (loss) from | n unre l ated | trade or business. | Subtract l ir | ne 3 from l ine | e 2. If a g | gain, comp l ete | • | | | | |
| | | | | | | | | | | 4 | | |
| 5 | Gross income from ac | | | | | | | | | 5 | | |
| 6 | Expenses attributable | | | | | | | | | 6 | | |
| 7 | Excess exempt expense | | | | | | | | | | | |
| | 4. Enter here and on P | art II, line 1 | 12 | | <u></u> | <u></u> | | <u></u> | | 7 | | |

Schedule A (Form 990-T) 2021

123731 01-28-22

| Sched Part | ule A (Form 990-T) 2021 IX Advertising Income | | | | | Page | 4 |
|-------------------|---|---------------------------|--------------------|------------|--------------|--------------------|----------|
| 1 | Name(s) of periodical(s). Check box if reportin A B C D | ng two or more periodic | als on a consolida | ted basis. | | | _ |
| Enter a | mounts for each periodical listed above in the | corresponding column. | | | | | _ |
| | | A | | В | С | D | _ |
| 2 | Gross advertising income | | | | | | |
| _ | Add columns A through D. Enter here and or | n Part I, line 11, column | (A) | | ► | 0 | <u>•</u> |
| а З | Direct advertising costs by periodical | | | | | | - |
| a | Add columns A through D. Enter here and or | | (B) | 1 | • | 0 | - |
| | 5 | , , | () | | | | _ |
| 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 i | | | | | | |
| | line 4 showing a loss or zero, do not complet | | | | | | |
| F | lines 5 through 7, and enter zero on line 8 | | | | | | — |
| 5 6 | Readership costs 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 | | | | | | |
| | line 4, enter the lesser of line 4 or line 7 | | | | | | _ |
| а | Add line 8, columns A through D. Enter the g Part II, line 13 | reater of the line 8a, co | | | • | 0 | |
| Part | , | rectors, and Trust | ees (see instruc | | | | <u> </u> |
| | | | | | Percentage | 4. Compensation | _ |
| | 1. Name | 2 | Title | of | time devoted | attributable to | |
| | | | | | to business | unrelated business | |
| <u>(1)</u> | | | | | % | | _ |
| <u>(2)</u> | | | | | <u>%</u> | | — |
| <u>(3)</u> (4) | | | | | % | | - |
| <u>(+)</u> | | | | | ,,, | | - |
| Total | Enter here and on Part II, line 1 | | | | ▶ | 0 | • |
| Part | XI Supplemental Information (si | ee instructions) | | | | | _ |
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CENTRAL MICHIGAN UNIVERSITY

38-6004447

| | _ | |
|--------------------------------------|---|----------------|
| FORM 990-T (A) | OTHER INCOME | STATEMENT 20 |
| DESCRIPTION | | AMOUNT |
| OTHER INCOME | | 1,789 |
| TOTAL TO SCHEDULE A, PART | 1,789 | |
| FORM 990-T (A) | OTHER DEDUCTIONS | STATEMENT 21 |
| DESCRIPTION | | AMOUNT |
| SUPPLIES AND EQUIPMENT | 217,405 | |
| TOTAL TO SCHEDULE A, PART | 217,405 | |
| FORM 990-T DESCRIPTION SCHEDULE A | OF ORGANIZATION'S UNRELATE BUSINESS ACTIVITY | D STATEMENT 22 |

CATERING, BEVERAGE SRVS, CONCESSIONS & BEAVER ISLAND

TO FORM 990-T, SCHEDULE A, LINE E

| 990-T SCH | A POST-201 | 7 NET OPERATING | LOSS DEDUCTION | STATEMENT 23 | | | |
|------------|--------------------|-------------------------------|-------------------|------------------------|--|--|--|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR | | | |
| 06/30/21 | 87,209. | 0. | 87,209. | 87,209. | | | |
| NOL CARRYO | VER AVAILABLE THIS | YEAR | 87,209. | 87,209. | | | |

