TAXABLE YEAR **2022**

California Exempt Organization Business Income Tax Return

FORM **109**

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) 09/01/2022, and ending (mm/dd/yyyy) 08/31/2023

Corporation/Organization name TEXAS A&M UNIVERSITY SYSTEM	California corporation number
Additional information. See instructions.	FEIN 742648747
Street address (suite/room no.) 301 TARROW STREET 3RD FLOOR	PMB no.
City (If the corporation has a foreign address, see instructions.) COLLEGE STATION	State TX / ZIP code 77840-7896
Foreign country name / Foreign province/state/county	Foreign postal code

A First return filed? ☒ Yes ☐ No

B Is this an education IRA within the meaning of R&TC Section 23712? ☐ Yes ☒ No

C Is the organization under audit by the IRS or has the IRS audited in a prior year? ● ☐ Yes ☒ No

D Final return? ● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date (mm/dd/yyyy) ● / /

E Amended return? ● ☐ Yes ☒ No

F Accounting method used: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

G Nature of trade or business PASSIVE INVESTMENTS

H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? ● ☐ Yes ☒ No

I Is this organization claiming any former; Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? ● ☐ Yes ☒ No

J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? ● ☐ Yes ☒ No

K Unrelated Business Activity (UBA) code ● 901101

L Is this a hospital? ● ☐ Yes ☒ No
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30 ●			1	00
	2	Multiply line 1 by the average apportionment percentage 0.08710% from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions ●			2	00
	3	Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1. ●			3	00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30 ●			4	00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4 ●			5	00
	6	EZ, LAMBRA, or TTA NOL carryover deduction ●			6	00
	7	Net Operating Loss deduction. See General Information N ●			7	00
	8	Add line 6 and line 7. ●			8	00
	9	Net unrelated business taxable income. Subtract line 8 from line 5. ●			9	00
	10	Tax 8.84 % x line 9. See General Information J ●			10	00
	11	Tax credits from Schedule B. See instructions ●			11	00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-. ●			12	00
	13	Alternative minimum tax. See General Information O. ●			13	00
	14	Total tax. Add line 12 and line 13 ●			14	00
Payments	15	Overpayment from a prior year allowed as a credit ●	15	00		
	16	2022 estimated tax payments. See instructions ●	16	00		
	17	Withholding (Form 592-B and/or 593). See instructions ●	17	18509 00		
	18	Amount paid with extension (form FTB 3539) ●	18	00		
	19	Total payments and credits. Add line 15 through line 18 ●			19	18509 00
Use Tax/ Tax Due/ Overpayment	20	**Use tax.** See instructions ●			20	00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19 ●			21	18509 00
	22	**Use tax balance.** If line 20 is more than line 19, subtract line 19 from line 20 ●			22	00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions ●			23	00
	24	Overpayment. Subtract line 14 from line 21. See instructions ●			24	18509 00
	25	Enter amount of line 24 to be applied to 2023 estimated tax ●			25	00

Refund or Amount Due

26	Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	18509 00
	a Fill in the account information to have the refund directly deposited. Routing number	26a	
	b Type: Checking ☐ Savings ☐ c Account Number	26c	
27	Penalties and interest. See General Information M	27	00
28	☐ Check if estimate penalty computed using Exception B or C and attach form FTB 5806		
29	Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29	00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1	a Gross receipts or gross sales______ b Less returns and allowances______ c Balance	1c	00
2	Cost of goods sold and/or operations (Schedule A, line 7)	2	00
3	Gross profit. Subtract line 2 from line 1c	3	00
4	a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)	4a	00
	b Net gain (loss) from Part II, Schedule D-1	4b	00
	c Capital loss deduction for trusts	4c	00
5	Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule	5	00
6	Rental income (Schedule C)	6	00
7	Unrelated debt-financed income (Schedule D)	7	00
8	Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)	8	00
9	Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)	9	00
10	Exploited exempt activity income (Schedule G)	10	00
11	Advertising income (Schedule H, Part III, Column A)	11	00
12	Other income. Attach schedule	12	00
13	Total unrelated trade or business income. Add line 3 through line 12	13	00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees from Schedule I	14	00
15	Salaries and wages	15	00
16	Repairs	16	00
17	Bad debts	17	00
18	Interest. Attach schedule	18	00
19	Taxes. Attach schedule	19	00
20	Contributions. See instructions and attach schedule	20	00
21	a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F) — 21a 00		
	b Less: depreciation claimed on Schedule A. See instructions — 21b 00	21	00
22	Depletion. Attach schedule	22	00
23	a Contributions to deferred compensation plans	23a	00
	b Employee benefit programs. See instructions	23b	00
24	Other deductions. Attach schedule	24	00
25	Total deductions. Add line 14 through line 24	25	00
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26	00
27	Excess advertising costs (Schedule H, Part III, Column B)	27	00
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	28	00
29	Specific deduction. See instructions	29	00
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	30	00

Sign Here

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Title	Date	Telephone
▶	MGR OF TAX COMPLIANCE AND PAYROLL		(979) 458-8601

Paid Preparer's Use Only

Preparer's signature ▶ ANDREW J. GRAY	Date 7/13/2024	Check if self-employed ▶ ☐	PTIN P01517705
Firm's name (or yours, if self-employed) and address ▶ CROWE LLP			Firm's FEIN 35-0921680
5810 TENNYSON PARKWAY, SUITE 450, PLANO, TX 75024-4112			Telephone (214) 777-5200

May the FTB discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)____

1	Inventory at beginning of year	1	00
2	Purchases	2	00
3	Cost of labor. ●	3	00
4	a Additional IRC Section 263A costs. Attach schedule	4a	00
	b Other costs. Attach schedule. ●	4b	00
5	Total. Add line 1 through line 4b	5	00
6	Inventory at end of year	6	00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ☐ Yes ☒ No

Schedule B Tax Credits.

1	Enter credit name________ code ●______ ●	1	00		
2	Enter credit name________ code ●______ ●	2	00		
3	Enter credit name________ code ●______ ●	3	00		
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, on line 4. Enter here and on Side 1, line 11			4	00

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834 ●	1	00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots ●	2a	00
	b Method for non-dealer installment obligations ●	2b	00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles ●	3	00
4	Credit recapture. Credit name____________ ●	4	00
5	Total. Combine the amounts on line 1 through line 4. See instructions	5	00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method – Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 **Total sales**	● 25557483	● 22262	
2 **Apportionment percentage.** Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			● 0.087106

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 **Property factor:** See instructions	●	●	● 0.000000
2 **Payroll factor:** Wages and other compensation of employees	●	●	● 0.000000
3 **Sales factor:** Gross sales and/or receipts less returns and allowances	● 25557483	● 22262	● 0.087106
4 **Total percentage:** Add the percentages in column (c)			0.087106
5 **Average apportionment percentage:** Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions.			● 0.029035

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		100.00 %
		%
		%

4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income		5 Complete if any item in column 3 is more than 10%, but not more than 50%		
(a) Deductions directly connected (attach schedule)	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property (attach schedule)	(c) Net income includible, column 5(a) less column 5(b)
849549	-849549			

