OMB No. 1545-0687 Form 990-T **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) 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. Department of the Treasury Internal Revenue Service Open to Public Inspection for ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only Check box if Name of organization (Check box if name changed and see instructions.) address changed D Employer identification number REGENTS OF THE UNIVERSITY xempt under section (Employees' trust, see instructions.) X 501(C)(**3**) **Print** MICHIGAN 408(e) 220(e) or Number, street, and room or suite no. If a P.O. box, see instructions. 38-6006309 G395 WOLVERINE TOWER LOW RISE 408A 530(a) Type E Unrelated business activity codes 529(a) (See instructions.) City or town, state or province, country, and ZIP or foreign postal code ANN ARBOR MI 48109-1279 713990 713910 Book value of all assets F Group exemption number (See instructions.) ▶ at end of year 20851979000 G Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other trust Describe the organization's primary unrelated business activity. ▶ INVESTMENT ACTIVITY, GOLF COURSE, RENTALS, ADVERTISING During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. EDWARD J. JENNINGS The books are in care of ▶ 734-763-3282 Telephone number ▶ **Unrelated Trade or Business Income** Part I (A) Income (B) Expenses (C) Net Gross receipts or sales 4,674,497 Less returns and allowances b 1c 4,674,497 Cost of goods sold (Schedule A, line 7) 2 2 7,821,441 Gross profit. Subtract line 2 from line 1c 3 3 -3,146,944-3,146,944Capital gain net income (attach Schedule D) 4a 3,962,518 3,962,518 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c 5 Income (loss) from partnerships and S corporations (attach statement) SEE STMT -17,001,787 -17,001,787 5 Rent income (Schedule C) 6 6 128,738 97,277 31,461 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 419,939 220,962 198,977 Other income (See instructions; attach schedule) 12 12 Total. Combine lines 3 through 12 13 13 -15,637,536 318,239 -15,955,775 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.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 112,319 Repairs and maintenance 16 16 17 17 Interest (attach schedule) 18 18 Taxes and licenses 19 19 Charitable contributions (See instructions for limitation rules) 20 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22 22b 23 Depletion 23 Contributions to deferred compensation plans 24 24 Employee benefit programs 25 42,105 25 Excess exempt expenses (Schedule I) 26 26 27 Excess readership costs (Schedule J) 198,977 27 28 Other deductions (attach schedule) SEE STATEMENT 28 11,798 Total deductions. Add lines 14 through 28 29

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32,

enter the smaller of zero or line 32

30

31

365,199

1,000

-16,320,974

-16,320,974

29

30

31

32

		T (2016) REGENTS OF THE UNIVERSITY	38-60063	309					Page 2
	art II								
35		anizations Taxable as Corporations. See instructions for tax computation. Contr	rolled group						
		nbers (sections 1561 and 1563) check here ▶ ☐ See instructions and:							
а		er your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in	that order):						
	(1)		┛,						
,	Ente	er organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$						
	(2)	Additional 3% tax (not more than \$100,000)	\$						
C	Inco	me tax on the amount on line 34				35c			
36	Trus	sts Taxable at Trust Rates. See instructions for tax computation. Income tax on							
	the a	amount on line 34 from: Tax rate schedule or Schedule D (Form	1041)		>	36			
37	Pro	xy tax. See instructions	SPECIAL STREET, TOWNS	THE COLUMN TO	▶ [37			
38	Alte	mative minimum tax	20 04		ľ	38			
39	Tax	on Non-Compliant Facility Income. See instructions				39			,
40		al. Add lines 37, 38 and 39 to line 35c or 36, whichever applies				40			
Pa	art IV	Tax and Payments							
41a	Fore	eign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			E			
b	Othe	er credits (see instructions)	41b						
C	Gen	eral business credit. Attach Form 3800 (see instructions)	41c			F13.9			
d	Cred	dit for prior year minimum tax (attach Form 8801 or 8827)	41d						
е	Tota	l credits. Add lines 41a through 41d			\neg	41e			
42	Sub	tract line 41e from line 40			-5(3)	42			
43	Utner	taxes. cif from: Form 4255 Form 8611 Form 8697 Form 8866 Other (att. s	sch.)			43	-		
44		il tax. Add lines 42 and 43	1227221222		8.8	44			0
45 a	Payı	ments: A 2015 overpayment credited to 2016	45a	110000	301	LESSE!			
b	2016	6 estimated tax payments	45b	25,0	00	388			
С	Tax	deposited with Form 8868	45c		~				
d	Fore	ign organizations: Tax paid or withheld at source (see instructions)	45d		\neg	THE ST			
е	Back	cup withholding (see instructions)	45e		64				
f	Cred	lit for small employer health insurance premiums (Attach Form 8941)	45f		Ť				
g	Othe	er credits and payments: Form 2439	101		\dashv				
		Form 4136 Other Total ▶	45g						
	Tota	l payments. Add lines 45a through 45g	1091		\neg	46		25	,064
400	Estir	nated tax penalty (see instructions). Check if Form 2220 is attached			mh	47			, 001
48	Tax	due. If line 46 is less than the total of lines 44 and 47, enter amount owed		(8)	┰┟	48		P	
49	Ove	rpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpage.	aid	• • • • • • •		49		25	,064
50	Enter	the amount of line 49 you want: Credited to 2017 estimated tax > 25, 0		funded		50			7002
Pa	art V	Statements Regarding Certain Activities and Other Inform	nation (see instruc	ctions)		00			
 51	At ar	ny time during the 2016 calendar year, did the organization have an interest in or a						Ye	s No
		a financial account (bank, securities, or other) in a foreign country? If YES, the organization						110	1 1553
		EN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the n							
		▶ SEE STMT		,				x	:
52		ng the tax year, did the organization receive a distribution from, or was it the granto	or of, or transferor to.	a foreig	n trus	st?			х
		S, see instructions for other forms the organization may have to file.		a loloig	iii ii de			E.	
53		r the amount of tax-exempt interest received or accrued during the tax year ▶ \$						8.0	
	U	Inder penalties of perjury description that I have examined this return, including accompanying schedules and statement	ents, and to the best of my kn	owledge an	nd belief	f, it is		-	
Sig	יייותו	ue correct and compensation of preparer (other than taxpayer) is based on all information of which prepare	er has any knowledge.	-			May th	e IRS discuss e preparer sho	this return
He1	_	5.11.2019 EVP & CFO					with the (see in:	e preparer sho structions)?	own below
F		Signal tope of forficer Date Title						Yes	No
		Preparer's name Preparer's signature		Date	1.	Check	if F	PTIN	
Paid	1				- 1	self-emplo	J ″	***	
	arer	Firm's name		1-	irm's E		764		
	Only				mms E	114 F			
_	_ ′	Firm's address			hone n	10			

Phone no.

Forn	n 990-T (2016) REGEI	NTS OF THE	UNI	VERSI'	т¥			38-6	006309			F	Page 3
Sch	nedule A - Cost of Go	oods Sold. Ente	r meth	od of inv	ento	ry valuation			METHOD				
1	Invento() at beginning of				6			ear		6			
2	Purchases				7				ct line 6 from				
3	Cost of labor	3			1	line 5. Enter				7	7	821	,441
1	Additional sec. 263A costs (attach schedule)	" A.			8				(with respect to			Yes	T
3.0°	Other costs (attach schedule)	MT _ 4b	7,8	21,441]				ed for resale) apply				
5	Total. Add lines 1 through		7,8	21,441	1	to the organi							x
Sch	nedule C – Rent Incor	me (From Real I	roper	ty and F	ers	onal Prope	erty Le	ased \	With Real Prope	erty)			
_(s	ee instructions)												
1. Des	scription of property												
(1)	COMMUNICATION	N TWR-GR R	APID	<u>s</u>									
(2)													
(3)													
(4)													
		2. Rent recei	ved or accr	ued									
	(a) From personal property (if the	,		(b) From r	eal and	l personal propert	y (if the		3(a) Deductions of	lirectly co	nnected with the	income	
	for personal property is more to			percentage of rent for personal property exceeds			in columns 2(a) and 2(b) (attach schedule)						
	more than 50%	<u> </u>		50% or if the	e rent is	based on profit o			SE	E S	ГАТІНУІСІ		
(1)	128,738						97,	<u> 277</u>					
(2)													
(3)													
(4) T - 4 -							100	520					
Tota			Total				128,	738	(b) Total deduction				
(C) I	otal income. Add totals of and on page 1, Part I, line	columns 2(a) and 2(b). Enter	•			120	720	Enter here and on pa Part I, line 6, column			07	255
	edule E – Unrelated		Incom	a /soo ins	etruci	tions)	140	,738	Fait I, fine 0, column	(0)		97,	411
001	icadic E - Officialed	Debt-i illanced	IIICOIII	C (See III)	<u>su uc</u>	uons)			2 Dadustina discutto				
						income from or	1				nnected with or allocable to nced property		
	1. Description of debt-	-financed property		all		to debt-financed property	ŀ	(a) St	raight line depreciation	T	(b) Other ded	luctions	
					,	noporty	i		(attach schedule)		(attach sche		
1	N/A								·	_			
(2)										1			
(3)											-		
(4)													
	4. Amount of average	5. Average adjusted			6.	Column					8. Allocable de	ductions	
	acquisition debt on or allocable to debt-financed	of or allocable to debt-financed prop				divided	ĺ		oss income reportable	(column 6 x total		
	property (attach schedule)	(attach schedule			by	column 5		(CC	olumn 2 x column 6)		3(a) and 3	(p))	
(1)							%						
(2)							%		· · · · · · · · · · · · · · · · · · ·				
(3)							%						
(4)							%						
									nere and on page 1,	Ent	er here and	on pag	e 1,
								Part I,	line 7, column (A).	Pai	t I, line 7, co	lumn (B).
Tota							. ▶ [
Tota	l dividends-received dedu	uctions included in c	8 nmulo	<u>.</u>					>				