Department of the Treasury Internal Revenue Service

Name

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

21

Employer identification number

| CENTRAL MICHIGAN UN | 38-6004447 | | | | |
|---|------------------------------------|---------------------------|--|--------|--|
| Did the corporation dispose of any investmer | nt(s) in a qualified opportuni | ty fund during the tax ye | ar? | | Yes X No |
| If "Yes," attach Form 8949 and see its instruc | | | | | |
| 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. | (d) Proceeds | (e) Cost | (g) Adjustments to ga or loss from Form(s) 89 | 949, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the |
| This form may be easier to complete if you 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 Box A checked | | | | | |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | | 1,444. |
| 4 Short-term capital gain from installment sales | from Form 6252 line 26 or 37 | 1 | | 4 | _, |
| 5 Short-term capital gain or (loss) from like-kind | | | | 5 | · · · · · · · · · · · · · · · · · · · |
| | 0 | | | 6 | |
| 6 Unused capital loss carryover (attach computa | | | | 0 7 | 1,444. |
| 7 Net short-term capital gain or (loss). Combine Part II Long-Term Capital Gain | and Losses - Asse | nts Held More Than | n One Vear | 1 | , <u>, , , , , , , , , , , , , , , ,</u> |
| See instructions for how to figure the amounts | | | (g) Adjustments to ga | ain | (h) Gain or (loss) |
| to enter on the lines below. This form may be easier to complete if you | Proceeds Cost or loss from Form(s) | | or loss from Form(s) 89 Part II, line 2, column | 949, | Subtract column (e) from column (d) and combine the |
| round off cents to whole dollars. | (baloe price) | | | (9) | 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 Box D checked | | | | | |
| 9 Totals for all transactions reported on | | | | | |
| Form(s) 8949 with Box E checked | | | | | |
| 10 Totals for all transactions reported on | | | | | |
| Form(s) 8949 with Box F checked | | | | | 494,488. |
| | | | | 11 | ļ |
| 12 Long-term capital gain from installment sales | | | | 12 | |
| 13 Long-term capital gain or (loss) from like-kind | l exchanges from Form 8824 | | | 13 | |
| 14 Capital gain distributions | | | | 14 | |
| 15 Net long-term capital gain or (loss). Combine | lines 8a through 14 in column | ıh | | 15 | 494,488. |
| Part III Summary of Parts I and | | | | | |

| Part III Summary of Parts I and II | | |
|---|-------|----------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | 16 | 1,444. |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 1 | 7) 17 | 494,488. |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns | | 495,932. |
| Note: If losses exceed gains, see Capital Losses in the instructions. | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2021

121051 12-17-21



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. 1545-007 | 74 |
|------------------|----|
| 2021 | |

Attachment Sequence No. 12A Social security number or

taxpayer identification no.

| CENTRAL MICHIG | 38-6 | 38-6004447 | | | | | |
|---|------------------------|---|--|--|----------------------------|--|---|
| Before you check Box A, B, or C below statement will have the same information broker and may even tell you which b | ation as Form 10 | you received any 99-B. Either will s | y Form(s) 1099-B o show whether you | or substitute statem r basis (usually you | ent(s) from r cost) was | n your broker. A su reported to the IF | ibstitute RS by your |
| Part Short-Term. Transact | | al assets you held | 1 year or less are ge | nerally short-term (see | instruction | s). For long-term | |
| transactions, see page 2. Note: You may aggregate all codes are required. Enter the | e totals directly on S | Schedule D, line 1a | a; you áren't required | l to report these transa | actions on F | orm 8949 (see instru | ictions). |
| You must check Box A, B, or C below. (If you have more short-term transactions than will | | | | | | | r each applicable box. |
| (A) Short-term transactions rep | ported on Form(s |) 1099-B showin | ng basis was repor | ted to the IRS (see | Note ab | ove) | |
| (B) Short-term transactions rep | · · · | , | 5 | eported to the IRS | | | |
| X (C) Short-term transactions no | t reported to you | u on Form 1099-I | В | 1 | | | |
| 1 (a) Description of property | (b) Date acquired | (c) Date so l d or | (d) Proceeds (sales price) | (e) Cost or other basis. See the | loss. If yo in column | it, if any, to gain or bu enter an amount (g), enter a code in | (h) Gain or (loss). Subtract column (e) |
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of | (sales price) | Note below and | column (f) | See instructions. | from column (d) & |
| | | (Mo., day, yr.) | | see <i>Column (e)</i> in the instructions | (f) Code(s) | (g) Amount of adjustment | combine the result with column (g) |
| GLOUSTON PRIVATE | | | | | | | |
| EQUITY | | | | | | | |
| OPPORTUNITIES V, | | | | | | | 1,236. |
| LANDMARK EQUITY | | | | | | | |
| PARTNERS XV, L.P. | | | | | | | 51. |
| THE BARING ASIA | | | | | | | |
| PRIVATE EQUITY | | | | | | | |
| FUND VII | | | | | | | 29. |
| THOMA BRAVO | | | | | | | |
| DISCOVER FUND II | | | | | | | 100 |
| LP | | | | | | | 128. |
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| | | | | | | | |
| 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 | | | l | | | | 1,444. |
| Note: If you checked Box A above b | ut the hasis rend | NATED TO THE IPS N | was incorrect ent | er in column (e) the | hasis as r | anortad to the IRS | s and enter an |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