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6 -849549

Schedule D Unrelated Debt-Financed Income

	1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation (attach schedule)	3 (b) Other deductions (attach schedule)
a	●	●	●	●
b	●	●	●	●
c	●	●	●	●

	4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
a	●	●	● %	●	●	●
b	●	●	● %	●	●	●
c	●	●	● %	●	●	●
Total. Enter here and on Side 2, Part I, line 7						●

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

		Exempt Controlled Organizations			
1 Name of controlled organizations	2 Employer identification number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)
1				
2				
3				
4 Add columns 5 and 10				
5 Add columns 6 and 11				
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9				

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2, line 10							

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

	1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
a	TAMU ADVERTISING						
b							
c							
Totals							

Part II Income from Periodicals Reported on a Separate Basis

d							
e							
f							

Part III Column A – Net Advertising Income / Part III Column B – Excess Advertising Costs

	Column A (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	Column A (b) Enter total amount from Part I, columns 4 or 7, and amount listed in Part II, columns 4 or 7	Column B (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	Column B (b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
1	CONSOLIDATED PERIODICAL			
2				
3				
	Enter total here and on Side 2, Part I, line 11		Enter total here and on Side 2, Part II, line 27	

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14					

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

1 Group and guideline class or description of property	2 Date acquired (dd/mm/yyyy)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment. . .						
Other (specify)________________						
____________________________						
3 Other depreciation						
4 Total						
5 Amount of depreciation claimed elsewhere on return						
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a.						

TEXAS A&M UNIVERSITY SYSTEM STATEMENT 1

EIN: 74-2648747

FISCAL YEAR ENDING: 8/31/2023

EXPLANATION OF REFUND REQUEST:

TEXAS A&M UNIVERSITY SYSTEM (FEIN: 74-2648747) ("TAXPAYER") IS FILING A CALIFORNIA FORM 109 FOR THE TAX YEAR ENDING 08/31/2023 TO CLAIM WITHHOLDING PAID ON ITS BEHALF. TEXAS A&M UNIVERSITY SYSTEM IS A NON-TAXABLE GOVERMENTAL ENTITY AND IS NOT SUBJECT TO TAX IN CALIFORNIA. THEREFORE, WE ARE REQUESTING A REFUND IN THE AMOUNT OF $18,509. ATTACHED TO THIS RETURN IS A SUMMARY OF ALL WITHHOLDING PAID ON BEHALF OF TEXAS A&M UNIVERSITY SYSTEM AND COPIES OF THE K-1S.

Statement 2	Page 1, Line 17 - Withholding Summary

EIN	Partnership	Amount
37-1428465	DRAWBRIDGE SPECIAL OPPORTUNITIES FUND LP	2,600
80-0915207	ABBOTT CAPITAL PRIVATE EQUITY FUND VII, L.P.	695
26-2293853	ABBOTT CAPITAL PRIVATE EQUITY FUND VI, L.P.	471
81-1026412	The Varde Fund XII (C), L.P.	3,028
36-4848411	MSD PRIVATE CREDIT OPPORTUNITY FUND LP	11,715
	Total Withholding	**18,509**

TAXABLE YEAR

2022

Resident and Nonresident Withholding Tax Statement

CALIFORNIA FORM

592-B

☐ Amended

Part I Withholding Agent Information

Name of withholding agent (from Form 592, 592-PTE, or 592-F) DRAWBRIDGE SPECIAL OPPORTUNITIES FUN	SSN or ITIN
Address (apt./ste., room, PO box, or PMB no.) PO BOX 5098	☒ FEIN ☐ CA Corp no. ☐ CA SOS file no. 371428465
City (If you have a foreign address, see instructions.) NEW YORK	State: NY / ZIP code: 101855098 / Daytime telephone number

Part II Payee Information

Name of payee MUFG ALT FUND SVCS (CAYMAN) LTD REF	SSN or ITIN
Address (apt./ste., room, PO box, or PMB no.) MUFG HOUSE 227 ELGIN AVENUE	☒ FEIN ☐ CA Corp no. ☐ CA SOS file no. XXXXX8747
City (If you have a foreign address, see instructions.) GRAND CAYMAN CAYMAN ISLANDS	State / ZIP code: KY1103

Part III Type of Income Subject to Withholding. Check the applicable box(es)

- **A** ☐ Payments to Independent Contractors
- **B** ☐ Trust Distributions
- **C** ☐ Rents or Royalties
- **D** ☒ Distributions to Domestic (U.S.) Nonresident Partners/Members/ Beneficiaries/S Corporation Shareholders
- **E** ☐ Estate Distributions
- **F** ☐ Elective Withholding
- **G** ☐ Elective Withholding/Indian Tribe
- **H** ☐ Allocations to Foreign (non-U.S.) Nonresident Partners/Members
- **I** ☐ Other ____________

Part IV Tax Withheld

1 Total income subject to withholding	1	37,147	00
2 Total resident and/or nonresident tax withheld (excluding backup withholding)	2	2,600	00
3 Total backup withholding	3		

2022 Instructions for Form 592-B

Resident and Nonresident Withholding Tax Statement

References in these instructions are to the Internal Revenue Code (IRC) as of **January 1, 2015**, and to the California Revenue and Taxation Code (R&TC).

General Information

California Revenue and Taxation Code (R&TC) Sections 18662 and 18664 require the withholding agent to provide a completed Form 592-B, Resident and Nonresident Withholding Tax Statement, to the payee to report the amount of payment or distribution subject to withholding and tax. The payee must file Form 592-B with their California tax return to claim the credit for the withheld amount. See General Information A Purpose, for more information.

Pass-Through Entity Annual Withholding Return - For taxable years beginning on or after January 1, 2020, a pass-through entity that has paid withholding on behalf of a nonresident owner or has been withheld upon must use Form 592-PTE, Pass-Through Entity Annual Withholding Return, to report the total withholding. For more information, get Form 592-PTE.

Backup Withholding – With certain limited exceptions, payers that are required to withhold and remit backup withholding to the Internal Revenue Service (IRS) are also required to withhold and remit to the Franchise Tax Board (FTB) on income sourced to California. The California backup withholding rate is 7% of the payment. For California purposes, dividends, interests, and any financial institutions release of loan funds made in the normal course of business are exempt from backup withholding. For additional information on California backup withholding, go to **ftb.ca.gov** and search for **backup withholding**.

If a payee has backup withholding, the payee must contact the FTB to provide a valid Taxpayer Identification Number (TIN) before filing a tax return. The following are acceptable TINs: social security number (SSN); individual taxpayer identification number (ITIN); federal employer identification number (FEIN); California corporation number (CA Corp no.); or California Secretary of State (CA SOS) file number. Failure to provide a valid TIN will result in the denial of the backup withholding credit.

Registered Domestic Partners (RDPs) – For purposes of California income tax, references to a spouse, husband, or wife also refer to a California RDP, unless otherwise specified. When we use the initials RDP they refer to both a California registered domestic "partner" and a California registered domestic "partnership," as applicable. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

A Purpose

Use Form 592-B to report to the payee the amount of payment or distribution subject to withholding and tax withheld as reported on Form 592, Resident and Nonresident Withholding Statement, Form 592-PTE, or Form 592-F, Foreign Partner or Member Annual Withholding Return. Complete a separate Form 592-B for each payee.

