2939336411901 7

Tay Poture (OMB No 1545-0687

noo T	Exempt Organization Busine	ess I	ncome la	ax R	leturr	131 0	<u> </u>	10110 1040-000	<u></u>	
Form 990-T	(and proxy tax under s				السا	1511				
	, , ,		, ,	•	30 30	17	Į.	2016		
December of the Transport	For calendar year 2016 or other tax year beginning July Information about Form 990-T and its instructio						1			
Department of the Treasury Internal Revenue Service	► Do not enter SSN numbers on this form as it may be n			_			Open 501/c	to Public Inspections (3) Organizations	on for Only	
Check box if	Name of organization (D Employer identification number				
A L address changed	Forris State University	•		•	j	(Employees' trust, see instructions)				
B Exempt under section 501(C)()3)	Print Number, street, and room or suite no If a P O box, s	ee instr	rictions				38	-6005159		
408(e) 220(e)	or		dollorio			E Unr		ousiness activity co	odes	
408A 530(a)	Type 420 Oak Street, Prakken 261 City or town, state or province, country, and ZIP or foreign postal code							ctions)		
529(a)							13910	713940	ð	
C Book value of all assets	F Group exemption number (See instructions.)	<u> </u>				<u>·</u>	10010			
at end of year	G Check organization type ► 501(c) corpo		n ☐ 501(d	c) trus	t 🗍	401(a) trus	t Other t	trust &	
H Describe the orga	anization's primary unrelated business activity.					<u> </u>	<u> </u>			
	r, was the corporation a subsidiary in an affiliated group			rv con	trolled a	roup?		Yes 🗸	No	
_	e name and identifying number of the parent corpo			.,						
	care of ► Nicole Lintemuth			ohone	numbe	r 🕨		231-591-3908		
	d Trade or Business Income		(A) Income			penses	3	(C) Net		
1a Gross receipt	 									
b Less returns and		1c	1,465,889	91		Į		ļ		
	s sold (Schedule A, line 7)	2	546,157	33						
-	Subtract line 2 from line 1c	3	919,732	58				919,732	58	
•	net income (attach Schedule D)	4a			"	`				
, •) (Form 4797, Part II, line 17) (attach Form 4797)	4b				7	$\neg \neg$			
• '	leduction for trusts	4c			<u>}</u>					
•	om partnerships and S corporations (attach statement)	5		$\neg \uparrow$	0, 4	N. W.	`			
	(Schedule C)	6		$\neg \uparrow$	-33.	_	-1			
	ot-financed income (Schedule E)	7								
	s, royalties, and rents from controlled organizations (Schedule F)	8								
	ne of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		_			$\neg \uparrow$			
	empt activity income (Schedule I)	10								
	come (Schedule J)	11					\dashv			
_	(See instructions, attach schedule)	12		-+						
	ne lines 3 through 12	13	919,732	58				919,732	58	
	ons Not Taken Elsewhere (See instructions for				s) (Exc	ent fo	r cont			
	ns must be directly connected with the unrelated				, (=,,,	.		,		
	on of officers, directors, and trustees (Schedule K)					.	14			
•	wages						15	562,739	52	
	maintenance						16	13,264	34	
17 Bad debts	1,3	•		Ċ			17			
	the same of the sa						18			
	ch schedule)	•		•			19			
20 Charitable co	entributions (See instructions for limitation rules)	•					20			
21 Depreciation	(attach Form 4562)ation claimed on Schedule A and elsewhere on ret		21		72,877	37				
22 al ess denrect	ation claimed on Schedule A and elsewhere on ret	urn	22a				22b	72,877	37	
23 Depletion	· · · · · · · · · · · · · · · · · · ·						23			
24 L'Contributions	s to deferred compensation plans	•		•			24			
25 Employee he	nefit programs	•		•			25	123,360	83	
26 Evenes even	opt expenses (Schedule I)	• •		•			26	125,505		
	ership costs (Schedule J)			•	• • •	•	27			
	tions (attach schedule)			•	•	•	28	269,242	62	
_	tions. Add lines 14 through 28					•	29	1,041,484	68	
	siness taxable income before net operating loss dec						30	(121,752	10)	
	g loss deduction (limited to the amount on line 30)		· · · · ·				31	(121,132	,	
32 Unrelated bu	siness taxable income before specific deduction.	Subtra					32	(121,752	10)	
	uction (Generally \$1,000, but see line 33 instruction						33	1.21,732	<u>.,</u>	
34 Unrelated by	usiness taxable income. Subtract line 33 instituction	e 32	If line 33 is an	ater	 than line	32.	 			
	aller of zero or line 32					,	34	(121 752	10)	