Schedule F - Interest, Annu	ities, Royalt	ies, and Rer					ns (se	e instruct	ions)	
1. Name of controlled		2. Employer	Exem	pt Controlled	Orgai	nizations				
organization	ider	ntification number		related income ee instructions)			incl	Part of column 4 that included in the controll organization's gross in		Deductions directly connected with income in column 5
1/A						<u> </u>	-	,		
(2)							_			·
(3)										
(4)	1 "									
Nonexempt Controlled Organizat	ions									
7 Tayabla Ingome		Net unrelated income oss) (see instructions)			Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income			Deductions directly ected with income in column 10
(1)										
(2)										
(3)		-								
(4)										
Totals					▶	Enter he Part I, li	lumns 5 a re and on ne 8, colu	page 1, nn (A).	Enter	l columns 6 and 11. here and on page 1, I, line 8, column (B).
Totals Schedule G – Investment In	come of a S	ection 501(c)(7), (9)	, or (17) Oı	ganiz	ation (se	e instr	uctions)		
Description of income		2. Amount of i	2. Amount of income		·			4. Set-asides attach schedule)		5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A										
(2)										
(3)										
(4)				Î						
<i>i</i> \$		Enter here and o Part I, line 9, co	lumn (A).						Ente Pai	er here and on page 1, t I, line 9, column (B).
Schedule I – Exploited Exen	npt Activity	Income, Oth	<u>er Thar</u>	<u>n Advertisi</u>	ng Ind	come (se	e instru	ictions)		T
Description of exploited activity	Gross unrelated business income from trade or business	3. Exper direct connected production unrelated business in	ly d with on of ed	4. Net income (Infrom unrelated to or business (col. 2 minus column If a gain, compicols. 5 through	rade umn 3). ute	5. Gross in from activity is not unrel business in	/ that ated	e 6. Expenses it attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A					$\overline{}$				· · · · ·	
(2)					\dashv				-	
(3)_					\neg					
(4)										
Totals	Enter here and o page 1, Part I, line 10, col. (A).	page 1, F	Part I,							Enter here and on page 1, Part II, line 26.
Schedule J - Advertising In	come (see in	structions)								
Part I Income From P			Cons	olidated Ba	sis					
1. Name of periodical	2. Gross advertising income	3. Dire advertising		4. Advertising gain or (loss) (c 2 minus col. 3) a gain, compu cols. 5 through	col. . If te	5. Circulati income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) STUDENT PUBLICATIONS	419,9	39 22	0,962			80	,424	72	26,830	
(2)										Name of the
(3)										2 12
(4)										
i vials (carry to Part II, line (5))	419,9	39 22	0,962	198,	977	80	,424	72	26,830	198,977

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.) 4. Advertising 7. Excess readership 2. Gross gain or (loss) (col. costs (column 6 3. Direct 5. Circulation 6. Readership advertising 2 minus col. 3). If minus column 5, but 1. Name of periodical advertising costs income costs income a gain, compute not more than cols. 5 through 7. column 4). (1) N/A (2) (3) Totals from Part I 419,939 220,962 198,977 Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col. (A). line 11, col. (B). Part II, line 27. 419,939 220,962 198,977 Totals, Part II (lines 1-5)

Schedule K – Compensation of Off	ficers, Directors,	and Trustees	(see instructions)

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

Form **990-T** (2016)

Form **4626**

Department of the Treasury

Internal Revenue Service

Name

Alternative Minimum Tax—Corporations

► Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No. 1545-0123

Employer identification number

2016

REGENTS OF THE UNIVERSITY OF MICHIGAN 38-6006309 Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e). Taxable income or (loss) before net operating loss deduction 1 -16,320,974 2 Adjustments and preferences: 2a 613,926 b Amortization of certified pollution control facilities. 2b Amortization of mining exploration and development costs 2c Amortization of circulation expenditures (personal holding companies only) 2d 2e f 2f a Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) 2i j. Passive activities (closely held corporations and personal service corporations only) 2j 2k l 21 2m 2n 20 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o. 3 -15,707,048 Adjusted current earnings (ACE) adjustment: a ACE from line 10 of the ACE worksheet in the instructions -15,093,122 Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a 4b -613,926 c Multiply line 4b by 75% (0.75). Enter the result as a positive amount. 4c 460,445 d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d 4d 0 ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c 4e 0 • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT 5 -15,707,048 6 6 7 Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual 7 8 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c): Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, 9 9 10 10 11 Alternative minimum tax foreign tax credit (AMTFTC). See instructions 11 12 12 13 Regular tax liability before applying all credits except the foreign tax credit 13 Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on 14 Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return . . . 14

SCHEDULE D (Form 1120)

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.

Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

2016

Employer identification number GENTS OF THE UNIVERSITY MICHIGAN 38-6006309 Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less See instructions for how to figure the amounts to enter on (d) (g) Adjustments to gain (h) Gain or (loss) (e) Proceeds Cost or loss from Form(s) Subtract column (e) from (sales price) (or other basis) 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to column (g) the 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 . -54,8924 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) -54,892 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses — Assets Held More Than One Year See instructions for how to figure the amounts to enter on (d) (g) Adjustments to gain (h) Gain or (loss) e lines below. Proceeds Cost or loss from Form(s) Subtract column (e) from This form may be easier to complete if you round off cents to (sales price) (or other basis) 8949, Part II, line 2, column (d) and combine whole dollars. column (g) 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 Form(s) 8949 with Box F checked . **2,138,411** 11 Enter gain from Form 4797, line 7 or 9 1,878,999 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions (see instructions) 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 4,017,410 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 Jet capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 3,962,518 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If 3,962,518 the corporation has qualified timber gain, also complete Part IV

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

Sales and Other Dispositions of Capital Assets

Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

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

Sequence No

Attachment

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

REGENTS OF THE UNIVERSITY **MICHIGAN**

Social security number or taxpayer identification number

38-6006309

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

con	nplete a separate For	rm 8949, page	1, for each appl	one box. If more than icable box. If you have with the same box che	more short-term trans	ur short-term tra sactions than will	nsactions, I fit on this page	
		-	-	s) 1099-B showing bas	•	IRS (see Note s	phove)	
			•	s) 1099-B showing bas	•	•	ibove)	
	□ ' '		`	,	sis wasii i reported to	lile ino		
1 (a) (b		(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if If you enter an enter a co See the separation	(h) Gain or (loss). Subtract column (e)	
	Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
FR	OM SCHEDULES	K-1						
		VARIOUS	VARIOUS					-80,454
FO	RM 6781, PAR	TI						
		VARIOUS	VARIOUS					25,562
_						-		
					-			
							···· · · · · · · · · · · · · · · · · ·	
						1		
2	Totals. Add the amounts in negative amounts). Enter e							
	Schedule D, line 1b (if Bo							
	bove is checked), or line	3 (if Box C above is	checked)					-54,892

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 an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2016)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number 38-6006309

REGENTS OF THE UNIVERSITY

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute stetament will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (F) Long-term train	nsactions not r	reported to you	on Form 1099-B				
(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	any, to gain or loss. amount in column (g), de in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
FROM SCHEDULES	K-1 VARIOUS	VARIOUS					2,100,067
FORM 6781, PART		***************************************					2,200,007
	VARIOUS	VARIOUS					38,344
-						-	
				<u> </u>			
				1			
2 Totals. Add the amounts in onegative amounts). Enter each Schedule D, line 8b (if Box above is checked), or line 10	ch total here and inc D above is checked	lude on your), line 9 (if Box E					2,138,411

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

Form 8949 (2016)

Department of the Treasury Internal Revenue Service (99)

General Business Credit

▶ Information about Form 3800 and its separate instructions is at www.irs.gov/form3800.
 ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No. 1545-0895

Name(s) shown on return

Attachment Sequence No. 22

Identifying number

	NTS OF THE UNIVERSITY OF MICHIGAN	38-6006309
Par	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax ((See instructions and complete Part(s) III before Parts I and II)	ГМТ)
1	General business credit from line 2 of all Parts III with box A checked	1 21,511
2	Passive activity credits from line 2 of all Parts III with box B checked 2	2.7011
3	Enter the applicable passive activity credits allowed for 2016 (see instructions)	3
4	Carryforward of general business credit to 2016. Enter the amount from line 2 of Part III with	
	box C checked. See instructions for statement to attach	4 48,186
5	Carryback of general business credit from 2017. Enter the amount from line 2 of Part III with box D checked (see instructions)	5
6	Add lines 1, 3, 4, and 5	6 69,697
Part	II Allowable Credit	09,097
7	Regular tax before credits:	2002
	• Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44	
	Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return	7
	• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return	
8	Alternative minimum tax:	8.3
	• Individuals. Enter the amount from Form 6251, line 35	
	Corporations. Enter the amount from Form 4626, line 14	8
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56	
		2.01
9	Add lines 7 and 8	9
10a	Foreign tax credit	Total Control
b	Certain allowable credits (see instructions)	
c	Add lines 10a and 10b	100
		10c
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	
	12	
13	Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions)	- 37
14	Tentative minimum tax:	- 1000
	Individuals. Enter the amount from Form 6251, line 33	25/12
	• Corporations. Enter the amount from Form 4626, line 12 \ 14	4 4
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54	
15	Enter the greater of line 13 or line 14	de
16	Subtract line 15 from line 11. If zero or less, enter -0-	15
17	Enter the smaller of line 6 or line 16	16
- 1	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,	17
	or reorganization.	5 []
F. D.	Polystic Polystic Add Nation	

Pari	Allowable Credit (Continued)		
Note	If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and	enter	-0- on line 26.
18	Multiply line 14 by 75% (.75) (see instructions)	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2016 (see instructions)	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	21,301
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2016 (see instructions)	33	
34	Carryforward of business credit to 2016. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	132,917
35	Carryback of business credit from 2017. Enter the amount from line 5 of Part III with box D checked (see instructions)	35	
36	Add lines 30, 33, 34, and 35	36	154,218
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. Individuals. Form 1040, line 54, or Form 1040NR, line 51 Corporations. Form 1120, Schedule J, Part I, line 5c Estates and trusts. Form 1041, Schedule G, line 2b		
	- Estates and trusts. Form 1041, Schedule G, line 2D	38	

Form **3800** (2016)

Name(s) shown on return Identifying number REGENTS OF THE UNIVERSITY OF MICHIGAN 38-6006309 Part III General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below (see instructions). A

General Business Credit From a Non-Passive Activity E Reserved В ☐ General Business Credit From a Passive Activity F Reserved **C** General Business Credit Carryforwards G

Eligible Small Business Credit Carryforwards D ☐ General Business Credit Carrybacks H Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts (a) Description of credit (b) (c) If claiming the credit Note: On any line where the credit is from more than one source, a separate Part III is needed for each Enter the appropriate from a pass-through entity, enter the EIN pass-through entity. amount 1a Investment (Form 3468, Part II only) (attach Form 3468) 1a b 1b С 1c 48,186 d Low-income housing (Form 8586, Part I only) 1d е Disabled access (Form 8826) (see instructions for limitation) 1e f Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f g 1g h 1h i 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see 1k Biodiesel and renewable diesel fuels (attach Form 8864) 11 m 1m n 1n Nonconventional source fuel (carryforward only) 0 10 p Energy efficient home (Form 8908) 1p Energy efficient appliance (carryforward only) q 1q r 1r Alternative fuel vehicle refueling property (Form 8911) S 1s t 1t Mine rescue team training (Form 8923) u 1u Agricultural chemicals security (carryforward only) V 1v Employer differential wage payments (Form 8932) W 1w Х 1x У Qualified plug-in electric drive motor vehicle (Form 8936) 1y Qualified plug-in electric vehicle (carryforward only) z 1z ลล 1aa General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) bb 1bb Other. Enhanced oil recovery (Form 8830) and certain other credits . . . ZZ 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 Enter the amount from Form 8844 here and on the applicable line of Part II. 3 3 4a 4a 1,620 b 4b 10,814 С Biofuel producer (Form 6478) 4c d е Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e Employer social security and Medicare taxes paid on certain employee tips (Form 8846) f 4f 120,483 g 4g Small employer health insurance premiums (Form 8941) h 4h 4i j 4j z 4z Add lines 4a through 4z and enter here and on the applicable line of Part II. 5 5 132,917 6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II. 6 181,103