Form 592-B is provided to the payee to file with their state tax return. This form can be provided to the payee electronically.

TAXABLE YEAR

2022

Partner's Share of Income, Deductions, Credits, etc.

CALIFORNIA SCHEDULE

K-1 (565)

TYB 01-01-2022 TYE 12-31-2022
XX-XXX8747

MUFG ALT FUND SVCS (CAYMAN) LTD REF TAMUS ARS FUND LP

MUFG HOUSE 227 ELGIN AVENUE
GRAND CAYMAN
CAYMAN ISLANDS

37-1428465 000000000000
DRAWBRIDGE SPECIAL OPPORTUNITIES FUND LP

PO BOX 5098
NEW YORK NY 10185-5098

A Is this partner a: ● **(1)** ☐ general partner; or **(2)** ☒ limited partner?

B What type of entity is this partner? ● See instructions.

(1) ☐ Individual	**(4)** ☐ C Corporation	**(7)** ☐ LLP	**(10)** ☐ Exempt Organization
(2) ☐ S Corporation	**(5)** ☐ General Partnership	**(8)** ☐ LLC	**(11a)** ☐ Disregarded Entity (DE)
(3) ☐ Estate/Trust	**(6)** ☒ Limited Partnership	**(9)** ☐ IRA/Keogh/SEP	**(11b)** DE owner's name ______
			(11c) DE owner's TIN ______

C Is this partner a foreign partner? ● ☐ Yes ☒ No

D Enter partner's percentage (without regard to special allocations) of:

	(i) Beginning	(ii) Ending
Profit	0.1073 %	● 0.1662 %
Loss	0.1073 %	● 0.1662 %
Capital	0.0979 %	● 0.0190 %

Check the box if decrease is due to sale or exchange of partnership interest ☐

E Partner's share of liabilities:

	(i) Beginning	(ii) Ending
Nonrecourse	$ 3,266,321 .00	● $ .00
Qualified nonrecourse financing	$ 1,535,428 .00	● $ .00
Recourse	$ .00	● $ .00

Check the box if Item E includes liability amounts from lower tier partnerships ☒

F Reportable transaction or tax shelter registration number(s) ◉

G **(1)** Check here if this is a publicly traded partnership as defined in IRC Section 469(k)(2) ◉ ☐

(2) Check here if this is an investment partnership (R&TC Sections 17955 and 23040.1) ◉ ☐

Partner's name: MUFG ALT FUND SVCS (CAYMAN) LTD REF TAMUS ARS FUND LP

Partner's identifying number: XX-XXX8747

H Check here if this is: ● **(1)** ☒ A final Schedule K-1 (565) **(2)** ☐ An amended Schedule K-1 (565)

I Is this partner a resident of California? ● ☐ Yes ▶ ☒ No

J Did this partner contribute property with a built-in gain or loss? If "Yes" attach statement. See instructions. ☐ Yes ☒ No

K Partner's share of net unrecognized IRC Section 704(c) gain or (loss) (i) Beginning 852,336 (ii) Ending ____________

L Analysis of partner's **tax basis** capital account:

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Current year net income (loss)	(d) Other increase (decrease) (attach explanation)	(e) Withdrawals and distributions	(f) Capital account at end of year, combine column (a) through column (e)
● 5,347,385	●	● 984,727		● (5,177,947)	● 1,154,165

Caution: Refer to Partner's Instructions for Schedule K-1 (565) before entering information from this schedule on your California return.

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	1 Ordinary income (loss) from trade or business activities	248,844	1,990	● 250,834	▶ 25,123
	2 Net income (loss) from rental real estate activities	9,754		● 9,754	▶ 4,800
	3 Net income (loss) from other rental activities	79,884		◉ 79,884	◉ -121
	4 a Guaranteed payments for services				
	4 b Guaranteed payments for capital				
	4 c Total guaranteed payments			●	▶
	5 Interest income	20,279		● 20,279	▶ 780
	6 Dividends	14,141		● 14,141	▶ 25
	7 Royalties	6,214		● 6,214	▶ 289
	8 Net short-term capital gain (loss)	25,534		● 25,534	▶ 971
	9 Net long-term capital gain (loss)	377,730		● 377,730	▶ 4,143
	10 a Total gain under IRC Section 1231 (other than due to casualty or theft)	184,151		● 184,151	▶ 211
	b Total loss under IRC Section 1231 other than due to casualty or theft)			●	▶
	11 a Other portfolio income (loss). Attach schedule	112,117		● 112,117	▶ 8,211
	b Total other income. Attach schedule			●	▶
	c Total other loss. Attach schedule	-23		● -23	▶

Partner's name MUFG ALT FUND SVCS (CAYMAN) LTD REF TAMUS ARS FUND

Partner's identifying number XX-XXX8747

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Deductions	12 Expense deduction for recovery property (IRC Section 179)	2		2	
	13 a Charitable contributions	3		3	
	b Investment interest expense	36,787		36,787	
	c 1 Total expenditures to which an IRC Section 59(e) election may apply				
	2 Type of expenditures ________________				
	d Deductions related to portfolio income	7,616		7,616	93
	e Other deductions. Attach schedule	48,729		48,729	7,192
Credits	15 a Total withholding (equals amount on Form 592-B if calendar year partnership)			●	▶ 2,600
	b Low-income housing credit				
	c Credits other than line 15b related to rental real estate activities				
	d Credits related to other rental activities				
	e Nonconsenting nonresident members' tax allocated to partner				
	f Other credits – Attach required schedules or statements				
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986				
	b Adjusted gain or loss				
	c Depletion (other than oil & gas)				
	d Gross income from oil, gas, and geothermal properties				
	e Deductions allocable to oil, gas, and geothermal properties				
	f Other alternative minimum tax items				
Tax-exempt Income and Nondeductible Expenses	18 a Tax-exempt interest income				
	b Other tax-exempt income	2		2	
	c Nondeductible expenses	336		336	
Distributions	19 a Distributions of money (cash and marketable securities)	5,177,947		5,177,947	
	b Distributions of property other than money				
Other Information	20 a Investment income	101,846		101,846	9,305
	b Investment expenses	7,616		7,616	93
	c Other information. See instructions				

21 ☐ More than one activity for at-risk purposes. See instructions.

22 ☐ More than one activity for passive activity purposes. See instructions.

Partner's name	Partner's identifying number
MUFG ALT FUND SVCS (CAYMAN) LTD REF TAMUS ARS FUNI	XX-XXX8747

Other Partner Information

Table 1 — Partner's share of nonbusiness income from intangibles (source of income is dependent on residence or commercial domicile of the partner):

Interest . . . .$		Sec. 1231 Gains/Losses . . . $		Capital Gains/Losses. . . . . $	
Dividends . .$		Royalties . . . . $		Other . . . . $	

FOR USE BY PARTNERS ONLY – See instructions.

Table 2 — Partner's share of distributive items.

