

Form **990-T**

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

OMB No. 1545-0687

**2016**

For calendar year 2016 or other tax year beginning **07/01/16**, and ending **06/30/17**

Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

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

Department of the Treasury  
Internal Revenue Service

**A**  Check box if address changed

**B** Exempt under section  
 501(c) ( **6** )  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

**C** Book value of all assets at end of year  
**904,391**

Name of organization (  Check box if name changed and see instructions.)  
**MICHIGAN INDEPENDENT COLLEGES AND UNIVERSITIES**

Number, street, and room or suite no. If a P.O. box, see instructions.  
**ONE MICHIGAN AVE**

City or town, state or province, country, and ZIP or foreign postal code  
**LANSING MI 48933**

**F** Group exemption number (See instructions.) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**D** Employer identification number (Employees' trust, see instructions.)  
**38-1847067**

**E** Unrelated business activity codes (See instructions.)  
**524292**

**H** Describe the organization's primary unrelated business activity.  
▶ **SEE STATEMENT 1**

**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 ▶ **ROBERT LEFEVRE** Telephone number ▶ **517-372-9160**

| Part I Unrelated Trade or Business Income |  | (A) Income | (B) Expenses   | (C) Net        |
|---|--|------------|----------------|----------------|
| <b>1a</b>                                 | Gross receipts or sales  |            |                |                |
| <b>b</b>                                  | Less returns and allowances  |            |                |                |
|   | <b>c</b> Balance   | <b>1c</b>  |                |                |
| <b>2</b>                                  | Cost of goods sold (Schedule A, line 7)  | <b>2</b>   |                |                |
| <b>3</b>                                  | Gross profit. Subtract line 2 from line 1c   | <b>3</b>   |                |                |
| <b>4a</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>   |                |                |
| <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>   |                |                |
| <b>9</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>  |                |                |
| <b>12</b>                                 | Other income (See instructions; attach schedule) <b>SEE STMT 2</b>                   | <b>12</b>  | <b>130,000</b> | <b>130,000</b> |
| <b>13</b>                                 | <b>Total.</b> Combine lines 3 through 12   | <b>13</b>  | <b>130,000</b> | <b>130,000</b> |

| Part II Deductions Not Taken Elsewhere (See 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>  | <b>114,582</b> |
| <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 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>0</b>       |
| <b>23</b>  | Depletion   | <b>23</b>  |                |
| <b>24</b>  | Contributions to deferred compensation plans  | <b>24</b>  | <b>12,845</b>  |
| <b>25</b>  | Employee benefit programs   | <b>25</b>  | <b>12,668</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>  |                |
| <b>29</b>  | <b>Total deductions.</b> Add lines 14 through 28  | <b>29</b>  | <b>140,095</b> |
| <b>30</b>  | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  | <b>30</b>  | <b>-10,095</b> |
| <b>31</b>  | Net operating loss deduction (limited to the amount on line 30)   | <b>31</b>  |                |
| <b>32</b>  | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  | <b>32</b>  | <b>-10,095</b> |
| <b>33</b>  | Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)   | <b>33</b>  | <b>1,000</b>   |
| <b>34</b>  | <b>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>  | <b>-10,095</b> |

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: 37 Proxy tax. See instructions 38 Alternative minimum tax 39 Tax on Non-Compliant Facility Income. See instructions 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41b Other credits (see instructions) 41c General business credit. Attach Form 3800 (see instructions) 41d Credit for prior year minimum tax (attach Form 8801 or 8827) 41e Total credits. Add lines 41a through 41d 42 Subtract line 41e from line 40 43 Other taxes. Check if from: 44 Total tax. Add lines 42 and 43 45a Payments: A 2015 overpayment credited to 2016 45b 2016 estimated tax payments 45c Tax deposited with Form 8868 45d Foreign organizations: Tax paid or withheld at source (see instructions) 45e Backup withholding (see instructions) 45f Credit for small employer health insurance premiums (Attach Form 8941) 45g Other credits and payments: 46 Total payments. Add lines 45a through 45g 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 50 Enter the amount of line 49 you want: Credited to 2017 estimated tax Refunded

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

51 At any time during the 2016 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? 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 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

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: AARON STEVENS Date: 01/26/18 Title: PRESIDENT

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only Print/Type preparer's name: AARON STEVENS Preparer's signature: Aaron M Stevens Date: 01/26/18 Check self-employed if PTIN: P01083181 Firm's name: STEVENS, KIRINOVIC & TUCKER, PC Firm's EIN: 82-1734598 Firm's address: 3511 COOLIDGE RD STE 100 EAST LANSING, MI 48823-6390 Phone no.: 517-351-6836

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

|  |           |  |   |          |        |
|--|-----------|--|---|----------|--------|
| <b>1</b> Inventory at beginning of year                | <b>1</b>  |  | <b>6</b> Inventory at end of year   | <b>6</b> |        |
| <b>2</b> Purchases                                     | <b>2</b>  |  | <b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2                           | <b>7</b> |        |
| <b>3</b> Cost of labor                                 | <b>3</b>  |  |   |          |        |
| <b>4a</b> Additional sec. 263A costs (attach schedule) | <b>4a</b> |  | <b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? |          | Yes No |
| <b>b</b> Other costs (attach schedule)                 | <b>4b</b> |  |   |          |        |
| <b>5</b> <b>Total.</b> Add lines 1 through 4b          | <b>5</b>  |  |   |          |        |

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

(see instructions)

1. Description of property

|                |
|----------------|
| (1) <b>N/A</b> |
| (2)            |
| (3)            |
| (4)            |

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (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) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| <b>Total</b>  | <b>Total</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) ▶

**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

| 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) <b>N/A</b>  |   |   |  |   |
| (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 x column 6)                             | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %   |  |   |
| (2)   |   | %   |  |   |
| (3)   |   | %   |  |   |
| (4)   |   | %   |  |   |
| <b>Totals</b> ▶   |   |   | Enter here and on page 1, Part I, line 7, column (A).                        | Enter here and on page 1, Part I, line 7, column (B).               |
| <b>Total dividends-received deductions</b> included in column 8 ▶                                 |   |   |  |   |

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross inc., 6. Deductions directly connected with income in column 5. Row (1) contains 'N/A'.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 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. Includes a Totals row with instructions for adding columns.

