

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2008**

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

Department of the Treasury  
Internal Revenue Service

For calendar year 2008 or other tax year beginning \_\_\_\_\_, and  
ending \_\_\_\_\_ See separate instructions.

<input type="checkbox"/> Check box if address changed <b>B</b> Exempt under section <input type="checkbox"/> 501 ( ) ( ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>Central Michigan University</b> Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. <b>304 Warriner Hall</b> City or town, state, and ZIP code <b>Mt Pleasant MI 48859</b>	<b>D</b> Employer identification number (Employees' trust, see instructions for Block D on page 9.) <b>38-6004447</b> <b>E</b> Unrelated business activity codes (See instructions for Block E on page 9.) <b>611710 531190</b>
<b>C</b> Book value of all assets at end of year	<b>F</b> Group exemption number (See instructions for Block F on page 9.) <input type="checkbox"/>		<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

**H** Describe the organization's primary unrelated business activity.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . .  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of  Barrie Wilkes, Assoc VP/Fin Svcs & Reptg/Contro Telephone number  (989) 774-3331

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <span style="float: right;">42,102</span>			
<b>b</b> Less returns and allowances <span style="float: right;">c Balance <input type="checkbox"/></span>	<b>1c</b> 42,102		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b> 25,815		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> 16,287		16,287
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b> 47,730	65,280	-17,550
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	<b>8</b>		
Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b> 71,519	13,074	58,445
<b>12</b> Other income (See page 11 of the instructions; attach schedule.)	<b>12</b> 232,546		232,546
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 368,082	78,354	289,728

**Part II Deductions Not Taken Elsewhere** (See page 11 of the instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		120,238
<b>16</b> Repairs and maintenance	<b>16</b>		
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach schedule)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		
<b>20</b> Charitable contributions (See page 13 of the instructions for limitation rules.)	<b>20</b>		
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>22b</b>
<b>23</b> Depletion	<b>23</b>		
<b>24</b> Contributions to deferred compensation plans	<b>24</b>		
<b>25</b> Employee benefit programs	<b>25</b>		
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>		
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>		
<b>28</b> Other deductions (attach schedule)	<b>28</b>		219,807
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>		340,046
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>		-50,318
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>		
Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>		-50,318
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	<b>33</b>		
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>		-50,318

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15.
36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16.
37 Proxy tax. See page 16 of the instructions.
38 Alternative minimum tax.
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

40 Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
41 Subtract line 40e from line 39
42 Other taxes. Check if from: Form 4255, Form 8611, Form 8697, Form 8866, Other (attach schedule)
43 Total tax. Add lines 41 and 42
44 Payments: A 2007 overpayment credited to 2008
45 Total payments. Add lines 44a through 44f
46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid
49 Enter the amount of line 48 you want: Credited to 2009 estimated tax, Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country?
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A—Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year
2 Purchases
3 Cost of labor
4a Additional section 263A costs (attach schedule)
4b Other costs (attach schedule)
5 Total. Add lines 1 through 4b
6 Inventory at end of year
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Sign Here
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer: [Signature] Date: 13/3/10 Title: AVP-FINANCE

Preparer's Use Only
Preparer's signature
Firm's name (or yours if self-employed), address, and ZIP code
Check if self-employed
Preparer's SSN or PTIN
EIN
Phone no.

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions on page 19)

1 Description of property		2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) 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)			
(1) PB Tower Rental		47,730		56,280
(2) PB Non-Tower Rental				9,000
(3)				
(4)				
<b>Total</b>	<b>Total</b>	<b>47,730</b>	<b>0</b>	<b>65,280</b>

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **47,730** Part I, line 6, column (B) **65,280**

**Schedule E—Unrelated Debt-Financed Income** (see instructions on page 19)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 × column 6)	8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%	0	0
(2)		%	0	0
(3)		%	0	0
(4)		%	0	0
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A). <b>0</b>	Enter here and on page 1, Part I, line 7, column (B). <b>0</b>

Total dividends-received deductions included in column 8 **0**

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions on page 20)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations				
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
<b>Totals</b>					Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). <b>0</b>	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). <b>0</b>

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				0
(2)				0
(3)				0
(4)				0
<b>Totals</b>	Enter here and on page 1, Part I, line 9, column (A). 0			Enter here and on page 1, Part I, line 9, column (B). 0

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)			0			0
(2)			0			0
(3)			0			0
(4)			0			0
<b>Totals</b>	Enter here and on page 1, Part I, line 10, col. (A). 0	Enter here and on page 1, Part I, line 10, col. (B). 0				Enter here and on page 1, Part II, line 26. 0

**Schedule J—Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) CMU Chippewas Game Program	71,519	13,074		71,519	13,074	
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	71,519	13,074	58,445	71,519	13,074	0

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)			0			0
(2)			0			0
(3)			0			0
(4)			0			0
(5) <b>Totals from Part I</b>	71,519	13,074				0
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col. (A). 71,519	Enter here and on page 1, Part I, line 11, col. (B). 13,074				Enter here and on page 1, Part II, line 27. 0

**Schedule K—Compensation of Officers, Directors, and Trustees** (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14.			0

**Line 12 (990-T) - Other Income**

1	From Form 6478 - Alcohol and Cellulosic Biofuel Fuels Credit . . . . .	1	0
2	From Form 8864 - Biodiesel and Renewable Diesel Fuels Credit . . . . .	2	0
3	Bad debt recoveries . . . . .	3	
4	Proceeds received from employer-owned life insurance contracts issued after August 17, 2006 . . . . .	4	
5	SAC Membership . . . . .	5	53,214
6	University Events . . . . .	6	176,378
7	Beaver Island Campsites . . . . .	7	2,954
8	. . . . .	8	
9	. . . . .	9	
10	. . . . .	10	
11	. . . . .	11	
12	. . . . .	12	
13	Total other income . . . . .	13	232,546

**Line 28 (990-T) - Other Deductions**

1	Supplies . . . . .	1	136,120
2	Equipment . . . . .	2	1,313
3	Depreciation . . . . .	3	82,375
4	Total other deductions . . . . .	4	219,807
5	Total deductions less expenses for offsetting credits . . . . .	5	219,807