A. Partner's share of the partnership's business income. See instructions. $

B. Partner's share of nonbusiness income from real and tangible personal property sourced or allocable to California.

Capital Gains/Losses . . . .$		Rents/Royalties . . . .$	
Sec. 1231 Gains/Losses. . . . . .$		Other . . . .$	

C. Partner's distributive share of the partnership's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning . . . . $		$
Property: Ending . . . . $		$
Property: Annual rent expense . . . . $		$
Payroll . . . . $		$
Sales . . . . $		$

Table 3 — Partner's share of cost of goods sold, deductions, and rental income.

Enter only amounts used to determine income (loss) derived from and attributable to California sources. All amounts entered on this table are first multiplied by the appropriate percentage in Item D (ii) end of year partner's profit and loss percentage on Side 1. See the partnership Schedule K-1 instructions for information on how to obtain the amounts below.

1. Schedule K, line 1, column (d), Ordinary income (loss) from trade or business activities:

a. Enter as a positive amount the cost of goods sold used to determine the amount on Schedule K, line 1, column (d), plus the total amounts on line 1a of Table 3 from all Schedule K-1s (565) this partnership received . . . . $

b. Enter as a positive amount the total deductions used to determine the amount on Schedule K, line 1, column (d), plus the total amounts on line 1b of Table 3 from all Schedule K-1s (565) this partnership received . . . . $

2. Enter the total gross rents from line 18a of federal Form 8825 as adjusted for California law differences, plus the total amounts on line 2 of Table 3 from all Schedule K-1s (565) this partnership received . . . . $

3. Enter the gross income (loss) from other rental activities from Schedule K, line 3a, column (d), plus the total amounts on line 3 of Table 3 from all Schedule K-1s (565) this partnership received . . . . $

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TAXABLE YEAR 2022

Resident and Nonresident Withholding Tax Statement

CALIFORNIA FORM **592-B**

☐ Amended

Part I Withholding Agent Information

Name of withholding agent (from Form 592, 592-PTE, or 592-F): ABBOTT CAPITAL PRIVATE EQUITY FUND VII, L.P.	SSN or ITIN:
Address (apt./ste., room, PO box, or PMB no.): 640 FIFTH AVENUE, 7TH FLOOR	☒ FEIN ☐ CA Corp no. ☐ CA SOS file no.: 80-0915207
City (If you have a foreign address, see instructions.) State ZIP code: NEW YORK, NY 10019	Daytime telephone number: 212-757-2700

Part II Payee Information

Name of payee: THE TEXAS A&M UNIVERSITY SYSTEM	SSN or ITIN:
Address (apt./ste., room, PO box, or PMB no.): 301 TARROW 5TH FLOOR	☒ FEIN ☐ CA Corp no. ☐ CA SOS file no.: 74-2648747
City (If you have a foreign address, see instructions.) State ZIP code: COLLEGE STATION, TX 77840	

Part III Type of Income Subject to Withholding. Check the applicable box(es)

- A ☐ Payments to Independent Contractors
- B ☐ Trust Distributions
- C ☐ Rents or Royalties
- D ☒ Distributions to Domestic (U.S.) Nonresident Partners/Members/ Beneficiaries/S Corporation Shareholders
- E ☐ Estate Distributions
- F ☐ Elective Withholding
- G ☐ Elective Withholding/Indian Tribe
- H ☐ Allocations to Foreign (non-U.S.) Nonresident Partners/Members
- I ☐ Other ________________

Part IV Tax Withheld

1 Total income subject to withholding	1	6,374.00
2 Total resident and/or nonresident tax withheld (excluding backup withholding)	2	695.00
3 Total backup withholding	3	

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TAXABLE YEAR **2022**

Partner's Share of Income, Deductions, Credits, etc.

CALIFORNIA SCHEDULE **K-1 (565)**

TYB 01-01-2022 TYE 12-31-2022
74-2648747

THE TEXAS A&M UNIVERSITY SYSTEM

301 TARROW 5TH FLOOR
COLLEGE STATION TX 77840

80-0915207 000000000000
ABBOTT CAPITAL PRIVATE EQUITY FUND VII LP

640 FIFTH AVENUE 7TH FLOOR
NEW YORK NY 10019

A Is this partner a: • (1) [ ] general partner; or (2) [X] limited partner?

B What type of entity is this partner? • See instructions.

(1) [ ] Individual	(4) [ ] C Corporation	(7) [ ] LLP	(10) [X] Exempt Organization
(2) [ ] S Corporation	(5) [ ] General Partnership	(8) [ ] LLC	(11a) [ ] Disregarded Entity (DE)
			(11b) DE owner's name
(3) [ ] Estate/Trust	(6) [ ] Limited Partnership	(9) [ ] IRA/Keogh/SEP	(11c) DE owner's TIN

C Is this partner a foreign partner? • [ ] Yes [X] No

D Enter partner's percentage (without regard to special allocations) of:

	(i) Beginning	(ii) Ending
Profit	0.0000 %	• 0.0000 %
Loss	0.0000 %	• 0.0000 %
Capital	4.3911 %	• 4.3911 %

Check the box if decrease is due to sale or exchange of partnership interest [ ]

E Partner's share of liabilities:

	(i) Beginning	(ii) Ending
Nonrecourse	$ 785,589.00	• $ 930,269.00
Qualified nonrecourse financing	$ 42,875.00	• $ 63,812.00
Recourse	$ 0.00	• $ 0.00

Check the box if Item E includes liability amounts from lower tier partnerships [X]

F Reportable transaction or tax shelter registration number(s) ◉

G (1) Check here if this is a publicly traded partnership as defined in IRC Section 469(k)(2) ◉ [ ]

(2) Check here if this is an investment partnership (R&TC Sections 17955 and 23040.1) ◉ [ ]

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Partner's name	Partner's identifying number
THE TEXAS A&M UNIVERSITY SYSTEM	74-2648747

H Check here if this is: • (1) ☐ A final Schedule K-1 (565) (2) ☐ An amended Schedule K-1 (565)

I Is this partner a resident of California? • ☐ Yes ▶ ☒ No

J Did this partner contribute property with a built-in gain or loss? If "Yes" attach statement. See instructions ☐ Yes ☒ No

K Partner's share of net unrecognized IRC Section 704(c) gain or (loss) (i) Beginning ______ (ii) Ending ______

L Analysis of partner's **tax basis** capital account:

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Current year net income (loss)	(d) Other increase (decrease) (attach explanation)	(e) Withdrawals and distributions	(f) Capital account at end of year, combine column (a) through column (e)
• 7,020,821	•	• 2,681,856		•(2,775,442)	• 6,927,235

Caution: Refer to Partner's Instructions for Schedule K-1 (565) before entering information from this schedule on your California return.