Part I	II Ta	x Computation						
35	Organia	zations Taxable as Corporations. See instructions for tax computation.	Controlled grou	ıp [
	membe	rs (sections 1561 and 1563) check here ▶ ☐ See instructions and:	· ·	· [`			
		our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):					
	(1) \$	(2) \$ (3) \$	`				1	
		ganization's share of: (1) Additional 5% tax (not more than \$11,750) \$		ı				
		tional 3% tax (not more than \$100,000)		ᅥ	1			
С		tax on the amount on line 34		-	35c			
36	Trusts	Taxable at Trust Rates. See instructions for tax computation.	ncome tax o				\vdash	
		ount on line 34 from: Tax rate schedule or Schedule D (Form 1041) .		•	36			
		ax. See instructions		▶ ┟	37		\vdash	
		ive minimum tax	 -	38				
		Non-Compliant Facility Income. See instructions		ŀ	39		_	
		add lines 37, 38 and 39 to line 35c or 36, whichever applies		r	40		 	
Part I		ax and Payments			40		Ь	
		tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a	[Т			$\overline{}$	
		redits (see instructions)		\dashv				
		business credit. Attach Form 3800 (see instructions)		┪				
		or prior year minimum tax (attach Form 8801 or 8827)		⊣				
		redits. Add lines 41a through 41d		\dashv	41e			
		et line 41e from line 40		ŀ	42			
	Other tax	43		 				
		Ì	44		\vdash			
		1x. Add lines 42 and 43	ι	Į	-		+-	
	-	stimated tax payments		ᅥ	*			
		111"						
e		withholding (see instructions)	 	\dashv				
		or small employer health insurance premiums (Attach Form 8941) . 45f		\dashv				
		redits and payments:	 	$\neg \dashv$	``\			
9	Form	14136 ☐ Other Total ► 45g			<u> </u>			
46		ayments. Add lines 45a through 45g		⇥	46			
	_	ed tax penalty (see instructions). Check if Form 2220 is attached		nt	47		 	
		e. If line 46 is less than the total of lines 44 and 47, enter amount owed		-	48		\vdash	
		yment. If line 46 is larger than the total of lines 44 and 47, enter amount over			49		_	
		amount of line 49 you want	Refunded	•	50		†	
Part		atements Regarding Certain Activities and Other Information (see					ш	
51		ime during the 2016 calendar year, did the organization have an interest in c		r oth	ner author	ity Yes	No	
		financial account (bank, securities, or other) in a foreign country? If YES, the						
		Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the						
	here ▶	·					1	
52	During tl	ne tax year, did the organization receive a distribution from, or was it the grantor of, o	r transferor to, a	forei	ign trust?		1	
	•	see instructions for other forms the organization may have to file.	,		•			
53		e amount of tax-exempt interest received or accrued during the tax year	\$				ļ.,	
	Under	penalties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the		of my knowl	edge and be	elief, it is	
Sign	true, co	prect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	arer has any knowled	dge	May the IRS	discuss this	return	
Here	1 1	11/7/17 Associate VP for	Finance	}	with the prep	parer shown	woled	
		ure of officer Date Title			(see instruction	s) / ∐Yes	⊔ио	
Paid		Print/Type preparer's name Preparer's signature	Date	Cha	ck 🗆 ıf	PTIN		
			[employed	l		
Prepa		Firm's name ▶			's EIN ▶			
Use (אוחכ אוווע	Firm's address ▶			ne no			