54 2021.05080 CENTRAL MICHIGAN UNIVERSI 43642_1

| Form 8949 (2021) | | | | Attachm | nent Sequen | ce No. 12A | Page 2 |
|--|--------------------------------------|-------------------------------------|--------------------------------------|---|--------------------------------|---|--------------------------------------|
| Name(s) shown on return. Name and | SSN or taxpaye | er identification n | o. not required if | | | Social secur | ity number or ntification no. |
| CENTRAL MICHIG | AN HNTVE | RETTY | | | | . , | 004447 |
| Before you check Box D, E, or F below statement will have the same informat broker and may even tell you which b | w, see whether y tion as Form 109 | | Form(s) 1099-B o show whether you | or substitute statem Ir basis (usually you | ent(s) from y r cost) was r | | |
| Part II Long-Term. Transaction | | al assets you held n | nore than 1 year are | generally long-term (s | ee instruction | s). For short-term tr | ansactions, |
| see page 1. Note: You may aggregate all codes are required. Enter the | | | | | | | |
| You must check Box D, E, or F below. C | heck only one bo | x. If more than one b | ox applies for your long | -term transactions, compl | ete a separate Fo | orm 8949, page 2, for e | |
| If you have more long-term transactions than will (D) Long-term transactions rep | | | | | - | | |
| (E) Long-term transactions rep | • | , | ° 1 | , | NOLE ADOV | 6) | |
| (F) Long-term transactions rep | • • | | 5 | | | | |
| | | | | (0) | Adjustment | if any, to gain or | (b) |
| 1 (a) Description of property | (b) Date acquired | (c) Date so l d or | (d) Proceeds | (e) Cost or other | loss. If you | enter an amount | (h) Gain or (loss). |
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of | (sales price) | basis. See the | in column (g | g), enter a code in See instructions . | Subtract column (e) |
| (| (| (Mo., day, yr.) | | Note below and | (f) | (g) | from column (d) & combine the result |
| | | | | see Column (e) in the instructions | Code(s) | Amount of adjustment | with column (g) |
| ARCLIGHT ENERGY | | | | | | aujustment | |
| PARTNERS FUND VI, | | | | | | | |
| L.P. | | | | | | | 1,498. |
| GLOUSTON PRIVATE | | | | | | | |
| EQUITY | | | | | | | |
| OPPORTUNITIES V, | | | | | | | 67,120. |
| LANDMARK EQUITY | | | | | | | |
| PARTNERS XV, L.P. | | | | | | | 14. |
| SDC DIGITAL | | | | | | | |
| INFRASTRUCTURE | | | | | | | |
| OPPORTUNITY F | | | | | | | 394,502. |
| THE BARING ASIA | | | | | | | |
| PRIVATE EQUITY | | | | | | | |
| FUND VII | | | | | | | 12,064. |
| WARBURG PINCUS | | | | | | | , |
| (GANYMEDE) PRIVATE | | | | | | | |
| EQUITY | | | | | | | 18,504. |
| BROOKFIELD | | | | | | | |
| STRATEGIC | | | | | | | |
| REALESTATE | | | | | | | |
| PARTNERS | | | | | | | 7. |
| HIGHBAR PARTNERS | | | | | | | |
| III, L.P. | | | | | | | 779. |
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| | | | | | | | |
| 2 Totals. Add the amounts in colum | nns (d), (e), (g), a | nd (h) (subtract | | | | | |
| negative amounts). Enter each to | tal here and inclu | ude on your | | | | | |
| Schedule D, line 8b (if Box D abo | ove is checked), | line 9 (if Box E | | | | | |
| above is checked), or line 10 (if E | lox F above is cl | necked) 🕨 🕨 | | | | | 494,488. |
| Note: If you checked Box D above b | ut the basis repo | orted to the IRS | was incorrect, ent | ter in co l umn (e) the | basis as rep | ported to the IRS | , and enter an |
| adjustment in column (g) to correct t | he basis. See C | olumn (g) in the s | separate instructi | ons for how to figur | e the amour | | |
| 123012 12-14-21 | | | | | | F | orm 8949 (2021) |

| Form | 4562 | |
|------|---|-----|
| | nent of the Treasury Revenue Service | (99 |