		(a) Distributive share items	(b) Amounts from federal Sched. K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	1	Ordinary income (loss) from trade or business activities	387,302		• 387,302	▶ 3,779
	2	Net income (loss) from rental real estate activities	-2,375		• -2,375	▶ 27
	3	Net income (loss) from other rental activities	113		• 113	•
	4a	Guaranteed payments to partners				
	4b	Guaranteed payments for capital				
	4c	Total guaranteed payments			•	▶
	5	Interest income	29,450	-2	• 29,448	▶ 110
	6	Dividends	112,093		• 112,093	▶ 1
	7	Royalties	38,986		• 38,986	▶
	8	Net short-term capital gain (loss)	12,143		• 12,143	▶ 3
	9	Net long-term capital gain (loss)	2,379,046		• 2,379,046	▶ 1,446
	10 a	Total gain under IRC Section 1231 (other than due to casualty or theft)	130,152		• 130,152	▶ 1,840
	b	Total loss under IRC Section 1231 (other than due to casualty or theft)	-145		• -145	▶
	11 a	Other portfolio income (loss). Attach schedule STMT	4,093		• 4,093	▶ -3
	b	Total other income STMT	22,868	841	• 23,709	▶ 29
	c	Total other loss STMT		-898	• -898	▶

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Partner's name: THE TEXAS A&M UNIVERSITY SYSTEM

Partner's identifying number: 74-2648747

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Deductions	12 Expense deduction for recovery property (IRC Section 179)				
	13 a Charitable contributions STMT	1,144	1	1,145	
	b Investment interest expense	7,243		7,243	2
	c 1 Total expenditures to which an IRC Section 59(e) election may apply	STMT 159,318		159,318	
	2 Type of expenditures				
	d Deductions related to portfolio income	139,893		139,893	
	e Other deductions	127,763	-450	127,313	856
Credits	15 a Total withholding (equals amount on Form 592-B if calendar year partnership)			• 695	▶ 695
	b Low-income housing credit				
	c Credits other than line 15b related to rental real estate activities				
	d Credits related to other rental activities				
	e Nonconsenting nonresident members' tax allocated to partner				
	f Other credits - Attach required schedules or statements				
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986	-298		-298	19
	b Adjusted gain or loss	-50		-50	
	c Depletion (other than oil & gas)				
	d Gross income from oil, gas, and geothermal properties	396,721	-396,721		
	e Deductions allocable to oil, gas, and geothermal properties	183,424	-183,424		
	f Other alternative minimum tax items	STMT 132,948		132,948	
Tax-Exempt Income and Nondeductible Expenses	18 a Tax-exempt interest income STMT	6,094	2	6,096	
	b Other tax-exempt income STMT	619		619	36
	c Nondeductible expenses STMT	2,115		2,115	96
Distributions	19 a Distributions of money (cash and marketable securities)	2,775,442		2,775,442	
	b Distributions of property other than money				
Other Information	20 a Investment income	184,622	-2	184,620	111
	b Investment expenses	139,893		139,893	
	c Other information. See instructions				

21 ☐ More than one activity for at-risk purposes. See instructions.

22 ☐ More than one activity for passive activity purposes. See instructions.

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Partner's name	Partner's identifying number
THE TEXAS A&M UNIVERSITY SYSTEM	74-2648747

Other Partner Information

Table 1 - Partner's share of nonbusiness income from intangibles (source of income is dependent on residence or commercial domicile of the partner):

Interest	$ 29,338	Sec. 1231 Gains/Losses	$	Capital Gains/Losses	$ 2,389,740
Dividends	$ 112,092	Royalties	$ 38,986	Other	$

FOR USE BY PARTNERS ONLY - See instructions.

Table 2 - Partner's share of distributive items.

A. Partner's share of the partnership's business income. See instructions. $

B. Partner's share of nonbusiness income from real and tangible personal property sourced or allocable to California.

Capital Gains/Losses	$	Rents/Royalties	$
Sec. 1231 Gains/Losses	$	Other	$

C. Partner's distributive share of the partnership's property, payroll, and sales:

Factors	**Total within and outside California**	**Total within California**
Property: Beginning	$	$
Property: Ending	$	$
Property: Annual rent expense	$	$
Payroll	$	$
Sales	$	$

Table 3 - Partner's share of cost of goods sold, deductions, and rental income.

Enter only amounts used to determine income (loss) derived from and attributable to California sources. All amounts entered on this table are first multiplied by the appropriate percentage in Item D (ii) end of year partner's profit and loss percentage on Side 1. See the partnership Schedule K-1 instructions for information on how to obtain the amounts below.

1. Schedule K, line 1, column (d), Ordinary income (loss) from trade or business activities:

a. Enter as a positive amount the cost of goods sold used to determine the amount on Schedule K, line 1, column (d), plus the total amounts on line 1a of Table 3 from all Schedule K-1s (565) this partnership received .... $

b. Enter as a positive amount the total deductions used to determine the amount on Schedule K, line 1, column (d), plus the total amounts on line 1b of Table 3 from all Schedule K-1s (565) this partnership received .... $

2. Enter the total gross rents from line 18a of federal Form 8825 as adjusted for California law differences, plus the total amounts on line 2 of Table 3 from all Schedule K-1s (565) this partnership received .... $

3. Enter the gross income (loss) from other rental activities from Schedule K, line 3a, column (d), plus the total amounts on line 3 of Table 3 from all Schedule K-1s (565) this partnership received .... $

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CA SCHEDULE K-1 FOOTNOTES

YOUR SHARE OF CALIFORNIA ADJUSTMENTS FROM PASSTHROUGH INVESTMENTS ON SCHEDULE K-1 COLUMN C:

LINE 1	<1,265.>
LINE 2	<41.>
LINE 5	<280.>
LINE 10B	<1.>
LINE 11A	<16.>
LINE 13A	4.
LINE 13B	<20.>
LINE 13D	25.
LINE 13E	<1,093.>
LINE 17A	<115.>
LINE 18C	1.

THE FOLLOWING CA AMOUNTS ARE UNRELATED BUSINESS TAXABLE INCOME (UBTI):

LINE 1	3,563.
LINE 2	55.
LINE 5	3.
LINE 8	1.
LINE 9	36.
LINE 10	843.
LINE 11A	<1.>
LINE 11B	6.
LINE 13B	1.
LINE 13E	62.

FOR FOREIGN PARTNERS, THE FOLLOWING CA AMOUNTS ARE EFFECTIVELY CONNECTED INCOME (ECI):

LINE 1	3,507.
LINE 2	40.
LINE 5	6.
LINE 9	182.
LINE 10	1,893.
LINE 11A	<8.>
LINE 11B	58.
LINE 13B	4.
LINE 13E	384.

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CA SCHEDULE K-1 OTHER PORTFOLIO INCOME (LOSS)

DESCRIPTION	AMOUNT
OTHER PORTFOLIO INCOME FROM MULTIPLE ACTIVITY SCHEDULE	4,093.
TOTAL TO SCHEDULE K-1, LINE 11A	4,093.

CA SCHEDULE K-1 OTHER INCOME

DESCRIPTION	AMOUNT
OTHER INCOME FROM MULTIPLE ACTIVITY SCHEDULE	23,443.
NET GAIN FROM SECTION 1256 CONTRACTS (ACTIVITY)	1.
CANCELLATION OF DEBT - ABBOTT SELECT BUYOUTS FUND III, L.P.	8.
CANCELLATION OF DEBT - TA XII-A, L.P.	257.
TOTAL TO SCHEDULE K-1, LINE 11B	23,709.