Sche	dule A—Cost of Good	ds Sold. E	nter	method o	f in\	<u>entc</u>	ry va	aluation 🕨						
1	Inventory at beginning of	of year	1	136,7	726	76	6	Inventory a	at end of year		6	1	95,880	33
2	Purchases	[2	605,3	310	91	7		goods sold.		100			
3	Cost of labor	[3						ı lıne 5. Enter					
4a	Additional section 263	A costs						in Part I, Iır	ne 2		7	5	46,157	34
	(attach schedule)	}	4a		Ì	1	8	Do the rul	es of section	263A (wit	h resi		Yes	No
b	Other costs (attach sche	edule)	4b						roduced or a				ين روز	
5	Total. Add lines 1 throu	· · · · ·	5	742,0	037	67			ınızatıon? .				Mara	1
Sche	dule C-Rent Income	(From Re	eal F	roperty a	nd	Pers	ona	Property I	Leased With	Real Pro	perty	<u>')</u>		
	: instructions)											•		
1. Desc	ription of property													
(1)												_		
(2)														
(3)					-									
(4)														
		2. Rent rece	ived o	r accrued										
	om personal property (if the perc personal property is more than 1 more than 50%)] p	(b) From rea ercentage of re 50% or if the re	ent fo	r perso	onal pr	operty exceeds		ctions directly lumns 2(a) and				ie
			_\			Dasec	- On pr							
(1)														
(2)			↓_											
(3)			-											
(4)			4	 					<u> </u>					
Total			To	tal					(b) Total de	ductions.				
	al income. Add totals of co		nd 2(l	b) Enter						and on page	1,			
	nd on page 1, Part I, line 6, o								Part I, line 6	i, column (B)	<u> </u>			
Sche	dule E—Unrelated De	bt-Finan	ced	income (s	ee II	nstru	ctions	<u>s)</u>	Doductio	an disanthi an		uuth or all	la a a b la t	
	4 D				-			come from or	3. Deductio	ns directly cor debt-finan			ocable to	,
	1. Description of deb	ot-financed pro	openy		ļ	anoca		debt-financed perty	(a) Straight line			Other d		s
									(attach so	hedule)	∔	(attach so	:nedule)	
(1)											┼—			
(2)					-									
(3)					-						┼			
(4)	A Amount of average		200.00	usted basis	-+						├──			
	4. Amount of average acquisition debt on or illocable to debt-financed property (attach schedule)	of debt-f	or alloc inance	justed basis cable to d property chedule)			4 d	olumn Ivided Dlumn 5	7. Gross incom (column 2 ×			Allocable nn 6 × tot 3(a) and	al of colu	
(1)								%						
(2)								%						
(3)								%						
(4)								%						
							_		Enter here and Part I, line 7,			here and I, line 7,		
Totals								•			<u> </u>			
Total o	dividends-received deduct	ions ınclude	d in c	olumn 8						Þ	<u> </u>			
												Form	990-T	(2016)

Form 990-T (2016)								Page 4	
Schedule F-Interest, Anni	uities, Royalties,				anizations (se	e instruc	tions)		
		Exempt	Controlled	Organizations					
Name of controlled organization	2. Employer identification number		ated income instructions)	4. Total of specified payments made	5. Part of column included in the coorganization's gro	controlling	6. Deductions directly connected with income in column 5		
(1)					 		+		
(2)									
(3)				<u> </u>					
(4)									
Nonexempt Controlled Organiz	ations								
7. Taxable income	8. Net unrelated in (loss) (see instruct	1		otal of specified yments made	10. Part of column included in the corganization's gro	controlling	connec	eductions directly sted with income in column 10	
(1)					<u> </u>		<u> </u>		
(2)							ļ		
(3)				·			1		
(4)									
T					Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 here and on page 1, line 8, column (B)	
Schedule G-Investment I	ncome of a Sect	ion 5016	· c)(7) (9)	or (17) Organi	zation (see upst	ructions			
Schedule G-IIIVestillent I	ilcome of a Sect	1011 5011		Deductions	4. Set-aside			otal deductions	
 Description of income 	2. Amount o	f income	dire	ctly connected	(attach schedu		and s	et-asides (col 3 plus col 4)	
(4)		(atta		ach schedule)				plus COI 41	
(1)			 						
(2)									
(3)									
(4)			 				Catas ba		
	Enter here and Part I, line 9, o		'	, ;	*	`		re and on page 1, ne 9, column (B)	
Totals .	<u> </u>		<u></u>				 .		
Schedule I—Exploited Exe	empt Activity Inc	ome, Oti	ner Than	Advertising In	come (see inst	ructions	.)		
Description of exploited activity	2. Gross unrelated ty business inco from trade of business	me conr	Expenses directly nected with duction of nrelated ness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	from activity that attribu		penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)									
(2)									
(3)									
(4)									
Enter here an page 1, Par line 10, col		il, pag	here and on e 1, Part I, 10, col (B)					Enter here and on page 1, Part II, line 26	
Schedule J—Advertising I	ncome (see instru	ctions)							
	eriodicals Repor		Consoli	idated Rasis					
rait income rrom r	eriodicais riepoi	ted on a	00113011	4. Advertising		Τ		7. Excess readership	
1. Name of periodical	2. Gross advertising income	, I	3. Direct rtising costs	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	on 6. Readership costs		costs (column 6 minus column 5, but not more than column 4)	
(1)									
(2)]	
(3)				1		ľ		1	
(4)				7		1			
<u></u>				1	 	T	 -		
Totals (carry to Part II, line (5))	▶			<u> </u>				Form 990-T (2016)	