Depreciation and Amortization

OMB No. 1545-0172

| Form 4JUZ | | 1 2 | 2021 | | | | |
|---|----------------------------------|------------------------------|--|--------------------------------|----------------------|------------|----------------------------|
| Department of the Treasury | | | Attachment | | | | |
| Internal Revenue Service (99) | ► Go t | o www.irs.gov/F | orm4562 for instruc | | | | Sequence No. 179 |
| Name(s) shown on return | | | | Business or activity to whi | ch this form relates | 6 | Identifying number |
| | | | | | | | |
| CENTRAL MICH | | | | BOOKSTORE | | | 38-6004447 |
| Part I Election To Exp | ense Certain Proper | ty Under Section 17 | 79 Note: If you have a | any listed property, o | complete Part | V before y | |
| 1 Maximum amount (s | ee instructions) | | | | | 1 | 1,050,000. |
| 2 Total cost of section | 179 property place | ed in service (see | instructions) | | | 2 | |
| 3 Threshold cost of se | ction 179 property | before reduction | in limitation | | | 3 | 2,620,000. |
| 4 Reduction in limitation | on. Subtract line 3 f | rom line 2. If zero | or less, enter -0 | | | 4 | |
| 5 Dollar limitation for tax year | Subtract line 4 from line | 1. If zero or less, enter - | 0 If married filing separatel | , see instructions | | 5 | |
| 6 | (a) Description of pro | operty | (b) Cost | : (business use on l y) | (c) Elected | cost | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 7 Listed property. Ente | er the amount from | line 29 | • | 7 | | | |
| | | | in column (c), lines 6 | | | 8 | |
| | | | | | | | |
| | | | 020 Form 4562 | | | | |
| | | | s income (not less tha | | | | |
| 12 Section 179 expense | | | | | | | |
| | | | | | | 12 | |
| 13 Carryover of disallov Note: Don't use Part II c | | | | P 13 | | | |
| | | , | | aduda liatad propar | 5.) | | |
| | - | | epreciation (Don't in | | | | |
| 14 Special depreciation | • | | | 571 | 0 | | |
| | | | | | | | |
| 15 Property subject to s | | ction | | | | | |
| 16 Other depreciation (i | | | | | <u></u> | 16 | |
| Part III MACRS De | preciation (Don't | include listed pro | perty. See instruction | IS.) | | | |
| | | | Section A | | | | 01 |
| 17 MACRS deductions | for assets p l aced ir | n service in tax ye | ars beginning before | 2021 | | 17 | 21. |
| 18 If you are electing to group | | | | | | | |
| | ection B - Assets | | e During 2021 Tax Y | | eral Deprecia | tion Syste | em I |
| (a) Classification | of property | (b) Month and year placed | (c) Basis for depreciati (business/investment u | ise (d) Recovery | (e) Convention | (f) Method | (g) Depreciation deduction |
| | | in service | only - see instruction: | | | | |
| 19a 3-year property | | | | | | | |
| b 5-year property | | | | | | | |
| c 7-year property | | | | | | | |
| d 10-year property | | | | | | | |
| e 15-year property | | | | | | | |
| f 20-year property | | | | | | | |
| g 25-year property | | | | 25 yrs. | | S/L | |
| | | / | | 27.5 yrs. | ММ | S/L | |
| h Residential renta | l property | / | | 27.5 yrs. | ММ | S/L | |
| | | / / | | 39 yrs. | MM | S/L | |
| i Nonresidential re | eal property | / / | | 0.9 yrs. | MM | S/L S/L | |
| Q | ction C - Assets P | laced in Service | During 2021 Tax Ye | ar Using the Δltern | | | ı tem |
| | 0.011 0 - A33613 F | | | | | | |
| 20a Class life | | | | | | S/L | |
| b 12-year | | | | 12 yrs. | | S/L | |
| c 30-year | | / | | 30 yrs. | MM | S/L | |
| d 40-year | ~ • • • • | / | | 40 yrs. | MM | S/L | 1 |
| | See instructions.) | | | | | | |
| 21 Listed property. Ente | er amount from l ine | 28 | | | | 21 | ļ |
| 22 Total. Add amounts | from line 12, lines ⁻ | 14 through 17, l in | es 19 and 20 in co l ur | nn (g), and l ine 21. | | | |
| Enter here and on th | e appropriate lines | of your return. Pa | artnerships and S cor | porations - s <u>ee instr</u> | <u> </u> | 22 | 21. |
| | | - | e current vear, enter t | | | | |