CA SCHEDULE K-1 OTHER LOSS

DESCRIPTION	AMOUNT
OTHER LOSS FROM MULTIPLE ACTIVITY SCHEDULE	<898.>
TOTAL TO SCHEDULE K-1, LINE 11C	<898.>

CA SCHEDULE K-1 TAX-EXEMPT INTEREST INCOME

DESCRIPTION	AMOUNT
TAX-EXEMPT INTEREST FROM MULTIPLE ACTIVITY SCHEDULE	6,094.
U.S. OBLIGATIONS FROM MULTIPLE ACTIVITY SCHEDULE	2.
TOTAL TO SCHEDULE K-1, LINE 18A	6,096.

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CA SCHEDULE K-1 OTHER TAX-EXEMPT INCOME

DESCRIPTION	AMOUNT
OTHER TAX-EXEMPT INCOME FROM PASSTHROUGH	619.
TOTAL TO SCHEDULE K-1, LINE 18B	619.

CA SCHEDULE K-1 NONDEDUCTIBLE EXPENSES

DESCRIPTION	AMOUNT
NONDEDUCTIBLE EXPENSE FROM PASSTHROUGH	2,115.
TOTAL TO SCHEDULE K-1, LINE 18C	2,115.

CA SCHEDULE K-1 DEDUCTIONS RELATED TO PORTFOLIO INCOME

DESCRIPTION	AMOUNT
ADVISORY FEES	105,300.
AMORTIZATION EXPENSE	1,326.
MISCELLANEOUS EXPENSE	536.
PROFESSIONAL FEES	5,011.
PORTFOLIO DEDUCTIONS (OTHER) PASSED THROUGH FROM ABBOTT SELECT B	642.
PORTFOLIO DEDUCTIONS (OTHER) PASSED THROUGH FROM ABBOTT SELECT V	679.
PORTFOLIO DEDUCTIONS (OTHER) PASSED THROUGH FROM ABRY PARTNERS V	1.
PORTFOLIO DEDUCTIONS (OTHER) PASSED THROUGH FROM CVC CAPITAL PAR	3.
PORTFOLIO DEDUCTIONS (OTHER) PASSED THROUGH FROM GILDE BUYOUT V	16,977.
PORTFOLIO DEDUCTIONS (OTHER) PASSED THROUGH FROM M/C PARTNERS VI	3,673.
PORTFOLIO DEDUCTIONS (OTHER) PASSED THROUGH FROM TRIDENT VI, L.P	14.
ROYALTY DEDUCTIONS PASSED THROUGH FROM ENCAP ENERGY CAP FUND X-D	5,675.
ROYALTY DEDUCTIONS PASSED THROUGH FROM WARBURG PINCUS ENERGY (E&	56.
TOTAL TO SCHEDULE K-1, LINE 13D	139,893.

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CA SCHEDULE K-1 OTHER ALTERNATIVE MINIMUM TAX ITEMS

DESCRIPTION	AMOUNT
OTHER TAX PREFERENCE FROM MULTIPLE ACTIVITY SCHEDULE	132,948.
TOTAL TO SCHEDULE K-1, LINE 17F	132,948.

CA SCHEDULE K-1 CHARITABLE CONTRIBUTIONS

DESCRIPTION	AMOUNT	AMOUNT CA SOURCE
CHARITABLE CONTRIBUTIONS - 50 PERCENT LIMIT	1,143.	
CHARITABLE CONTRIBUTIONS - NOT SUBJ. TO LIMITATION	1.	
CHARITABLE CONTRIBUTIONS - QUALIFIED CONSERVATION - 100 PERCENT	1.	
TOTAL TO SCHEDULE K-1, LINE 13A	1,145.	

CA SCHEDULE K-1 SECTION 59(E) EXPENDITURES

DESCRIPTION	AMOUNT
SECTION 59(E)(2) EXPENDITURES FROM ACTIVITY SCHEDULE	159,318.
TOTAL TO SCHEDULE K-1, LINE 13C	159,318.

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TAXABLE YEAR **2022**

Resident and Nonresident Withholding Tax Statement

CALIFORNIA FORM **592-B**

☐ Amended

Part I Withholding Agent Information

Name of withholding agent (from Form 592, 592-PTE, or 592-F) ABBOTT CAPITAL PRIVATE EQUITY FUND VI, L.P.	SSN or ITIN
Address (apt./ste., room, PO box, or PMB no.) 640 FIFTH AVENUE, 7TH FLOOR	☒ FEIN ☐ CA Corp no. ☐ CA SOS file no. 26-2293853
City (If you have a foreign address, see instructions.) State ZIP code NEW YORK, NY 10019	Daytime telephone number 212-757-2700

Part II Payee Information

Name of payee TEXAS A&M UNIVERSITY SYSTEM	SSN or ITIN
Address (apt./ste., room, PO box, or PMB no.) 301 TARROW STREET 5TH FLOOR	☒ FEIN ☐ CA Corp no. ☐ CA SOS file no. 74-2648747
City (If you have a foreign address, see instructions.) State ZIP code COLLEGE STATION, TX 77840-7896	

Part III Type of Income Subject to Withholding. Check the applicable box(es)

- A ☐ Payments to Independent Contractors
- B ☐ Trust Distributions
- C ☐ Rents or Royalties
- D ☒ Distributions to Domestic (U.S.) Nonresident Partners/Members/ Beneficiaries/S Corporation Shareholders
- E ☐ Estate Distributions
- F ☐ Elective Withholding
- G ☐ Elective Withholding/Indian Tribe
- H ☐ Allocations to Foreign (non-U.S.) Nonresident Partners/Members
- I ☐ Other ______

Part IV Tax Withheld

1 Total income subject to withholding	1	5,627.00
2 Total resident and/or nonresident tax withheld (excluding backup withholding)	2	471.00
3 Total backup withholding	3	

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TAXABLE YEAR 2022

Partner's Share of Income, Deductions, Credits, etc.

239741 12-15-22

CALIFORNIA SCHEDULE **K-1 (565)**

TYB 01-01-2022 TYE 12-31-2022
74-2648747

TEXAS A&M UNIVERSITY SYSTEM

301 TARROW STREET 5TH FLOOR
COLLEGE STATION TX 77840-7896

26-2293853 000000000000
ABBOTT CAPITAL PRIVATE EQUITY FUND VI LP

640 FIFTH AVENUE 7TH FLOOR
NEW YORK NY 10019

A Is this partner a: • (1) ☐ general partner; or (2) ☒ limited partner?

B What type of entity is this partner? • See instructions.