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Form 3800 (2016) Page 3 Name(s) shown on return Identifying number **REGENTS OF THE UNIVERSITY OF MICHIGAN** 38-6006309 Part III General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below (see instructions). A General Business Credit From a Non-Passive Activity E Reserved General Business Credit From a Passive Activity F Reserved C ☐ General Business Credit Carryforwards **G** Eligible Small Business Credit Carryforwards H Reserved **D** General Business Credit Carrybacks If you are filling more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts (a) Description of credit (c) If claiming the credit Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through amount pass-through entity. entity, enter the EIN 1a Investment (Form 3468, Part II only) (attach Form 3468) 1a 1b b 21511 Increasing research activities (Form 6765) 1c C d Low-income housing (Form 8586, Part I only) 1d Disabled access (Form 8826) (see instructions for limitation) 1e е f Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f 1g g h 1h 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see k 1k Biodiesel and renewable diesel fuels (attach Form 8864) 11 П Low sulfur diesel fuel production (Form 8896) 1m m 1n n 10 0 p 1p Energy efficient appliance (carryforward only) 1q q r 1r s Alternative fuel vehicle refueling property (Form 8911) 1s 1t t 1u u Agricultural chemicals security (carryforward only) 1v 1w W 1x X Qualified plug-in electric drive motor vehicle (Form 8936) 1y У Qualified plug-in electric vehicle (carryforward only) 1z Z 1aa aa bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) 1_bb Other. Enhanced oil recovery (Form 8830) and certain other credits . . . 1zz ZZ Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 21511 Enter the amount from Form 8844 here and on the applicable line of Part II. 3 4a 4a 4b 7347 b C Biofuel producer (Form 6478) 4c 4d d Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e e 13954 f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f

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Add lines 4a through 4z and enter here and on the applicable line of Part II.

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II.

Identifying number

KEGEN13 C	OF THE UNIVERSITY OF	MICHIGAN			_
Part III	General Business	Credits or Eligi	ble Small Busin	ess Credits (see instructions

RE	GEN	TS OF THE UNIVERSITY OF MICHIGAN				38-6006309	
Pi	art II	General Business Credits or Eligible Small Business Credits (see	e inst	ructions)			
Co	mple	ete a separate Part III for each box checked below (see instructions).					
		General Business Credit From a Non-Passive Activity E Reserved					
		General Business Credit From a Passive Activity F Reserved					
		General Business Credit Carryforwards G	Busin	ess Credit (Carryfo	rwards	
		General Business Credit Carrybacks H Reserved					
		u are filing more than one Part III with box A or B checked, complete and attach first an a	dditio	nal Part III co	ombinino	amounts from all	Parts
•		ith box A or B checked. Check here if this is the consolidated Part III					
_		(a) Description of credit		(b)			
		n any line where the credit is from more than one source, a separate Part III is needed for e	ach	If claiming the from a pass-	through	(c) Enter the approp amount	oriate
_		rough entity.	4.0	entity, enter	ILIO EIN	411104111	Т
	1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a				
	b	Reserved	1b	24 4 177	100	0.4	
	C	Increasing research activities (Form 6765)	1c	81-1477	489	81	9
	d	Low-income housing (Form 8586, Part I only)	1d				
	е	Disabled access (Form 8826) (see instructions for limitation)	1e				
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				
	g	Indian employment (Form 8845)	1g				-
	h	Orphan drug (Form 8820)	1h				+
	i	New markets (Form 8874)	1i				
	j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j				
	k	Employer-provided child care facilities and services (Form 8882) (see					
		instructions for limitation)	1k				
	•	Biodiesel and renewable diesel fuels (attach Form 8864)	11				
	m	Low sulfur diesel fuel production (Form 8896)	1m				
	n	Distilled spirits (Form 8906)	1n				
	0	Nonconventional source fuel (carryforward only)	10				
	p	Energy efficient home (Form 8908)	1p				
	q	Energy efficient appliance (carryforward only)	1q				
	r	Alternative motor vehicle (Form 8910)	1r				
	S	Alternative fuel vehicle refueling property (Form 8911)	1s				
	t	Reserved	1t				UTT
	u	Mine rescue team training (Form 8923)	1u				
	V	Agricultural chemicals security (carryforward only)	1v				
	w	Employer differential wage payments (Form 8932)	1w				
	х	Carbon dioxide sequestration (Form 8933)	1x				
	У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y				
	z	Qualified plug-in electric vehicle (carryforward only)	1z				
	aa	New hire retention (carryforward only)	1aa				
	bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb				
	ZZ	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz				
	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	10070		81	9
	3	Enter the amount from Form 8844 here and on the applicable line of Part II.	3				
	4a	Investment (Form 3468, Part III) (attach Form 3468)	4a				
	b	Work opportunity (Form 5884)	4b				
	C	Biofuel producer (Form 6478)	4c				
	d	Low-income housing (Form 8586, Part II)	4d				
	e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e				
	f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f				
	g	Qualified railroad track maintenance (Form 8900)	4g				
	h	Small employer health insurance premiums (Form 8941)	4h				
	i	Increasing research activities (Form 6765)	4i				
	j	Reserved	4j	1571 LU			
	, Z	Other	4z				
	5	Add lines 4a through 4z and enter here and on the applicable line of Part II.	5				
	6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II.	6			81	9

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Add lines 4a through 4z and enter here and on the applicable line of Part II.

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II.

Form 3800 (2016) Identifying number Name(s) shown on return **REGENTS OF THE UNIVERSITY OF MICHIGAN** 38-6006309 Part III General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below (see instructions). A ☑ General Business Credit From a Non-Passive Activity E Reserved F Reserved **B** General Business Credit From a Passive Activity **C** ☐ General Business Credit Carryforwards **G** Eligible Small Business Credit Carryforwards H Reserved **D** General Business Credit Carrybacks If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts (a) Description of credit (c) If claiming the credit Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through entity, enter the EIN amount pass-through entity. 1a Investment (Form 3468, Part II only) (attach Form 3468) 1a 1b b 81-1495010 Increasing research activities (Form 6765) 1c Ç d Low-income housing (Form 8586, Part I only) 1d Disabled access (Form 8826) (see instructions for limitation) 1e е f Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f 1g g h 1h 11 Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see k 1k Biodiesel and renewable diesel fuels (attach Form 8864) 11 П Low sulfur diesel fuel production (Form 8896) 1m m 1n n 10 0 р 1p Energy efficient appliance (carryforward only) 1q q 1r r Alternative motor vehicle (Form 8910) S Alternative fuel vehicle refueling property (Form 8911) 1s 1t t Mine rescue team training (Form 8923) 1u u Agricultural chemicals security (carryforward only) 1v v Employer differential wage payments (Form 8932) 1w W X 1x Qualified plug-in electric drive motor vehicle (Form 8936) 1y У 1z Z 1aa aa General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) bb Other. Enhanced oil recovery (Form 8830) and certain other credits . . . 1zz ZZ 2 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 3 Enter the amount from Form 8844 here and on the applicable line of Part II. 3 Investment (Form 3468, Part III) (attach Form 3468) 4a 4a 4b b Biofuel producer (Form 6478) 4c C 4d d Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e e f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f g 4g h 4h i 4i

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Add lines 4a through 4z and enter here and on the applicable line of Part II.

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II.

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REGENTS OF THE UNIVERSITY OF MICHIGAN 38-6006309 Part III General Business Credits or Eligible Small Business Credits (see instructions)

Comple	ete a separate Part III for each box checked below (see instructions).		<u> </u>		_
	General Business Credit From a Non-Passive Activity E Reserved				
в 🗌	General Business Credit From a Passive Activity F Reserved				
c 🗆	General Business Credit Carryforwards G Eligible Small I	Busin	ess Credit Carryfo	rwards	
D 🗆	General Business Credit Carrybacks H Reserved				
	ou are filing more than one Part III with box A or B checked, complete and attach first an a				
III w	ith box A or B checked. Check here if this is the consolidated Part III			• [<u>」</u>
	(a) Description of credit		(b)	(c)	
Note: O	n any line where the credit is from more than one source, a separate Part III is needed for e	ach	If claiming the credit from a pass-through	Enter the appropriate	1
pass-th	rough entity.	1	entity, enter the EIN	amount	_
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a			_
b	Reserved	1b			
C	Increasing research activities (Form 6765)	1c	98-0534591	144	_
d	Low-income housing (Form 8586, Part I only)	1d			—
е	Disabled access (Form 8826) (see instructions for limitation)	1e			_
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f			_
9	Indian employment (Form 8845)	1g			
h	Orphan drug (Form 8820)	1h			—
!	New markets (Form 8874)	1i			
J	Small employer pension plan startup costs (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see	1j			_
k	instructions for limitation)	1k	[
	Biodiesel and renewable diesel fuels (attach Form 8864)	11			
l m	Low sulfur diesel fuel production (Form 8896)	1m			
m	Distilled spirits (Form 8906)	1n			—
n o	Nonconventional source fuel (carryforward only)	10			_
р	Energy efficient home (Form 8908)	1p			_
q	Energy efficient appliance (carryforward only)	1g			_
r	Alternative motor vehicle (Form 8910)	1r			_
s	Alternative fuel vehicle refueling property (Form 8911)	1s			_
ť	Reserved	1t			
u	Mine rescue team training (Form 8923)	1u			
V	Agricultural chemicals security (carryforward only)	1v			
w	Employer differential wage payments (Form 8932)	1w			
х	Carbon dioxide sequestration (Form 8933)	1x			
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y			
Z	Qualified plug-in electric vehicle (carryforward only)	1z			
aa	New hire retention (carryforward only)	1aa			
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb			
77	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz			
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		144	_
3	Enter the amount from Form 8844 here and on the applicable line of Part II.	3			
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a			
b	Work opportunity (Form 5884)	4b			_
C	Biofuel producer (Form 6478)	4c			
d	Low-income housing (Form 8586, Part II)	4d			_
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e			_
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f			
g	Qualified railroad track maintenance (Form 8900)	4g	-	-	
h	Small employer health insurance premiums (Form 8941)	4h 4i			
i ;	Increasing research activities (Form 6765)	41 4j			
j -	Reserved	4 <u>J</u>	THE STATE OF THE S		
z 5	Add lines 4a through 4z and enter here and on the applicable line of Part II.	5			
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II.	6		144	_
	Add miles 2, 3, and 3 and enter mere and on the applicable line of Part II.	-		52900 (00	