116251 12-21-21 LHA For Paperwork Reduction Act Notice, see separate Systematics. 09000501 147228 43642

portion of the basis attributable to section 263A costs

2021.05080 CENTRAL MICHIGAN UNIVERSI 43642_1

| For | rm 4562 (2021) | CEN | TRAL MI | CHIG. | AN U | NIVE | RSIT | Y | | | | 38- | 6004 | 447 | Page 2 |
|------------|---|-------------------------------|---------------------------|------------------------|-----------------------|-------------------|--------------------------|-------------------|-----------------|------------|---------------------------|----------------|-------------------------|-----------------------------|-----------------|
| P | art V Listed Propert | | | | ner vehic | es, cer | tain aircr | aft, an | d property | used for | r | | | | |
| | entertainment, Note: For any | | | | standar | d milea | ge rate o | r dedu | cting lease | e expens | e, com | olete on | v 24a, | | |
| | 24b, columns (| a) through (c | c) of Section A, | all of Se | ection B, | , and Se | ection C | if app l i | cable. | | | | - | | |
| | | - | on and Other I | | | | | _ | | | | | | | |
| <u>24a</u> | a Do you have evidence to s | 1 | | nt use cla | aimed? | <u> </u> | ∕es ∟ | _ No | 24b If "Y | T | | nce writt T | en? | _ Yes ∟ I | <u>No</u> |
| | (a) | (b) Date | (c) Business/ | | (d) | Ва | (e) sis for depr | eciation | (f) Recovery | | g) | | (h) eciation | | (i) ected |
| | Type of property (list vehicles first) | placed in | investment | ot | Cost or ther basis | l (hi | usiness/inve use only | stment | period | | :hod/ ention | | uction | section | on 179 |
| | | service | use percentag | | | | | | I | I | | | | C C | ost |
| 25 | Special depreciation allo | | | • • | | | | | , | | 05 | | | | |
| | used more than 50% in Property used more tha | | | | | | | | | | 25 | | | | |
| <u>26</u> | Troperty used more that | | | <u>6</u> | | | | | | | | | | | |
| | | | 9 | | | | | | | | | | | | |
| | | | | 6 | | | | | | | | | | | |
| 27 | Property used 50% or le | <u>i : :</u> es in a quali | | | | | | | | 1 | | | | | |
| 21 | | | | 6 | | | | | | S/L- | | | | | |
| | | | 9 | | | | | | | S/L- | | | | | |
| | | : : | | 6 | | | | | | S/L - | | | | | |
| 28 | Add amounts in column | (h). lines 25 | | | and on | line 21 | page 1 | | • | | 28 | | | | |
| | Add amounts in column | | | | | | | | | | | 1 | 29 | | |
| | | ()) | | | | | on Use | | | | | | | | |
| Co | mplete this section for ve | hicles used | by a sole propr | rietor, pa | artner, or | r other ' | 'more tha | an 5% (| owner," oi | r related | person. | If you pr | rovided | /ehic l es | |
| toy | your employees, first ans | wer the ques | tions in Sectio | n C to s | see if you | ı meet a | an excep | tion to | completin | ng this se | ction fo | r those \ | /ehicles. | | |
| | | | | | _ | | - | | - | - | | | | | |
| | | | | (| a) | | (b) | | (c) | (0 | d) | (| e) | (| f) |
| 30 | Total business/investment | miles driven d | uring the | Ver | nicle | Ve | hicle | V | /ehicle | Veh | icle | Ver | nicle | Ver | nicle |
| | year (don't include commu | ting miles) | | | | | | | | | | | | | |
| 31 | Total commuting miles of | driven during | the year | | | | | | | | | | | | |
| 32 | Total other personal (no | ncommuting |) mi l es | | | | | | | | | | | | |
| | driven | | | | | | | | | | | | | | |
| 33 | Total miles driven during | g the year. | | | | | | | | | | | | | |
| | Add lines 30 through 32 | 2 | | | | | | | | | | | | | |
| 34 | Was the vehicle availab | | | Yes | No | Yes | No | Yes | s No | Yes | No | Yes | No | Yes | No |
| | during off-duty hours? | | | | | | | | _ | | | | | | |
| 35 | Was the vehicle used pr | | | | | | | | | | | | | | |
| | than 5% owner or relate | | | | | | _ | | | | | | | | |
| 36 | Is another vehicle availa | ble for perso | na | | | | | | | | | | | | |
| | use? | | | | | | | | | | | | | | |
| | | | - Questions for | | | | | | | | | | | | |
| | swer these questions to c | - | | ception | to comp | pleting \$ | Section E | s for ve | ehicles use | ed by em | ployees | who a i | ren't | | |
| - | re than 5% owners or rela | | | | | | | | | | | | | | T |
| 37 | Do you maintain a writte | | | | | | | | | | by your | | | Yes | No |
| 20 | employees? Do you maintain a writte | | | | | | | | | | | | | | |
| 38 | employees? See the ins | | • | | | | | • | | | | | | | |
| 20 | Do you treat all use of v | | | | ~ | | | | | | | | | | |
| | Do you provide more that | | | | | | | | molovees | | | | | | |
| 40 | the use of the vehicles, | | | | | | | | inployees | | | | | | |
| 41 | Do you meet the require | | | | | | | | | | | | | | |
| | Note: If your answer to a | | | | | | | | | | | | | | 1 |
| P | art VI Amortization | 01,00,00,1 | 0,0111010 | <u>o, aon </u> | | | | | | | | | | | |
| | (a) | | | (b) | | (c) | | | (d) | | (e) | | | (f) | |
| | Description of | f costs | | amortization begins | | Amortiza amour | | | Code section | | Amortiza period or per | ation | Ai fo | mortization or this year | |
| 42 | Amortization of costs th | at begins du | | v | ır: | | | • | | 1 | | v: 1 | | | |
| | | ~ | | | | | | | | | | | | | |
| | | | | : : | | | | | | Ì | | | | | |
| 43 | Amortization of costs th | at began be | fore your 2021 | tax yea | r | | | | | | | 43 | | | |
| <u>44</u> | Total. Add amounts in c | | | | | | | | | | | 44 | | | |
| | 252 12-21-21 | | | | | | | | | | | | F | orm 456 | 2 (2021) |