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 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). Includes a Totals row with instructions.

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 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, 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). Includes a Totals row with instructions.

Schedule J – Advertising Income (see instructions)

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col. 2 minus col. 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4). Includes a Totals row with instructions.

**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) <b>N/A</b>                           |  |  |  |                       |                     |   |
| (2)                                      |  |  |  |                       |                     |   |
| (3)                                      |  |  |  |                       |                     |   |
| (4)                                      |  |  |  |                       |                     |   |
| <b>Totals from Part I</b> .....          |  |  |  |                       |                     |   |
| <b>Totals, Part II (lines 1-5)</b> ..... | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). |  |                       |                     | Enter here and on page 1, Part II, line 27.                                       |

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

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

**Statement 1 - Form 990-T - Primary Unrelated Business Activity**

Description

ADMINISTRATION OF WORKERS' COMPENSATION FUND FOR  
THE BENEFIT OF MICU MEMBERSHIP.

**Statement 2 - Form 990-T, Part I, Line 12 - Other Income**

| <u>Description</u>      | <u>Amount</u>     |
|-------------------------|-------------------|
| WORKERS COMP FUND ADMIN | \$ 130,000        |
| TOTAL                   | <u>\$ 130,000</u> |

Michigan Independent Colleges and  
Universities  
One Michigan Ave  
LANSING, MI 48933

### **NOL Carryback Election**

Under IRC Section 172(b)(3), the taxpayer elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating loss incurred during the current tax year.

## Net Operating Loss Carryover Worksheet

Form **990-T****2016**For calendar year 2016, or tax year beginning **07/01/16**, ending **06/30/17**

Name

**MICHIGAN INDEPENDENT COLLEGES AND  
UNIVERSITIES**Employer Identification Number  
**38-1847067**

| Preceding<br>Taxable Year               | Prior Year                           |                                 |                               | Current Year  | Next Year<br>Carryover |
|---|--------------------------------------|---------------------------------|-------------------------------|---|------------------------|
|   | Adj. To NOL<br>Inc/(Loss) After Adj. | NOL Utilized<br>(Income Offset) | Carryovers to<br>Current Year | Income Offset By<br>NOL Carryback /<br>Carryover Utilized |                        |
| 19th 06/29/98                           |                                      |                                 |                               |   |                        |
| 18th 06/29/99                           |                                      |                                 |                               |   |                        |
| 17th 06/30/00                           |                                      |                                 |                               |   |                        |
| 16th 06/30/01                           |                                      |                                 |                               |   |                        |
| 15th 06/30/02                           |                                      |                                 |                               |   |                        |
| 14th 06/30/03                           |                                      |                                 |                               |   |                        |
| 13th 06/30/04                           |                                      |                                 |                               |   |                        |
| 12th 06/30/05                           |                                      |                                 |                               |   |                        |
| 11th 06/30/06                           |                                      |                                 |                               |   |                        |
| 10th 06/30/07                           |                                      |                                 |                               |   |                        |
| 9th 06/30/08                            |                                      |                                 |                               |   |                        |
| 8th 06/30/09                            |                                      |                                 |                               |   |                        |
| 7th 06/30/10                            |                                      |                                 |                               |   |                        |
| 6th 06/30/11                            |                                      |                                 |                               |   |                        |
| 5th 06/30/12                            | -51,849                              | 3,184                           | 48,665                        |   | 48,665                 |
| 4th 06/30/13                            | -96,138                              |                                 | 96,138                        |   | 96,138                 |
| 3rd 06/30/14                            | -39,748                              |                                 | 39,748                        |   | 39,748                 |
| 2nd 06/30/15                            | -5,046                               |                                 | 5,046                         |   | 5,046                  |
| 1st 06/30/16                            | -7,739                               |                                 | 7,739                         |   | 7,739                  |
| NOL carryover available to current year |                                      |                                 | 197,336                       |   |                        |
| Current year                            | -10,095                              |                                 |                               |   | 10,095                 |
| NOL carryover available to next year    |                                      |                                 |                               |   | 207,431                |



Taxable Interest on Investments

| <u>Description</u> | <u>Amount</u> | <u>Unrelated<br/>Business Code</u> | <u>Exclusion<br/>Code</u> | <u>Postal<br/>Code</u> | <u>Acquired after<br/>6/30/75</u> | <u>US<br/>Obs (\$ or %)</u> |
|--------------------|---------------|------------------------------------|---------------------------|------------------------|-----------------------------------|-----------------------------|
|                    | \$ 453        |                                    | 14                        |                        |                                   | 41,887\$                    |
| TOTAL              | <u>\$ 453</u> |                                    |                           |                        |                                   |                             |

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|-------------|----------------|-----------------|----------------------|--------------|
|             | \$ 94,327      | \$ 86,014       | \$ 8,313             | \$           |
| TOTAL       | \$ 94,327      | \$ 86,014       | \$ 8,313             | \$ 0         |