RE	GENT	'S OF THE UNIVERSITY OF MICHIGAN				38-6006309	
P	art III	General Business Credits or Eligible Small Business Credits (see	e inst	ructions)		•	
Co	mple	te a separate Part III for each box checked below (see instructions).					
Α		General Business Credit From a Non-Passive Activity E Reserved					
В		General Business Credit From a Passive Activity F Reserved					
C		General Business Credit Carryforwards G Eligible Small	Busin	ess Credit Ca	arryfo	rwards	
D		General Business Credit Carrybacks H 🔲 Reserved			•		
ı		are filing more than one Part III with box A or B checked, complete and attach first an a	dditio	nal Part III com	bining	amounts from a	l Parts
		h box A or B checked. Check here if this is the consolidated Part III					
_		(a) Description of credit		(b)			
Ma	to: 0:	any line where the credit is from more than one source, a separate Part III is needed for e	aab	If claiming the			nriate
		rany line where the credit is from more than one source, a separate Part III is needed for e ough entity.	acii	from a pass-thr entity, enter the	rough e FIN		priato
_	1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	oriaty) oritor an	<u> </u>		
	b	Reserved	1b				
	C	Increasing research activities (Form 6765)	1c	98-118464	2	3,19	05
	d	Low-income housing (Form 8586, Part I only)	1d	70-110-0-	-	3,1.	/3
		Disabled access (Form 8826) (see instructions for limitation)	1e		$\overline{}$		+
	e f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				+
	-		1g	-	-		+
	g	Indian employment (Form 8845)	1h		-		
	h :	Orphan drug (Form 8820)	1in			-	
	:	New markets (Form 8874)	1j				+
	Į.	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)					_
	k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	41.				
			1k		-		
		Biodiesel and renewable diesel fuels (attach Form 8864)	11				
	m	Low sulfur diesel fuel production (Form 8896)	1m				
	n	Distilled spirits (Form 8906)	1n	-	-		
	0	Nonconventional source fuel (carryforward only)	10		-		
	р	Energy efficient home (Form 8908)	1p				+
	q	Energy efficient appliance (carryforward only)	1q		\longrightarrow		
	r	Alternative motor vehicle (Form 8910)	1r		-		
	S	Alternative fuel vehicle refueling property (Form 8911)	1s				
	t	Reserved	1t		- 6		
	u	Mine rescue team training (Form 8923)	1u				
	V	Agricultural chemicals security (carryforward only)	1۷				
	W	Employer differential wage payments (Form 8932)	1w				\bot
	X	Carbon dioxide sequestration (Form 8933)	1x			·	
	У	Qualified plug-in electric drive motor vehicle (Form 8936)	1 <u>y</u>				
	Z	Qualified plug-in electric vehicle (carryforward only)	1z				
	aa	New hire retention (carryforward only)	1aa				\perp
	bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb				\perp
	ZZ	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz				-
	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			3,19	95
	3	Enter the amount from Form 8844 here and on the applicable line of Part II.	3				-
	4a	Investment (Form 3468, Part III) (attach Form 3468)	4a				\perp
	b	Work opportunity (Form 5884)	4b				
	C	Biofuel producer (Form 6478)	4c				
	d	Low-income housing (Form 8586, Part II)	4d				
	е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	1			
	f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	1			
	g	Qualified railroad track maintenance (Form 8900)	4g	ļ			
	h	Small employer health insurance premiums (Form 8941)	4h				1
	i	Increasing research activities (Form 6765)	4i				
	j	Reserved	4j				
	Z	Other	4z				
	5	Add lines 4a through 4z and enter here and on the applicable line of Part II.	5				
_	6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	TO BE SEED OF	= 111	3,1	95

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Page 3 Form 3800 (2016) Identifying number Name(s) shown on return REGENTS OF THE UNIVERSITY OF MICHIGAN 38-6006309 Part III General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below (see instructions). A ☑ General Business Credit From a Non-Passive Activity E Reserved General Business Credit From a Passive Activity F Reserved G

Eligible Small Business Credit Carryforwards C General Business Credit Carryforwards H 🔲 Reserved **D** General Business Credit Carrybacks If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts (a) Description of credit (c) If claiming the credit Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through amount pass-through entity. entity, enter the EIN 1a 1a 1b b 1c C 1d d 1e Disabled access (Form 8826) (see instructions for limitation) 1f f Renewable electricity, refined coal, and Indian coal production (Form 8835) g 1g h 1h i 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) Employer-provided child care facilities and services (Form 8882) (see k 1k 11 ı Biodiesel and renewable diesel fuels (attach Form 8864) 1_m m 1n п 10 Nonconventional source fuel (carryforward only) 0 1p p Energy efficient appliance (carryforward only) 1q q 1r Alternative fuel vehicle refueling property (Form 8911) 15 S 1t t u 1u Agricultural chemicals security (carryforward only) 1v v 1w W 1x X Qualified plug-in electric drive motor vehicle (Form 8936) 1y У 1z Z 1aa aa 1_bb hh General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) Other. Enhanced oil recovery (Form 8830) and certain other credits . . . 1zz ZZ Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 2 Enter the amount from Form 8844 here and on the applicable line of Part II. 3 3 4a 4a 4b b 4c C 4d d Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e е 65-1232049 4,322 4f f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) Qualified railroad track maintenance (Form 8900) 4g g 4h h 4i i

Add lines 4a through 4z and enter here and on the applicable line of Part II. Add lines 2, 3, and 5 and enter here and on the applicable line of Part II.

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REC	ENTS OF THE UNIVERSITY OF MICHIGAN			38-6006309	
Pa	t III General Business Credits or Eligible Small Business Credits (see	inst	ructions)		
Con	plete a separate Part III for each box checked below (see instructions).				
A [General Business Credit From a Non-Passive Activity E Reserved				
B [☐ General Business Credit From a Passive Activity				
C	☐ General Business Credit Carryforwards	Busin	ess Credit Carryfo	orwards	
D	General Business Credit Carrybacks H Reserved				
1	f you are filing more than one Part III with box A or B checked, complete and attach first an ac	dditio	nal Part III combinir	ng amounts from all	Parts
	II with box A or B checked. Check here if this is the consolidated Part III				
	(a) Description of credit		(b)	(c)	
Note	or. On any line where the credit is from more than one source, a separate Part III is needed for ea	ach	If claiming the credit from a pass-through	·	riate
pass	-through entity.		entity, enter the EIN	amount	
1		1a			
	Reserved	1b			2.0
	Increasing research activities (Form 6765)	1c			
	Low-income housing (Form 8586, Part I only)	1d			1
	Disabled access (Form 8826) (see instructions for limitation)	1e			1
	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f			
	Indian employment (Form 8845)	1g			
	n Orphan drug (Form 8820)	1h			
	New markets (Form 8874)	1i			1
	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j			
	k Employer-provided child care facilities and services (Form 8882) (see	-			1
	instructions for limitation)	1k			
	Biodiesel and renewable diesel fuels (attach Form 8864)	11	-		
	m Low sulfur diesel fuel production (Form 8896)	1m			
	n Distilled spirits (Form 8906)	1n			
	Nonconventional source fuel (carryforward only)	10			_
	p Energy efficient home (Form 8908)	1p			1
	n Energy efficient appliance (carryforward only)	1q			†
	r Alternative motor vehicle (Form 8910)	1r			
	s Alternative fuel vehicle refueling property (Form 8911)	1s			
	t Reserved	1t			
	u Mine rescue team training (Form 8923)	1u			
	Agricultural chemicals security (carryforward only)	1v			
	w Employer differential wage payments (Form 8932)	1w			+
	Carbon dioxide sequestration (Form 8933)	1x			<u> </u>
	y Qualified plug-in electric drive motor vehicle (Form 8936)	1y			
	z Qualified plug-in electric vehicle (carryforward only)	1z			+
	aa New hire retention (carryforward only)	1aa		i i	1
	bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb			
	zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz			
2		2			1
3	*	3			1
	a Investment (Form 3468, Part III) (attach Form 3468)	4a		1	\top
	b Work opportunity (Form 5884)	4b			
	Biofuel producer (Form 6478)	4c			
	d Low-income housing (Form 8586, Part II)	4d			1
	e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e			
	f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	45-3262896	9,63	2
	g Qualified railroad track maintenance (Form 8900)	4g		1	
	h Small employer health insurance premiums (Form 8941)	4h	1		
	I Increasing research activities (Form 6765)	4i		1	1
	Reserved	4j	ja Edile - Tel		
	z Other	4z			
5	160 800 100 CW. 10	5		9,63	2
6		6		9,63	_
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Form 3800 (2016) Name(s) shown on return Identifying number **REGENTS OF THE UNIVERSITY OF MICHIGAN** 38-6006309 Part III General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below (see instructions). A ☑ General Business Credit From a Non-Passive Activity E Reserved F Reserved **B** General Business Credit From a Passive Activity G

Eligible Small Business Credit Carryforwards C ☐ General Business Credit Carryforwards **D** ☐ General Business Credit Carrybacks H Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts (a) Description of credit (c) If claiming the credit Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through amount pass-through entity. entity, enter the EIN 1a Investment (Form 3468, Part II only) (attach Form 3468) 1a 1b b Increasing research activities (Form 6765) 1c C d 1d e Disabled access (Form 8826) (see instructions for limitation) 1e f Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f 1g g h 1h 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see k 1k 11 Biodiesel and renewable diesel fuels (attach Form 8864) 1m m 1n n Nonconventional source fuel (carryforward only) 10 0 p 1p 1q q r Alternative fuel vehicle refueling property (Form 8911) 1s S 1t t u 1u Agricultural chemicals security (carryforward only) 1v v 1w W 1x х Qualified plug-in electric drive motor vehicle (Form 8936) 1y У 1z Z aa 1bb bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) Other. Enhanced oil recovery (Form 8830) and certain other credits . . . 1zz ZZ 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 3 Enter the amount from Form 8844 here and on the applicable line of Part II. 3 4a Investment (Form 3468, Part III) (attach Form 3468) 4a 4b 20-3771532 963 b 4c C d 4d e Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f

Add lines 4a through 4z and enter here and on the applicable line of Part II.

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II.

Small employer health insurance premiums (Form 8941)

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Page 3 Form 3800 (2016) Identifying number Name(s) shown on return **REGENTS OF THE UNIVERSITY OF MICHIGAN** 38-6006309 Part III General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below (see instructions). A ✓ General Business Credit From a Non-Passive Activity E Reserved F Reserved **B** General Business Credit From a Passive Activity G Eligible Small Business Credit Carryforwards C General Business Credit Carryforwards H Reserved **D** General Business Credit Carrybacks If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts (a) Description of credit (c) If claiming the credit Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through amount entity, enter the EIN pass-through entity. Investment (Form 3468, Part II only) (attach Form 3468) 1a 1a 1b b 26-1274505 4,344 1c Increasing research activities (Form 6765) . . . C 1d d 1e е Disabled access (Form 8826) (see instructions for limitation) 1f f Renewable electricity, refined coal, and Indian coal production (Form 8835) 1g g 1h i 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see 1k 11 Biodiesel and renewable diesel fuels (attach Form 8864) I 1m m 1n n 10 Nonconventional source fuel (carryforward only) 0 1p p 1q Energy efficient appliance (carryforward only) a 1r r Alternative fuel vehicle refueling property (Form 8911) 1s S 1t t 1u u Agricultural chemicals security (carryforward only) 1v 1w Employer differential wage payments (Form 8932) W 1x Х Qualified plug-in electric drive motor vehicle (Form 8936) **1y** У 1z Z 1aa aa 1_bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) bb Other, Enhanced oil recovery (Form 8830) and certain other credits . . . 1zz Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 2 Enter the amount from Form 8844 here and on the applicable line of Part II. 3 3 4a Investment (Form 3468, Part III) (attach Form 3468) 4a 4b b 4c C Biofuel producer (Form 6478) 4d d Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e e 4f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) f 4g a Small employer health insurance premiums (Form 8941) 4h h 4i 4j į. 4z 7

Add lines 4a through 4z and enter here and on the applicable line of Part II.