Department of the Treasury Internal Revenue Service Name(s) shown on return

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 |
|---------|-----------|
| | |

27

Attachmen

Seauence No.

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

| | | anarying number |
|---|----|-----------------|
| CENTRAL MICHIGAN UNIVERSITY | | 38-6004447 |
| 1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 | 1a | |
| b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets | 1b | |
| c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS | 10 | |

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) Part I

| | | | | | | (000 1101 000) | | | |
|---|---|---------------------------------|---|---|--|---|--|-------------|--|
| 2 S1 | (a) Description of property EE STATEMENT 2 | 25 | (b) Date acquired (mo., day, yr.) | (C) Date sold (mo., day, yr.) | (d) Gross sales price | (6) Depreciation allowed or allowable since acquisition | (f) Cost or basis, plu improvement expense of | ıs s and | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 3 | Gain, if any, from Form 4 | 1684, l ine 39 | | | | • | | 3 | |
| 4 | Section 1231 gain from i | | | | | | | 4 | |
| 5 | Section 1231 gain or (los | | | | | | | 5 | |
| 6 | Gain, if any, from line 32 | | | | | | | 6 | |
| 7 | | | | | | | | 7 | -108. |
| Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. | | | | | | | _ | | |
| | Individuals, partners, S from line 7 on line 11 bel 1231 losses, or they wer the Schedule D filed with | low and skip l re recaptured | ines 8 and 9. If I in an ear l ier yea | ine 7 is a gain ar r, enter the gain | nd you didn't have from line 7 as a lor | any prior year sect | tion | | |
| 8 | Nonrecaptured net section | ion 1231 l osse | es from prior yea | rs. See instructi | ons | | | 8 | |
| 9 | | | | | | | | | |
| | capital gain on the Sche | | | | - | | | 9 | |
| D, | ort II Ordinary G | aine and l | 06606 (**** | | | | | | |