Part II Income From Periodi	cals Reported	on a Separat	e Basis (For ea	ch periodical I	sted in Part II	fill in columns
2 through 7 on a line-t	y-line basis.)			ion penodican	sted in Fait ii	, illi ili coluitiris
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	(col 5) If 5. Circulation income 6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						<u> </u>
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (B)		Enter here and on page 1, Part II, line 27			
Totals, Part II (lines 1-5)						
Schedule K—Compensation of (Officers, Direc	tors, and Trus	stees (see instru	ctions)		
1. Name				3. Percent of	T- 4 5	
		2	. Title	time devoted to business		ion attributable to d business
(1)				%		
(2)				%		
(3)				%		
(4)				%		
Total. Enter here and on page 1, Part II, lin	e 14 .			>		

Form **990-T** (2016)

4562 Form

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No 1545-0172

2016

Attachment Sequence No 179

Name	s) shown on return		Bus	iness or activity to w	Identifying number			
	State University			reation Activity,	<u> </u>	38-6005159		
Par			rtain Property L					
			ed property, com				,	
	Maximum amount (s		•				1	
	Total cost of section		•		-		2	
3			•		•	ons)	3	
4							4	
5								
	separately, see insti					· · · · · · ·	5	
6	(a) De	scription of proper	ty	(b) Cost (busi	ness use only)	(c) Elected cost		
								j
	Listed property. Ent							1
						7	8	
							9	
							10	
						ne 5 (see instructions)	11	
	•					11	12	
	Carryover of disallo					13		* 1
	: Don't use Part II o							
						ide listed property.) (S	ee ins	structions.)
14						rty) placed in service	١.,	•
	during the tax year	•	·				14	
	Property subject to	,,,	•				15	
	Other depreciation						16	72,877
Pal	t III MACRS De	preciation (D	on't include liste		see instruction	ons.)		
	144.0D0 to to all and	<u> </u>		Section A	h -f 001		17	
	MACRS deductions					o	17	
10	asset accounts, che							:
						e General Depreciation	Syst	
	- Jection B	(b) Month and year		00	Cur Coming in	- Conordi Bopi Coldiio	7	
(a)	Classification of property	placed in	(business/investment u	I period	(e) Convention	n (f) Method	(g) Depreciation deduc	
198	3-vear property	service	only—see instructions	9			┼	
t		{					+ -	
	7-year property	1					}	
	10-year property	1					 	
	15-year property	1					 	
	20-year property	1					1	
	25-year property	1		25 yrs		5/L	1	
	Residential rental			275 yrs.	ММ	S/L	 	
•	property			275 yrs	MM	S/L	 	
	Nonresidential real	 		39 yrs	MM	S/L	†	· · · · · · · · · · · · · · · · · · ·
	property	 		- 00 3.5	MM	5/L	┼	
		-Assets Place	d in Service Duri	ng 2016 Tax Ye		Alternative Depreciati	on Sv	stem
20:	Class life	T SSEES T IGUE	d in corvice burn		l comgand	5/L	1	
	12-year	1		12 yrs	 	S/L	 	
	: 40-year	 		40 yrs	ММ	5/L	 	
	t IV Summary (See instruction	ons.)					
21							21	
	Total. Add amoun	ts from line 12	, lines 14 through	17, lines 19 and	l 20 in columr	(g), and line 21. Enter	\ <u> </u>	
	here and on the ap						22	72,877
23	For assets shown a		•				†==	72,077
	portion of the basis					23		