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II.

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Form 3800 (2016) Identifying number Name(s) shown on return

RE	GEN	TS OF THE UNIVERSITY OF MICHIGAN				38-6006309	
	art II		inst	ructions)			
		te a separate Part III for each box checked below (see instructions).					
A		General Business Credit From a Non-Passive Activity E Reserved					
В		General Business Credit From a Passive Activity F Reserved					
С		General Business Credit Carryforwards G 🔲 Eligible Small	Busin	ess Credit (Carryfo	rwards	
		General Business Credit Carrybacks H Reserved					
L		u are filing more than one Part III with box A or B checked, complete and attach first an a					
	III wi	th box A or B checked. Check here if this is the consolidated Part III					
		(a) Description of credit		(b) If claiming th	a aradit	(c)	
		n any line where the credit is from more than one source, a separate Part III is needed for e ough entity.	ach	from a pass- entity, enter	through	Enter the appropart	riate
	1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a				
	b	Reserved	1b				
	C	Increasing research activities (Form 6765)	1c	20-4395	079	126	5
	d	Low-income housing (Form 8586, Part I only)	1d				-
	е	Disabled access (Form 8826) (see instructions for limitation)	1e				₩
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				₩
	g	Indian employment (Form 8845)	1g				-
	h	Orphan drug (Form 8820)	1h				-
	i	New markets (Form 8874)	1i				┼─
	j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j				┼
	k	Employer-provided child care facilities and services (Form 8882) (see					
	_	instructions for limitation)	1k				-
	ŀ	Biodiesel and renewable diesel fuels (attach Form 8864)	11	-			
	m	Low sulfur diesel fuel production (Form 8896)	1m		-		+
	n	Distilled spirits (Form 8906)	1n	_			+-
	0	Nonconventional source fuel (carryforward only)	10				+
	P	Energy efficient home (Form 8908)	1p 1q	-			+-
	q	Energy efficient appliance (carryforward only)	1r	-			+-
	r	Alternative fuel vehicle refueling property (Form 8911)	1s				+
	S	Reserved	1t		FILLE		
	t u	Mine rescue team training (Form 8923)	1u				
	v	Agricultural chemicals security (carryforward only)	1v				\vdash
	w	Employer differential wage payments (Form 8932) .	1w	1			1
	x	Carbon dioxide sequestration (Form 8933)	1x				\top
	У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y				\vdash
	z	Qualified plug-in electric vehicle (carryforward only)	1z				\top
	aa	New hire retention (carryforward only)	1aa				
	bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb			-	1
	ZZ	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz				
	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			120	6
	3	Enter the amount from Form 8844 here and on the applicable line of Part II.	3				
	4a	Investment (Form 3468, Part III) (attach Form 3468)	4a				
	b	Work opportunity (Form 5884)	4b				
	C	Biofuel producer (Form 6478)	4c				
	d	Low-income housing (Form 8586, Part II)	4d				
	е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e				4
	f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	ļ			
	g	Qualified railroad track maintenance (Form 8900)	4g	ļ			-
	h	Small employer health insurance premiums (Form 8941)	4h				+
	i	Increasing research activities (Form 6765)	4i				-
	j	Reserved	4 <u>j</u>				
	Z	Other	4z			_	+
	5	Add lines 4a through 4z and enter here and on the applicable line of Part II.	5	34	-	- 40	
	6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II.	6			12	

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Add lines 4a through 4z and enter here and on the applicable line of Part II.

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II.

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Identifying number

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	NTS OF THE UNIVERSITY OF MICHIGAN				38-6006309	
Part		ınst	ructions)			
	ete a separate Part III for each box checked below (see instructions).					
	General Business Credit From a Non-Passive Activity					
	General Business Credit From a Passive Activity F Reserved					
_	General Business Credit Carryforwards G Eligible Small I	3usin	ess Credit C	arryfor	wards	
	ou are filing more than one Part III with box A or B checked, complete and attach first an a					
III v	vith box A or B checked. Check here if this is the consolidated Part III					
	(a) Description of credit		(b) If claiming the	credit	(c)	
	On any line where the credit is from more than one source, a separate Part III is needed for e arrough entity.	ach	from a pass-tl entity, enter t	hrough	Enter the appropri amount	iate
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a				
ь	Reserved	1b				
C	Increasing research activities (Form 6765)	1c	20-82551	15	11	
d	Low-income housing (Form 8586, Part I only)	1d				
е	Disabled access (Form 8826) (see instructions for limitation)	1e				
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				
g	Indian employment (Form 8845)	1g				
h	Orphan drug (Form 8820)	1h				
i	New markets (Form 8874)	1i				
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j				
k	Employer-provided child care facilities and services (Form 8882) (see			i		
	instructions for limitation)	1k				
- 1	Biodiesel and renewable diesel fuels (attach Form 8864)	11				
m	Low sulfur diesel fuel production (Form 8896)	1m				
n	Distilled spirits (Form 8906)	1n				
0	Nonconventional source fuel (carryforward only)	10				
р	Energy efficient home (Form 8908)	1p				
q	Energy efficient appliance (carryforward only)	1q				
r	Alternative motor vehicle (Form 8910)	1r				
s	Alternative fuel vehicle refueling property (Form 8911)	1s				
t	Reserved	1t				
u	Mine rescue team training (Form 8923)	1u				
V	Agricultural chemicals security (carryforward only)	1v				
w	Employer differential wage payments (Form 8932)	1w			-	
X	Carbon dioxide sequestration (Form 8933)	1x				
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y				
z	Qualified plug-in electric vehicle (carryforward only)	1z				
aa		1aa				
bb		1bb				
22		1zz				
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			11	
3	Enter the amount from Form 8844 here and on the applicable line of Part II.	3		_}		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a				
b	Work opportunity (Form 5884)	4b				
С	Biofuel producer (Form 6478)	4c				
d	Low-income housing (Form 8586, Part II)	4d				
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e				
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f				
g	Qualified railroad track maintenance (Form 8900)	4g				
h	Small employer health insurance premiums (Form 8941)	4h				
i	Increasing research activities (Form 6765).	4i				
j	Reserved	4j				
z	Other	4z				
5	Add lines 4a through 4z and enter here and on the applicable line of Part II.	5				
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II.	6	T 550 - 17 -		11	
					50m 3800	1004

Form 3800 (2016) Name(s) shown on return Identifying number REGENTS OF THE UNIVERSITY OF MICHIGAN 38-6006309 Part III General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below (see instructions). A General Business Credit From a Non-Passive Activity E Reserved F Reserved ☐ General Business Credit From a Passive Activity C ☐ General Business Credit Carryforwards **G** Eligible Small Business Credit Carryforwards **D** ☐ General Business Credit Carrybacks H Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts (a) Description of credit (c) If claiming the credit Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through amount pass-through entity. entity, enter the EIN 1a 1a Investment (Form 3468, Part II only) (attach Form 3468) b 1b 90-0642326 C 1c 224 d Low-income housing (Form 8586, Part I only) 1d е Disabled access (Form 8826) (see instructions for limitation) 1e f Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f g 1g h 1h į 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j k Employer-provided child care facilities and services (Form 8882) (see 1k ı Biodiesel and renewable diesel fuels (attach Form 8864) 11 m Low sulfur diesel fuel production (Form 8896) 1m 1n n 10 0 1p p Energy efficient appliance (carryforward only) 1q q Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) 1s s 1t t u 1u Agricultural chemicals security (carryforward only) v 1v Employer differential wage payments (Form 8932) 1w W X 1x Qualified plug-in electric drive motor vehicle (Form 8936) 1y У Z 1z aa hh General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) 1_bb Other. Enhanced oil recovery (Form 8830) and certain other credits . . . 1zz ZZ 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 3 Enter the amount from Form 8844 here and on the applicable line of Part II. 3 4a Investment (Form 3468, Part III) (attach Form 3468) 4a b 4b 4c C d Low-income housing (Form 8586, Part II) 4d e Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f g 4g Small employer health insurance premiums (Form 8941) 4h h ì Increasing research activities (Form 6765). 4i

Add lines 4a through 4z and enter here and on the applicable line of Part II. Add lines 2, 3, and 5 and enter here and on the applicable line of Part II.

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Add lines 4a through 4z and enter here and on the applicable line of Part II.

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II.

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Form 3800 (2016) Name(s) shown on return Identifying number REGENTS OF THE UNIVERSITY OF MICHIGAN 38-6006309 Part III General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below (see instructions). A General Business Credit From a Non-Passive Activity E Reserved ☐ General Business Credit From a Passive Activity F Reserved C ☐ General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards D General Business Credit Carrybacks H Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts (a) Description of credit If claiming the credit Note: On any line where the credit is from more than one source, a separate Part III is needed for each Enter the appropriate from a pass-through entity, enter the EIN pass-through entity. amount 1a 1a b 1b Increasing research activities (Form 6765) C 1c 81-1279864 954 d 1d Disabled access (Form 8826) (see instructions for limitation) 1e f Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f g 1g h 1h ì 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see 1k ŀ Biodiesel and renewable diesel fuels (attach Form 8864) 11 m 1m n 1n 0 10 p 1p Energy efficient appliance (carryforward only) q 1q r 1r Alternative fuel vehicle refueling property (Form 8911) s 1s t 1t u 1u Agricultural chemicals security (carryforward only) v 1v Employer differential wage payments (Form 8932) W 1w X 1x Qualified plug-in electric drive motor vehicle (Form 8936) **1y** У Z 1z aa 1aa hh General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) 1bb Other. Enhanced oil recovery (Form 8830) and certain other credits . . . ZZ 1zz 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 3 Enter the amount from Form 8844 here and on the applicable line of Part II. 3 4a Investment (Form 3468, Part III) (attach Form 3468) 4a b 4b C 4c d 4d Renewable electricity, refined coal, and Indian coal production (Form 8835) e 4e f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f g 4g Small employer health insurance premiums (Form 8941) h 4h

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Add lines 2, 3, and 5 and enter here and on the applicable line of Part II.

Add lines 4a through 4z and enter here and on the applicable line of Part II.