Part II Ordinary Gains and Losses (see instructions)

| 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 | (108.) |
| 12 | Gain, if any, from line 7 or amount from line 8, if applicable | 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 Form 6252, line 25 or 36 | 15 | |
| 16 | Ordinary gain or (loss) from like-kind exchanges from Form 8824 | 16 | |
| 17 | Combine lines 10 through 16 | 17 | -108. |
| 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 | | |
| | loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used | | |
| | as an employee.) Identify as from "Form 4797, line 18a." See instructions | 18a | |
| k | 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 | |
| LH | A For Paperwork Reduction Act Notice, see separate instructions. | | Form 4797 (2021) |

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| 5 | 8 | |
|---|-----------|-----|
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| Part III | Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 | (see instructions) |
|----------|---|--------------------|
|----------|---|--------------------|

| 19 (a) Description of section 1245, | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | | | |
|---|--|---|------------|------------|------------|
| Α | | | | | |
| В | | | | | |
| с | | | | | |
| D | | | | | |
| These columns relate to the p | roperties on | | | | |
| lines 19A through 19D. | ▶ | Property A | Property B | Property C | Property D |
| 20 Gross sales price (Note: See line 1 | a before completing.) 20 | | | | |
| 21 Cost or other basis plus expens | e of sale 21 | | | | |
| 22 Depreciation (or depletion) allow | | | | | |
| 23 Adjusted basis. Subtract line 22 | | | | | |
| 24 Total gain. Subtract line 23 from | | | | | |
| 25 If section 1245 property: | | | | | |
| a Depreciation allowed or allowab | le from line 22 25a | | | | |
| b Enter the smaller of l ine 24 or 2 | | | | | |
| 26 If section 1250 property: If stra was used, enter -0- on line 26g, exc subject to section 291. | ight line depreciation | | | | |
| a Additional depreciation after 1975. S | See instructions 26a | | | | |
| b Applicable percentage multiplier of line 24 or line 26a. See instru | d by the smaller ctions <u>26b</u> | | | | |
| c Subtract line 26a from line 24. If property or line 24 isn't more th lines 26d and 26e | nan line 26a, skip | | | | |
| d Additional depreciation after 1969 a | | | | | |
| e Enter the smaller of line 26c or | | | | | |
| f Section 291 amount (corporatio g Add lines 26b, 26e, and 26f | | | | | |
| 27 If section 1252 property: Skip this dispose of farmland or if this form is a partnership. a Soil, water, and land clearing ex | s section if you didn't s being completed for | | | | |
| b Line 27a multiplied by applicable pe | | | | | |
| c Enter the smaller of line 24 or 2 | | | | | |
| 28 If section 1254 property: a Intangible drilling and development for development of mines and other mining exploration costs, and deplet | costs, expenditures natural deposits, | | | | |
| b Enter the smaller of line 24 or 2 | 28a 28b | | | | |
| 29 If section 1255 property: a Applicable percentage of payme from income under section 126. | | | | | |
| b Enter the smaller of line 24 or 29 | a. See instructions 29b | | | | |

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

| Pa | art IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to | 50% | or Less |
|----|--|-----|---------|
| | from other than casualty or theft on Form 4797, line 6 | 32 | |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion | | |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 | |
| | | | |
| 30 | Total gains for all properties. Add property columns A through D, line 24 | 30 | |

| | | | (a) Section 179 | (b) Section 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 | | |
| 1180 | 12 12-17-21 | | | Form 4797 (2021) |

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CENTRAL MICHIGAN UNIVERSITY

| FORM 4797 | PRO | PERTY HELI | O MORE THAN | N ONE YEAR | STATEMENT 25 | | |
|---|------------------|--------------|----------------|------------|------------------|-----------------|--|
| DESCRIPTION | DATE ACQUIRED | DATE SOLD | SALES PRICE | DEPR. | COST OR BASIS | GAIN OR LOSS | |
| ARCLIGHT ENERGY | | | | | | | |
| PARTNERS FUND VI, L.P. | | | | | | 95. | |
| LANDMARK EQUITY PARTNERS XV, L.P. SDC DIGITAL | | | | | | -794. | |
| INFRASTRUCTURE OPPORTUNITY F WARBURG PINCUS | | | | | | -13. | |
| PRIVATE EQUITY (E&P) XII | | | | | | 604. | |
| TOTAL TO 4797, PA | RT I, LINE | 2 | | | | -108. | |