(1) ☐ Individual	(4) ☐ C Corporation	(7) ☐ LLP	(10) ☒ Exempt Organization
(2) ☐ S Corporation	(5) ☐ General Partnership	(8) ☐ LLC	(11a) ☐ Disregarded Entity (DE)
			(11b) DE owner's name
(3) ☐ Estate/Trust	(6) ☐ Limited Partnership	(9) ☐ IRA/Keogh/SEP	(11c) DE owner's TIN

C Is this partner a foreign partner? • ☐ Yes ☒ No

D Enter partner's percentage (without regard to special allocations) of:

	(i) Beginning	(ii) Ending
Profit	0.0000 %	• 0.0000 %
Loss	0.0000 %	• 0.0000 %
Capital	3.9137 %	• 3.9137 %

Check the box if decrease is due to sale or exchange of partnership interest ☐

E Partner's share of liabilities:

	(i) Beginning	(ii) Ending
Nonrecourse	$ 948,435.00	• $ 1,095,507.00
Qualified nonrecourse financing	$ .00	• $ .00
Recourse	$ 0.00	• $ 0.00

Check the box if Item E includes liability amounts from lower tier partnerships ☒

F Reportable transaction or tax shelter registration number(s) ◉

G (1) Check here if this is a publicly traded partnership as defined in IRC Section 469(k)(2) ◉ ☐

(2) Check here if this is an investment partnership (R&TC Sections 17955 and 23040.1) ◉ ☐

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Partner's name TEXAS A&M UNIVERSITY SYSTEM

Partner's identifying number 74-2648747

H Check here if this is: • (1) ☐ A final Schedule K-1 (565) (2) ☐ An amended Schedule K-1 (565)

I Is this partner a resident of California? • ☐ Yes ▶ ☒ No

J Did this partner contribute property with a built-in gain or loss? If "Yes" attach statement. See instructions ☐ Yes ☒ No

K Partner's share of net unrecognized IRC Section 704(c) gain or (loss) (i) Beginning ______ (ii) Ending ______

L Analysis of partner's **tax basis** capital account:

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Current year net income (loss)	(d) Other increase (decrease) (attach explanation)	(e) Withdrawals and distributions	(f) Capital account at end of year, combine column (a) through column (e)
• 12,113,463	•	• 304,052		• (3,396,392)	• 9,021,123

Caution: Refer to Partner's Instructions for Schedule K-1 (565) before entering information from this schedule on your California return.

	(a) Distributive share items	(b) Amounts from federal Sched. K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	1 Ordinary income (loss) from trade or business activities	355,805		• 355,805	▶ 817
	2 Net income (loss) from rental real estate activities	749		• 749	▶ 50
	3 Net income (loss) from other rental activities	-2,771		• -2,771	•
	4a Guaranteed payments to partners				
	4b Guaranteed payments for capital				
	4c Total guaranteed payments			•	▶
	5 Interest income	45,642	-13	• 45,629	▶ 5
	6 Dividends	77,649		• 77,649	▶
	7 Royalties	10,128		• 10,128	▶
	8 Net short-term capital gain (loss)	4,316		• 4,316	▶
	9 Net long-term capital gain (loss)	87,903		• 87,903	▶ 4,731
	10 a Total gain under IRC Section 1231 (other than due to casualty or theft)	59,343	62,167	• 121,510	▶ 44
	b Total loss under IRC Section 1231 (other than due to casualty or theft)		-2	• -2	▶
	11 a Other portfolio income (loss). Attach schedule STMT	6,115		• 6,115	▶
	b Total other income STMT	2,589	75	• 2,664	▶
	c Total other loss STMT		-213	• -213	▶ -3

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Partner's name TEXAS A&M UNIVERSITY SYSTEM

Partner's identifying number 74-2648747

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Deductions	12 Expense deduction for recovery property (IRC Section 179) STMT	16		16	
	13 a Charitable contributions STMT	302	45	347	
	b Investment interest expense	4,363		4,363	
	c 1 Total expenditures to which an IRC Section 59(e) election may apply	STMT 41,750		41,750	
	2 Type of expenditures				
	d Deductions related to portfolio income	187,110		187,110	
	e Other deductions	108,667	122	108,789	18
Credits	15 a Total withholding (equals amount on Form 592-B if calendar year partnership)			• 471	▶ 471
	b Low-income housing credit				
	c Credits other than line 15b related to rental real estate activities				
	d Credits related to other rental activities				
	e Nonconsenting nonresident members' tax allocated to partner				
	f Other credits - Attach required schedules or statements				
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986	-1,702		-1,702	
	b Adjusted gain or loss	2,695		2,695	
	c Depletion (other than oil & gas)				
	d Gross income from oil, gas, and geothermal properties	210,535	-210,535		
	e Deductions allocable to oil, gas, and geothermal properties	103,534	-103,534		
	f Other alternative minimum tax items	STMT 36,674		36,674	
Tax-Exempt Income and Nondeductible Expenses	18 a Tax-exempt interest income STMT	8	13	21	
	b Other tax-exempt income STMT	4,020		4,020	
	c Nondeductible expenses STMT	1,261		1,261	7
Distributions	19 a Distributions of money (cash and marketable securities)	3,396,392		3,396,392	
	b Distributions of property other than money				
Other Information	20 a Investment income	139,534	-13	139,521	5
	b Investment expenses	187,110		187,110	
	c Other information. See instructions				

21 ☐ More than one activity for at-risk purposes. See instructions.

22 ☐ More than one activity for passive activity purposes. See instructions.

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Partner's name	Partner's identifying number
TEXAS A&M UNIVERSITY SYSTEM	74-2648747

Other Partner Information

Table 1 - Partner's share of nonbusiness income from intangibles (source of income is dependent on residence or commercial domicile of the partner):

Interest	$ 45,624	Sec. 1231 Gains/Losses	$	Capital Gains/Losses	$ 87,488
Dividends	$ 77,649	Royalties	$ 10,128	Other	$

FOR USE BY PARTNERS ONLY - See instructions.

Table 2 - Partner's share of distributive items.

A. Partner's share of the partnership's business income. See instructions. $

B. Partner's share of nonbusiness income from real and tangible personal property sourced or allocable to California.

Capital Gains/Losses	$	Rents/Royalties	$
Sec. 1231 Gains/Losses	$	Other	$

C. Partner's distributive share of the partnership's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning	$	$
Property: Ending	$	$
Property: Annual rent expense	$	$
Payroll	$	$
Sales	$	$

Table 3 - Partner's share of cost of goods sold, deductions, and rental income.

Enter only amounts used to determine income (loss) derived from and attributable to California sources. All amounts entered on this table are first multiplied by the appropriate percentage in Item D (ii) end of year partner's profit and loss percentage on Side 1. See the partnership Schedule K-1 instructions for information on how to obtain the amounts below.

1. Schedule K, line 1, column (d), Ordinary income (loss) from trade or business activities:

a. Enter as a positive amount the cost of goods sold used to determine the amount on Schedule K, line 1, column (d), plus the total amounts on line 1a of Table 3 from all Schedule K-1s (565) this partnership received $

b. Enter as a positive amount the total deductions used to determine the amount on Schedule K, line 1, column (d), plus the total amounts on line 1b of Table 3 from all Schedule K-1s (565) this partnership received $

2. Enter the total gross rents from line 18a of federal Form 8825 as adjusted for California law differences, plus the total amounts on line 2 of Table 3 from all Schedule K-1s (565) this partnership received $

3. Enter the gross income (loss) from other rental activities from Schedule K, line 3a, column (d), plus the total amounts on line 3 of Table 3 from all Schedule K-1s (565) this partnership received $

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CA SCHEDULE K-1 FOOTNOTES

YOUR SHARE OF CALIFORNIA ADJUSTMENTS FROM PASSTHROUGH INVESTMENTS ON SCHEDULE K-1 COLUMN C:

LINE 1	<28,998.>
LINE 13E	<2,069.>
LINE 18C	9.