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REGEN	TS OF THE UNIVERSITY OF MICHIGAN				38-6006309	
Part II	General Business Credits or Eligible Small Business Credits (see	e inst	ructions)			
Comple	ete a separate Part III for each box checked below (see instructions).					
	General Business Credit From a Non-Passive Activity E Reserved					
	General Business Credit From a Passive Activity F Reserved					
	General Business Credit Carryforwards G 🔲 Eligible Small	Busin	ess Credit (Carryfo	wards	
-	General Business Credit Carrybacks H 🔲 Reserved			•		
	ou are filing more than one Part III with box A or B checked, complete and attach first an a	dditio	nal Part III co	mbining	amounts from all Pa	arts
	ith box A or B checked. Check here if this is the consolidated Part III					
	(a) Description of credit		(b)		(c)	
Note: ∩	n any line where the credit is from more than one source, a separate Part III is needed for e	ach	If claiming the	e credit	Enter the appropria	ate
pass-thr	rough entity.	aon	entity, enter		amount	
	Investment (Form 3468, Part II only) (attach Form 3468)	1a				
b	Reserved	1b				
C	Increasing research activities (Form 6765)	1c	46-2445	852	8,342	
d	Low-income housing (Form 8586, Part I only)	1d				
e	Disabled access (Form 8826) (see instructions for limitation)	1e				
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				
_	Indian employment (Form 8845)	1g				
g h	Orphan drug (Form 8820)	1h				•
- ;;	New markets (Form 8874)	1i				
- 1	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j				
k	Employer-provided child care facilities and services (Form 8882) (see					
	instructions for limitation)	1k				
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11				
m	Low sulfur diesel fuel production (Form 8896)	1m			i	
n	Distilled spirits (Form 8906)	1n				
0	Nonconventional source fuel (carryforward only)	10				
	Energy efficient home (Form 8908)	1p				
р	Energy efficient nome (i offin 6906)	1g				
q	Alternative motor vehicle (Form 8910)	1r				
r	Alternative fuel vehicle refueling property (Form 8911)	1s				
s t	Reserved	1t				
u	Mine rescue team training (Form 8923)	1u				
v	Agricultural chemicals security (carryforward only)	1v				
w	Employer differential wage payments (Form 8932)	1w	<u> </u>			
X	Carbon dioxide sequestration (Form 8933)	1x	-	-		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y				
7	Qualified plug-in electric vehicle (carryforward only)	12				
aa	New hire retention (carryforward only)	1aa				
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb				
ZZ	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz			-	
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			8,342	
3	Enter the amount from Form 8844 here and on the applicable line of Part II.	3				
4 a	Investment (Form 3468, Part III) (attach Form 3468)	4a				
b	Work opportunity (Form 5884)	4b				
C	Biofuel producer (Form 6478)	4c				
d	Low-income housing (Form 8586, Part II)	4d				
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e				
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f				
g	Qualified railroad track maintenance (Form 8900)	4g				
h	Small employer health insurance premiums (Form 8941)	4h				
i	Increasing research activities (Form 6765).	4i				
j	Reserved	4j		1911		
z	Other	4z				
5	Add lines 4a through 4z and enter here and on the applicable line of Part II.	5				
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6			8,342	

Form	3800	(2016)

5

6

Page 3 Identifying number Name(s) shown on return 38-6006309 REGENTS OF THE UNIVERSITY OF MICHIGAN General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below (see instructions). A ☑ General Business Credit From a Non-Passive Activity E Reserved **B** General Business Credit From a Passive Activity F Reserved C ☐ General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards **D** ☐ General Business Credit Carrybacks H 🔲 Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts (a) Description of credit (c) If claiming the credit Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through entity, enter the EIN pass-through entity. amount 1a Investment (Form 3468, Part II only) (attach Form 3468) 1a 1b b Increasing research activities (Form 6765) 1c 27-3125579 C d Low-income housing (Form 8586, Part I only) 1d Disabled access (Form 8826) (see instructions for limitation) 1e е Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f f g 1g h 1h 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see k 1k 11 1 1m m 1n n Nonconventional source fuel (carryforward only) 10 0 p 1p 1q q r 1r s Alternative fuel vehicle refueling property (Form 8911) . . . 1s 1t t u 1u Agricultural chemicals security (carryforward only) v 1v 1w W 1x X Qualified plug-in electric drive motor vehicle (Form 8936) **1y** У 1z Z 1aa bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) 1_bb ZZ Other. Enhanced oil recovery (Form 8830) and certain other credits . . . 1zz Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 Enter the amount from Form 8844 here and on the applicable line of Part II. 3 3 Investment (Form 3468, Part III) (attach Form 3468) 4a 4a 4b b Biofuel producer (Form 6478) 4c C 4d d Renewable electricity, refined coal, and Indian coal production (Form 8835) e 4e Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f f 4g g Small employer health insurance premiums (Form 8941) h 4h i 4i 4j 4z z

Add lines 4a through 4z and enter here and on the applicable line of Part II.

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II.

Form 4797

Department of the Treasury

Internal Revenue Service

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return. ▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

OMB No. 1545-0184

Attachment Sequence No.

(s) shown on return Identifying number REGENTS OF THE UNIVERSITY **MICHIGAN** 38-6006309 Enter the gross proceeds from sales or exchanges reported to you for 2016 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . 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) (g) Gain or (loss) 2 (a) Description (b) Date acquired (c) Date sold allowed or (d) Gross basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) sales price allowable since improvements and sum of (d) and (e) acquisition expense of sale K-1FROM SCHEDULES **VARIOUS VARIOUS** 1,878,999 3 3 Gain, if any, from Form 4684, line 39 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 5 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 Gain, if any, from line 32, from other than casualty or theft 6 1,878,999 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 7 Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. 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 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term 1,878,999 9 capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) 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 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 13 13 Gain, if any, from line 31 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 15 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 17 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: 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 part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property

For Paperwork Reduction Act Notice, see separate instructions.

used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions ...

Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14

Form 4797 (2016)

18a

Form 6781

Department of the Treasury Internal Revenue Service

Gains and Losses From Section 1256 Contracts and Straddles

► Go to www.irs.gov/Form6781 for the latest information.

► Attach to your tax return.

OMB No. 1545-0644

2017

Attachment Sequence No. **82**

Name(s) shown on tax return	_								ı	ldentifying number	
Regen	ts of the University of Michigan										38-6006309	·
Check	all applicable boxes (see instructi	,	Mixed								ccount election	
Dord	Section 1256 Contra				ldle id	dentification	election	D	Net section	1256	contracts loss ele	ction
Part				iarket		(b) (1			(a) Gain			NAS.
	(a) Identification	on or acco	ount			(b) (L	.088)		(c) Gain			
1 [From Schedules K-1					-		+	63,90	6	Trush fi	
						-		+		+		
2	Add the amounts on line 1 in col	umns (b) a	ınd (c)		2	()				
3	Net gain or (loss). Combine line									3)6
4	Form 1099-B adjustments. See									4		20
5	Combine lines 3 and 4 Note: If line 5 shows a net gain		 6 and enter			7 Partnersh	 nins and 9	 S cori	orations see	5	63,90)b;
	instructions.	, skip iiile	o and cittor	ine gain or		7.1 artifoldi	iipo aria c	001	oorationo, boo			
6	If you have a net section 1256										=	
	carried back. Enter the loss as a	positive n	umber. If yo	u didn't ch	eck t	oox D, enter -	-0			6		-
7	Combine lines 5 and 6									7	63,90	06
8	Short-term capital gain or (los						nclude on	line	4 of Schedule			
	D or on Form 8949 (see instructi	,								8	25,56	52
9	Long-term capital gain or (loss	s). Multipl	y line 7 by 6	0.60).	Ente	r here and in	clude on	line 1	1 of Schedule		20.0	
Part	D or on Form 8949 (see instructing Gains and Losses F									9 nd its		14
	on A-Losses From Strac		,	tituon a ot	эран	aro otarorne	ATT HOUNE	g out	TO COLUMNIA COLO			
	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gros sales pri		(e) Cost or other basis plus expense of sale	(f) Los If column is more t (d), ent differen Otherwi enter	n (e) than ter ice. ise,	(g) Unrecogniz gain on offsetting positions	9	(h) Recognizer If column (f) is than (g), en difference Otherwise, ent	more ter :.
10												
	Enter the short-term portion of	aaaaa fran	a line 10 oc	lump (b) b	oro o	nd include o	n line 4 e	of Soh	adula D or on			<u> </u>
11a	Form 8949 (see instructions)								· · · ·	11:	a ()
b									edule D or on	111	ь ()
Sect	ion B—Gains From Strado	lles		T			- 1					
	(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	:	(d) G sales			bas	st or other sis plus nse of sale		(f) Gain. If colum (d) is more than (e enter difference Otherwise, enter -	e),
12												
		L										_
13a	Enter the short-term portion of Form 8949 (see instructions)	gains from	i line 12, co	lumn (f), he	ere a	nd include of	n line 4 o 	of Sch	edule D or on	13	a	
b	Enter the long-term portion of g								edule D or on	13	b	
Part											see instructions)	
	(a) Description of property		(b) Da acquir			market value o		(d)	Cost or other ba as adjusted	ısis	(e) Unrecognized If column (c) is a than (d), enter difference Otherwise, enter	more erence.
14												
									_			-
							-				1	1



Department of the Treasury Internal Revenue Service Ogden UT 84201

Notice	CP211A		
Tax period	June 30, 2017		
Notice date	January 1, 2018		
Employer ID number	38-6006309		
To contact us	Phone 1-877-829-5500		
	FAX 801-620-5555		

Page 1 of 1

185521.671110.93550.7836 1 SP 0.500 373 թոհլդինկիսիկուսրիվույթիկներիներինիկիկուննինոնի

REGENTS OF THE UNIVERSITY OF PAYROLL OFFICE 3003 S STATE ST G395 WOLVERINE TOWE ANN ARBOR MI 48109

B5521

Important information about your June 30, 2017 Form 990T

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your June 30, 2017 Form 990T.

Your new due date is May 15, 2018.

What you need to do

File your June 30, 2017 Form 990T by May 15, 2018.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- · Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Election to Amortize Intangible Drilling and Development Costs Over 60 Months

Regents of the University of Michigan 5082 Wolverine Tower, 3003 S. State Street Ann Arbor, MI 48109-1287

Under Internal Revenue Code §263(c), Regulation §1.612-4 and Regulation §1.612-5, the Regents of the University of Michigan has elected to deduct the intangible drilling and development costs incurred in the drilling of oil and gas wells for the year ended June 30, 2017. The Regents of the University of Michigan hereby elects under IRC §263(c) not to capitalize the intangible drilling and development costs incurred in the tax year ending June 30, 2017, and hereby elects under IRC §59(e)(2)(C) to amortize the following amounts over 60 months.

Under Income Tax Regulation §1.59-1(b)(ii), qualified expenditures defined in Internal Revenue Code §52(e) relating to intangible drilling and development in the amount of \$12,012,650 are deducted ratably over 60 months.