orm 4	4562 (2016)														Page 2
Par	t V Listed Property (In					vehicl	es, ce	ertain	aırc	raft, (certain	com	puters	s, and p	roperty
	used for entertainme				•										
	Note: For any vehicle 24b, columns (a) throu										lease e	expens	se, cor	nplete o	nly 24a
											for non	00000	r autai	mahilas	,
242	Section A—Depreciation Do you have evidence to support t					Yes								? 🔲 Yes	
270	<u> </u>	c)	tinent us	Claime	(e)	163					tile evit		WIIIICH		
	ehicles first) Uate placed investing	ness/ (c nent use Cost or of entage		(busin	for depre- less/inves use only)	tment	(f) Recove period		(g) Metho Conver	od/		(h) reciation duction	n 1	(i) Elected sed cos	ction 179
25	Special depreciation allowa the tax year and used more	nce for qualifie		d prope	erty pla	ced in									
06	<u> </u>		•			e (See 1		110115)	<u></u>	25					
26	Property used more than 50	% in a qualified	Dusine	ess use	<u>. </u>										
		%				+		+							_
		%		+				_							
27	Property used 50% or less in		siness	use:											
		%						5/	/L -					•	
		%						5/	/L –						
		%			•			SI	/L -						
28	Add amounts in column (h),	lines 25 throug	h 27. E	nter he	re and o	on line	21, pa	ge 1		28					_
29	Add amounts in column (i), li	ine 26. Enter he	ere and	on line	7, pag	e 1 <u>.</u>							29		
					mation				-						
	plete this section for vehicles us														vehicles
o yo	ur employees, first answer the	questions in Sec	tion C t	o see if	you me	et an ex	серио	n to c	ompie	eting t	nis sect	ion for	tnose	venicies	
30				a) cle 1		o) cle 2	(c) Vehicle 3 Ve				(d) (e) hicle 4 Vehicle 5			5 (f) Vehicle 6	
31	Total commuting miles driven d	-													
	Total other personal (no miles driven														
33	Total miles driven during t	he year. Add							\dashv					† · · ·	
34	Was the vehicle available use during off-duty hours? .	•	Yes	No	Yes	No	Yes	N	0	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primare than 5% owner or related pe														
36	Is another vehicle available for	personal use?													
		Questions for													
	ver these questions to deterne than 5% owners or related				to com	pleting	Section 1	on B	for ve	ehicle	s used !	by em	ployee	s who a	ren't
37	Do you maintain a written p your employees?	olicy statemen					use of	vehic	cles,	incluc	ling cor	mmutii	ng, by	Yes	No
38	Do you maintain a written pemployees? See the instruc	oolicy statemer	nt that p	prohibit	s perso	onal use								r	
39				-	•									ļ	<u> </u>
	Do you provide more than use of the vehicles, and reta	five vehicles to	your e	employe	es, obt	tain info	ormatio	on fro	om yo	our en			ut the	•	
41	Do you meet the requirement	nts concerning	qualifie	ed autor	mobile (demon	stratio	n use	? (Se	e inst	ructions	s.) .			
-	Note: If your answer to 37,	•	-												
Pai	t VI Amortization														
	(a) Description of costs	(b) Date amortiz begins	ation	Amo	(c) rtizable a	mount		(c Code s	d) section		(e) Amortiza period percent	or	Amort	(f) ization for	this year
42	Amortization of costs that b	egins during vo	our 201	6 tax ye	ear (see	instruc	ctions):								
]			
43	Amortization of costs that b	egan before yo	ur 2016	6 tax ye	ear							43			

44 Total. Add amounts in column (f). See the instructions for where to report

FERRIS STATE UNIVERSITY EIN 38-6005159 Year Ended June 30, 2017 Supplemental Schedule

Form 990-T, Page 1, Part II, Line 28 - Other Deductions

Supplies	\$	85,089.68
Travel		1,776.22
Franchise Fee		-
Management Fee		-
Utilities		16,079.12
Advertising		818.52
Credit Card Discounts		28,808.56
Vehicle Lease		-
Data Services		-
Administrative Telephone		7,658.61
Contractural Services		53,400.00
Administrative Services		75,611.90
Other Expenses	-	-
TOTAL	\$	269,242.62

FERRIS STATE UNIVERSITY EIN 38-6005159 Year Ended June 30, 2017

Form 990-T, Page 4, Schedule K - Compensation

Form 990-1, Page 4,	Schedule K - Compensation	_	
			Compensation
		Pct	Related to
Name	Title	Time	UBIT
Paul E Boyer	Chairperson	Part	None
Lorı A. Gwızdala	Vice Chairperson	Part	None
Ana L Ramırez-Saen:	z Secretary	Part	None
Gary L Granger	Trustee	Part	None
Robert Hegbloom	Trustee	Part	None
Amna Seibold	Trustee	Part	None
Rupesh K Srivastava	Trustee	Part	None
LaShanda Thomas	Trustee	Part	None
David L Eisler	President	2%	None
Shelly L Pearcy	Vice President	0%	None
Leslie Bellavance	Vice President and President Kendall College Art & Design	0%	None
Paul Blake	Provost & Vice President	0%	None
David Pilgrim	Vice President	0%	None
Miles Postema	Vice President & General Counsel	0%	None
Jerry L Scoby	Vice President	15%	None
Jeaninie Ward-Roof	Vice President	1%	None