Election to Waive Carryback

Regents of the University of Michigan 5082 Wolverine Tower, 3003 S. State Street Ann Arbor, MI 48109-1287

Under Internal Revenue Code §172(b)(3), the Regents of the University of Michigan has elected to relinquish the entire carryback period with respect to net operating loss, instead this amount will be carried forward.

Net Operating Loss Carryforward

Net Operating Loss 6/30/2010	(44,333,664)
Net Operating Loss 6/30/2011	(23,510,478)
Net Operating Loss 6/30/2012	(25,136,623)
Net Operating Loss 6/30/2013	(21,694,251)
Net Operating Loss 6/30/2014	(5,297,406)
Net Operating Loss Utilized 6/30/15	21,660,440
Charitable Contributions reclassed to Net Operating Loss per	
Income Tax Regulation § 1.170A-11(c)(2) 6/30/15	(859,855)
Net Operating Loss 6/30/2016	(15,197,656)
Net Operating Loss 6/30/2017	(16,320,974)
Total NOL Carry Forward to 6/30/2018	(130,690,467)

Charitable Contributions Carryover

Contribution Carryover from 6/30/16 990-T	296,000
Contribution Carryover from 6/30/17 990-T	343,405
Contribution Carryover to 6/30/18	639,405

Forms 3800 General Business Credits Part III, Box A

EIN	Line 4b-Work Opportunity Credit	Line 1c-Increasing Research Activities	Line 4f-Employer Social Security & Medicare	Totals
81-1477489		819		819
81-1495010		887		887
27-5270108	6,384			6,384
98-0534591		144		144
98-1184642		3,195		3,195
65-1232049			4,322	4,322
45-3262896		ĺ	9,632	9,632
20-3771532	963			963
26-1274505		4,344		4,344
20-4395079		126		126
80-0825308		425		425
20-8255115		11		11
90-0642326		224		224
20-2598344		1,214		1,214
20-2598409		30		30
81-1279864		954		954
46-2445852		8,342		8,342
27-3125579		796		796
Total	7,347	21,511	13,954	42,812

Carry Forward Schedule of Foreign Tax Credits

Tax Year	Passive Taxes	General Taxes	Passive Taxes	General Taxes	Sub Total
	Paid	Paid	Accrued	Accrued	
FYE 6/30/2012	1,010,075	282,861	26,963	7,551	1,327,450
FYE 6/30/2013	120,627	22,498	4,697	69,607	217,429
FYE 6/30/2014	259,769	16,726	40,183	27,213	343,891
FYE 6/30/2015	199,698	20,383	21,621	3,164	244,866
FYE 6/30/2016	36,669	4,123	10,485	3,261	54,538
FYE 6/30/2017	98,611	8,065	10,995	93,199	210,870
Total	1,725,449	354,656	114,944	203,995	2,399,044

Carry Forward Schedule of Foreign Tax Credits Alternative Minimum Tax

Tax Year	Passive Taxes	General Taxes	Passive Taxes	General Taxes	Sub Total
	Paid	Paid	Accrued	Accrued	-
FYE 6/30/2012	1,010,075	282,861	26,963	7,551	1,327,450
FYE 6/30/2013	120,627	22,498	4,697	69,607	217,429
FYE 6/30/2014	259,769	16,726	40,183	27,213	343,891
FYE 6/30/2015	(322,794)	(40,387)	(20,587)	(53,325)	(437,093)
FYE 6/30/2016	36,669	4,123	10,485	3,261	54,538
FYE 6/30/2017	98,611	8,065	10,995	93,199	210,870
Total	1,202,957	293,886	72,736	147,506	1,717,085

THE REGENTS OF THE UNIVERSITY OF MICHIGAN 38-6006309 Form 990-T

For the Year Ended June 30, 2017

Page 1, Box G - Organization Type

Dual Exemption - The Regents of the University of Michigan is recognized by the Internal Revenue Service as a charitable organization under IRC Section 501(c)(3) as well as a governmental entity under the Constitution of the State of Michigan.

Page 1, Part I, Line 1a - Gross Receipts or Sales	
Varsity Golf Course	391,996
Varsity Tennis Center	166,560
Radrick Farms Golf Course	345,100
Union Event Services and Catering	1,307,635
Internet Operations	40,000
Tauber Time Dealer Award	20,000
Rent - Substantial Services	
NBC Building - Public Use	44,520
Riverfront Building - Public Use	73,857
University Center - Public Use	14,305
Michigan League - Weddings and Other Public Use	371,989
Stadium - Weddings and Other Public Use	747,871
North Campus Research Complex - Public Use	583,226
Summer Camp	203,746
Executive Conference Center - Public Use	363,692
Total Gross Receipts	4,674,497
Page 1, Part I, Line 5 - Income (Loss) from Partnerships	(054.440)
Total Absolute Return	(354,413)
Total Other	857,403
Total Natural Resources	(8,210,504)
Total Private Equity	1,032,906
Total Real Estate	(10,283,305)
Total Venture Capital	(43,874)
Total Investment Income (Loss) from Partnerships	(17,001,787)
Page 1, Line 15 - Salaries and Wages	
Tax Department Allocated Expenses to Unrelated Business Taxable Income	
Total Salaries and Wages	\$ 112,319
Total Galarios and Tragos	<u> </u>
Page 1, Line 20 - Charitable Contributions	
Absolute Return	591
Other	140,912
Natural Resources	8,411
Private Equity	189,879
Real Estate	2,823
Venture Capital	789
Total Charitable Contributions 6/30/17	343,405

THE REGENTS OF THE UNIVERSITY OF MICHIGAN 38-6006309

Form 990-T

For the Year Ended June 30, 2017

Page 1, Line 25 - Employee Benefit Programs		
Tax Department Allocated Expenses to Unrelated Business T Total Employee Benefit Programs	axable income	42,105
Page 1, Line 28 - Other Deductions		
Tax Reference Materials Legal Fees		10,838
Miscellaneous		960
Total Other Deductions		11,798
Page 2, Line 44e - Backup Withholding	EIN	
Copyright Clearance Center	13-2922432	20.55
State Farm Life Insurance Company	37-0533090	22.22
New York Life Insurance Company	13-5582869	3.10
USAA Federal Savings Bank	74-6393739	18.11
Total Backup Withholding	:	63.98
Page 2, Part V, Line 1 - Foreign Financial Accounts Hong Kong South Korea		
Page 2, Schedule A, Line 4b - Cost of Goods Sold		
Varsity Golf Course		609,018
Varsity Tennis Center		192,359
Radrick Farms Golf Course		321,901
Union Event Services and Catering		1,439,061
Internet Operations Tauber Time Dealer Award		69,876 15,723
Rent - Substantial Services		15,725
NBC Building - Public Use		1 68,861
Riverfront Building - Public Use		79,239
University Center - Public Use		54,016
Michigan League - Weddings and Other Public Use		403,526
Stadium - Weddings and Other Public Use		3,523,957
North Campus Research Complex		375,296
Summer Camps		275,222
Executive Conference Center - Public Use		293,386
Total Cost of Goods Sold		7,821,441
Page 3, Schedule C, Column 3 - Deductions		
(1) Communication Tower - Grand Rapids, MI		
Service and Support		46,135
Fixed Expenses		51,142
Total Deductions Property (1)		97,277

PAYER'S name, street addre	ess, city, state, ZIP code, teleph	one numbe	ır	For		Fr	orm 109!	9-R OM	B No. 1545-0119	
State Farm Life Insurance Company				7ax Ye	Di	stribul	tions From	Pensions,	Annuities, Retirement	
Tax Department (D-2) (51)				etc.						
One State Farm Plz Bloomington IL 61710-0001				Copy C - For Reciptent's Records This information is being furnished to the						
(888)382-1647			1810		Inter	rnal Revenue S				
PAYER'S federal identification num	nber 1 Gross distribution		2a Taxa	able amount	· · · =		2b Taxable amo		3 Capital gain (included in box2a)	
37-0533090		16.00		222.						
4 Federal income tax withheld	5 Employee contributions /Designated Roth contributions or	6 Apprecia	ation ities	7 Distribution code(s)	IRA/SEP	8 Other	1	9a Percentage of distribution	9b Total employee contributions	
22.22	insurance premiums 293.80			7				0		
12 State tax withheld 13 State/Payer's state number				PIENT'S identific	ation num	ber Tax	Qualified type		<u></u>	
0.00	MI ME-0204817		3	**-* * *6	309					
RECIPIENT'S name, address	s, and ZIP code		AMO	UNIT DEL	PECE	NTC	* BOLTOV			
REGENTS OF U OF OFFICE OF GIFT 3003 S STATE S	F M PLANNING		ACC RES	AMOUNT REPRESENTS A POLICY GAIN FROM ACCOUNT NUMBER POL LF 0433-2650 RESULTING FROM DIVIDENDS EXCEEDING PREMIUMS.						
Department of the Treasury - I	nternal Revenue Service	· · · · · · · · · · · · · · · · · · ·		11				1170	021.18 (01l099rm) 07-07-2016	
PAYER'S name, street addre	ess, city, state, ZIP code, telephe	one number	r	For	(24)	Fe	orm 1099	A-B ON	B No. 1545-0119	
at I From Life	C			Tax Ye	ar Dis	stribut	ions From	Pensions.	Annuities, Retirement	
State Farm Life Tax Department	e Insurance Compa (D-2) (51)	any		2010	6 or				Insurance Contracts,	
One State Farm	Plz					Сору		copy with yo		
Bloomington IL (888)382-1647	61710-0001						when red	cal income to guired	ax return,	
PAYER'S federal Identification num	ber 1 Gross distribution		2a Taxa	able amount		The same of the same of	2b Taxable amo	ount Total	3 Capital gain (included in box2a)	
37-0533090	51	L6.00	1		222	2.20	not determined	d distribution		
4 Federal income tax	5 Employee contributions /Designated Roth contributions or	6 Арргесіа		7 Distribution				9a Percentage	9b Total employee	
withheld 22.22	insurance premiums 293.80		ies	code(s)			1	of distribution	contributions	
	13 State/Payer's state number		RECIPIE	ENT'S identifica	tion numb	er Tax (Qualified type			
0.00	MI ME-0204817	,	,	xx-xxx6;	3119					
RECIPIENT'S name, address										
REGENTS OF U OF OFFICE OF GIFT 3003 S STATE ST	F M PLANNING		ACC! RESI	AMOUNT REPRESENTS A POLICY GAIN FROM ACCOUNT NUMBER POL LF 0433-2650 RESULTING FROM DIVIDENDS EXCEEDING PREMIUMS.						
L Department of the Treasury - Ir	nternal Revenue Service		<u></u>					1170;	21.18 (o1l099rm) 07-07-2016	
Department of the freedom,	Horita revenue 355								,	
DAVED'S name street addre	ss, city, state, ZIP code, telepho	one number		For	en en		1000			
PAYEM'S hame, Street address	38, City, State, ZIF Code, telepric)U6 Liniiinei		For Tax Yea	2 3 2 2	stributi	orm 1099 ions From	Pensions, A	B No. 1545-011 9 Annuities, Retirement	
State Farm Life Tax Department One State Farm Bloomington IL (888)382-1647	Plz	any		2016	6 or l Co ret wit	Profit- py B - turn. If thheld	Sharing Plane Report this this form s in box 4, a	ans, IRAs, I is income or shows feder ttach this c	Ins. Contracts, etc. on your federal tax eral income tax copy to your return. Ished to the IRS.	
PAYER'S federal identification num	iber 1 Gross distribution		2a Taxa	able amount	With the same	and the second second	2b Taxable amou	unt Total	3 Capital gain (included in box2a)	
37-0533090	51	6.00			222	2.20	not determined	CISTIDUIUM	5 Capital gain (motosca in some)	
4 Federal income tax	5 Employee contributions /Designated Roth contributions or	6 Apprecia	ation	7 Distribution I code(s)	IRA/SEP	8 Other		9a Percentage of distribution	9b Total employee contributions	
withheld 22.22	Designated Roth contributions or insurance premiums 293.80) III Securio	les	7				Of distribution	Contributions	
	13 State/Payer's state number	'	RECIPIE	ENT'S identificat	tion numbe	er Tax C	Qualified type			
0.00	MI ME-0204817	1	→	·×-×××63	309					
							- BOLTOV	OATH ED		
RECIPIENT'S name, address, and ZIP code REGENTS OF U OF M OFFICE OF GIFT PLANNING 3003 S STATE ST STE 9000 ANN ARBOR MI 48109-1276				AMOUNT REPRESENTS A POLICY GAIN FROM ACCOUNT NUMBER POL LF 0433-2650 RESULTING FROM DIVIDENDS EXCEEDING PREMIUMS.						
		,	1							



PRO729 T20 B1 P3 1 OF 1 **MIXED ADC 601
UNIVERSITY OF MICHIGAN WOMEN'S STUDIES P
234 WEST HALL 1092
ANN ARBOR, MI 48109

լիկինումովերժինդկերինովիրդիկերկինիննիոննին

	CORREC	CTED (if checked)			
PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no. COPYRIGHT CLEARANCE CENTER 222 ROSEWOOD DRIVE DANVERS, MA 01923		1 Rents \$ 3 Other income	2 Royalties \$ 73.40 4 Federal income tax withheld \$ 20.55	2010	
(978) 646-2800		5 Fishing boat proceeds	6 Medical & health care payments \$	Miscellaneous Income	
PAYER'S federal identification number 13-292432	RECIPIENT'S identification number	7 Nonemployee compensation	Substitute payments in lieu of dividends or interest	Copy B - For Recipient This is important tax information and is being	
234 WEST HALL 1092	N WOMEN'S STUDIES P	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale	10 Crop insurance proceeds \$ 12	furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable	
ANN ARBOR, MI 48109		13 Excess golden parachute payments	14 Gross proceeds paid to an altorney \$	and the IRS determines that it has not been reported	
		15a Section 409A deferrals	15b Section 409A income \$		
	CA filing irement	16 State tax withheld	17 State/Payer's state no.	18 State income	
Form 1099-MISC	(keep for your records) w	www.irs.gov/form1099misc	Department of the Treas	sury - Internal Revenue Service	

Instructions for Recipient - 1099-MISC (2016)

Recipient's identification number. For your protection, this form may show only the last four digits of your social security number (SCA), individual taxonary identification.

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching field, how 7 mercells mapply your received for the color of field. If the amount in

NEW YORK LIFE INSURANCE COMPANY CLEVELAND SVC CTR / 2598 259893 P.O. BOX 6916 CLEVELAND, OHIO 44101-1916

PAYER'S name, street address, city or town, province or state,

buntry, and ZIP or foreign postal code



OMB No. 1545-0112

Interest Income

Form 1099-INT

PAYER'S Federal identification number 13-5582869	RECIPIENT'S identif		Copy B For Recipient	
RECIPIENT'S name, street address, city of ziP or foreign postal code RECIPIENT 032273 9388025 000 *REGENTS OF UN 3003 S STATE S ANN ARBOR MI 4	OL OOL IVERSITY OF MICH T STE 9000	1 Interest income \$ 2 Early withdrawal p \$ 4 Federal income tax		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and
15 State	16 State identification no.	17 State tax withheld	0.00	the IRS determines that it has not been reported.

Form 1099-INT

(keep for your records)

www.irs.gov/form1099int

Department of the Treasury - Internal Revenue Service

Details for DIVIDEND INTEREST									
Account Number(s)	Interest Income	Federal Income Tax Withheld	State Income Tax Withheld						
		Depresa i som kritisk							
			29 21						
	Total Interest Income (Box 1)	Total Fed. Income Tax Withheld (Box 4)	Total St. Income Tax Withheld (Box 17)						
	11.06	3.10	0.00						

Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the Instructions for Form 8949. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer may report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

lecipient's identification number. For your protection, .his form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

Account Number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows taxable interest paid to you during the calendar year by the payer.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction. Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Boxes 15-17, State tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096 list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099int.



4				CORRECTED (if cl	necked)			
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code USAA FEDERAL SAVINGS BANK				1 Gross distribution	0404.07	OMB No. 1545-0119	Diotribution	ons From Pensions.
				2a Taxable amount	\$181.07	2016	Annuities	, Retirement or
C O USAA LIFE INSURANCE 800 FREDERICKSBURG					\$181.07	Form 1099-R		ring Plans,IRAs, Contracts, etc.
N ANTONIO, TX 78288 J0-531-3329				2b Taxable amount not determined		Total distribution		Сору В
			3 Capital gain (included in	box 2a)	4 Federal income tax withheld		Report this income on your federal tax	
PAYER'S federal identification number RECIPIENT'S identification number			E Employee contributions/	Decimated	6 Net unrealized appreciation in a	\$18.11	return. If this form shows federal income	
74-6393739 **-***6309 RECIPIENT'S name, street address, city or town, state or province,			5 Employee contributions/ Roth contributions or ins	urance	securities	employers	tax withheld in box 4, attach this	
country, and ZIP or foreign postal code REGENTS OF THE UNIVERSITY OF				7 Distribution code(s)_	IRA/SEP/ SIMPLE	8 Other		copy to your return.
OFFICE OF GIFT PLANNIN WOLVERINE TOWER, 9TH				9a Your percentage of total		9b Total employee contributions	%	This information
ANN ARBOR, MI 48109	120011				%	, ,		is being furnished to the Internal Revenue Service.
				12 State tax withheld		13 State/Payer's state no.		14 State distribution
					\$7.70	MI/746393739		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	FATCA filing requirement		15 Local tax withheld		16 Name of locality		17 Local distribution
Account number (see instructions)	Tioti contib.	requirement		-				
80230085918401 Form 1099-R				ww.irs.gov/form1099		Department of the Trees.	une leste en el f	Davida Carrier
10111 1099-H			VV	ww.ns.gov/torm1099	ı.	Department of the Treasu	ny-memai i	Revenue Service
				1				
PAYER'S name, street address, city o	r town state or province		<u> </u>	CORRECTED (if ch	necked)	OMB No. 1545-0119	1	
country, and ZIP or foreign postal code	e			1 Gross distribution	\$181.07			ons From Pensions,
USAA FEDERAL SAVINGS C O USAA LIFE INSURANC	CE CO			2a Taxable amount		2016		Retirement or ring Plans,IRAs,
9800 FREDERICKSBURG F SAN ANTONIO, TX 78288	ROAD				\$181.07	Form 1099-R		Contracts, etc.
800-531-3329				2b Taxable amount not determined		Total distribution		Copy C For Recipient's
	1			3 Capital gain (included in	box 2a)	4 Federal income tax withheld	¢10 11	Records
PAYER'S federal identification number 74-6393739	r RECIPIEN **-***63	T'S identification numbe 09	r	5 Employee contributions/I		6 Net unrealized appreciation in e	\$18.11 mployer's	
RECIPIENT'S name, street address, c		ince,		Roth contributions or inser- premiums	urance	securitíes		
untry, and ZIP or foreign postal code EGENTS OF THE UNIVER	RSITY OF			7 Distribution code(s)	RA/SEP/	8 Other	%	This information is
FICE OF GIFT PLANNIN WOLVERINE TOWER, 9TH				9a Your percentage of total		9b Total employee contributions	/0	being furnished to the Internal
ANN ARBOR, MI 48109				12 State tax withheld	%	13 State/Payer's state no.		Revenue Service, 14 State distribution
				TE Oldie lax Williams		15 States ayer 5 state no.		14 State distribution
					\$7.70	MI/746393739		
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	FATCA filing requirement		15 Local tax withheld		16 Name of locality		17 Local distribution
Account number (see instructions)			<u> </u>					
80230085918401 Form 1099-R			w	ww.irs.gov/form1099	r	Department of the Treasu	ry-Internal F	Revenue Service
						Dopartinont or the Frederic	ily interridir	.0701100
				CORRECTED (if ch	ecked)			
PAYER'S name, street address, city or country, and ZIP or foreign postal code				1 Gross distribution	*****	OMB No. 1545-0119	District of	
USAA FEDERAL SAVINGS	BANK			2a Taxable amount	\$181.07	2016	Annuities,	ns From Pensions, Retirement or
C O USAA LIFE INSURANC 9800 FREDERICKSBURG F					\$181.07	Form 1099-R	Profit-Sha Insurance	ring Plans,IRAs, Contracts, etc.
SAN ANTONIO, TX 78288 800-531-3329				2b Taxable amount not		Total distribution		Copy 2
				determined 3 Capital gain (included in	box 2a)	4 Federal income tax withheld	<u> </u>	File this copy with your state,
PAYER'S federal identification number RECIPIENT'S identification number			r				\$18.11	city, or local income tax
74-6393739 **-***6309 RECIPIENT'S name, street address, city or town, state or province,				5 Employee contributions/Designated Roth contributions or insurance 6 Net unrealized appreciation in employe securities			return, when	
country, and ZIP or foreign postal code REGENTS OF THE UNIVERSITY OF OFFICE OF GIFT PLANNING WOLVERINE TOWER, 9TH FLOOR ANN ARBOR, MI 48109			750.00 0.00	RA/SEP/	8 Other		required,	
				SIMPLE	9b Total employee contributions	%		
				Ta roor percentage or total	%	os rotal employee continuations		
			12 State lax withheld		13 State/Payer's state no.		14 State distribution	
					\$7.70	MI/746393739		
Amount allocable to IRR within	Amount allocable to IRR within 11 1st year of desig. FATCA filing			15 Local tax withheld	Ψ1.70	16 Name of locality		17 Local distribution
5 years Account number (see instructions)	Roth contrib.	requirement	Ш					
80230085918401								