FOR FOREIGN PARTNERS, THE FOLLOWING CA AMOUNTS ARE EFFECTIVELY CONNECTED INCOME (ECI):

LINE 1	701.
LINE 2	102.
LINE 9A	5,011.
LINE 10	35.
LINE 11C	0.
LINE 13E	3.

THE FOLLOWING CA AMOUNTS ARE UNRELATED BUSINESS TAXABLE INCOME (UBTI):

LINE 1	676.
LINE 2	9.
LINE 9	2,330.
LINE 10	9.

CA SCHEDULE K-1 OTHER PORTFOLIO INCOME (LOSS)

DESCRIPTION	AMOUNT
OTHER PORTFOLIO INCOME FROM MULTIPLE ACTIVITY SCHEDULE	6,115.
TOTAL TO SCHEDULE K-1, LINE 11A	6,115.

CA SCHEDULE K-1 OTHER INCOME

DESCRIPTION	AMOUNT
OTHER INCOME FROM MULTIPLE ACTIVITY SCHEDULE	2,117.
NET GAIN FROM SECTION 1256 CONTRACTS (ACTIVITY)	54.
CANCELLATION OF DEBT - ABBOTT SELECT BUYOUTS FUND II, L.P.	8.
CANCELLATION OF DEBT - ENCAP ENERGY CAPITAL FUND IX-D, L.P.	1.
CANCELLATION OF DEBT - SUMMIT PARTNERS PRIVATE EQUITY FUND VII	484.
TOTAL TO SCHEDULE K-1, LINE 11B	2,664.

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CA SCHEDULE K-1 OTHER LOSS

DESCRIPTION	AMOUNT
OTHER LOSS FROM MULTIPLE ACTIVITY SCHEDULE	<213.>
TOTAL TO SCHEDULE K-1, LINE 11C	<213.>

CA SCHEDULE K-1 TAX-EXEMPT INTEREST INCOME

DESCRIPTION	AMOUNT
TAX-EXEMPT INTEREST FROM MULTIPLE ACTIVITY SCHEDULE	8.
U.S. OBLIGATIONS FROM MULTIPLE ACTIVITY SCHEDULE	13.
TOTAL TO SCHEDULE K-1, LINE 18A	21.

CA SCHEDULE K-1 OTHER TAX-EXEMPT INCOME

DESCRIPTION	AMOUNT
OTHER TAX-EXEMPT INCOME FROM PASSTHROUGH	4,020.
TOTAL TO SCHEDULE K-1, LINE 18B	4,020.

CA SCHEDULE K-1 NONDEDUCTIBLE EXPENSES

DESCRIPTION	AMOUNT
NONDEDUCTIBLE EXPENSE FROM PASSTHROUGH	1,261.
TOTAL TO SCHEDULE K-1, LINE 18C	1,261.

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CA SCHEDULE K-1 DEDUCTIONS RELATED TO PORTFOLIO INCOME

DESCRIPTION	AMOUNT
ADVISORY FEES	174,937.
ADVISORY BOARD EXPENSE	74.
AMORTIZATION EXPENSE	1,545.
BANK CHARGES	32.
MISCELLANEOUS EXPENSE	408.
PROFESSIONAL FEES	6,511.
PORTFOLIO DEDUCTIONS (OTHER) PASSED THROUGH FROM ABBOTT CAPITAL	229.
PORTFOLIO DEDUCTIONS (OTHER) PASSED THROUGH FROM ABBOTT SELECT B	897.
PORTFOLIO DEDUCTIONS (OTHER) PASSED THROUGH FROM ABRY SENIOR EQU	1.
PORTFOLIO DEDUCTIONS (OTHER) PASSED THROUGH FROM ARCHER CAPITAL	447.
PORTFOLIO DEDUCTIONS (OTHER) PASSED THROUGH FROM ARCHER CAPITAL	254.
PORTFOLIO DEDUCTIONS (OTHER) PASSED THROUGH FROM ENCAP ENERGY CA	19.
PORTFOLIO DEDUCTIONS (OTHER) PASSED THROUGH FROM NORTH BRIDGE GR	19.
PORTFOLIO DEDUCTIONS (OTHER) PASSED THROUGH FROM SUMMIT PARTNERS	1.
ROYALTY DEDUCTIONS PASSED THROUGH FROM ENCAP ENERGY CAPITAL FUND	1,248.
ROYALTY DEDUCTIONS PASSED THROUGH FROM ENCAP ENERGY CAPITAL FUND	8.
ROYALTY DEDUCTIONS PASSED THROUGH FROM ENCAP ENERGY CAPITAL FUND	223.
ROYALTY DEDUCTIONS PASSED THROUGH FROM LONGITUDE VENTURE PARTNER	257.
TOTAL TO SCHEDULE K-1, LINE 13D	187,110.

CA SCHEDULE K-1 OTHER ALTERNATIVE MINIMUM TAX ITEMS

DESCRIPTION	AMOUNT
OTHER TAX PREFERENCE FROM MULTIPLE ACTIVITY SCHEDULE	36,674.
TOTAL TO SCHEDULE K-1, LINE 17F	36,674.

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CA SCHEDULE K-1 CHARITABLE CONTRIBUTIONS

DESCRIPTION	AMOUNT	AMOUNT CA SOURCE
CHARITABLE CONTRIBUTIONS - 50 PERCENT LIMIT	258.	
CHARITABLE CONTRIBUTIONS - NOT SUBJ. TO LIMITATION	45.	
CHARITABLE CONTRIBUTIONS - QUALIFIED CONSERVATION - 100 PERCENT	44.	
TOTAL TO SCHEDULE K-1, LINE 13A	347.	

CA SCHEDULE K-1 SECTION 59(E) EXPENDITURES

DESCRIPTION	AMOUNT
SECTION 59(E)(2) EXPENDITURES FROM ACTIVITY SCHEDULE	41,750.
TOTAL TO SCHEDULE K-1, LINE 13C	41,750.

CA SCHEDULE K-1 EXPENSE DEDUCTION FOR RECOVERY PROPERTY

DESCRIPTION	AMOUNT
IRC SECTION 179 EXPENSE	16.
TOTAL TO SCHEDULE K-1, LINE 12	16.

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TAXABLE YEAR **2022**

Resident and Nonresident Withholding Tax Statement

CALIFORNIA FORM **592-B**

☐ Amended

Part I Withholding Agent Information

Name of withholding agent (from Form 592, 592-PTE, or 592-F)			SSN or ITIN
THE VARDE FUND XII (C), L.P.			
Address (apt./ste., room, PO box, or PMB no.)			☒ FEIN ☐ CA Corp no. ☐ CA SOS file no.
901 MARQUETTE AVE S., SUITE 3300			81-1026412
City (If you have a foreign address, see instructions.)	State	ZIP code	Daytime telephone number
MINNEAPOLIS	MN	55402	

Part II Payee Information

Name of payee			SSN or ITIN
THE TEXAS A & M UNIVERSITY SYSTEM			
Address (apt./ste., room, PO box, or PMB no.)			☒ FEIN ☐ CA Corp no. ☐ CA SOS file no.
301 TARROW, 5TH FLOOR			**-***8747
City (If you have a foreign address, see instructions.)		State	ZIP code
COLLEGE STATION		TX	77840

Part III Type of Income Subject to Withholding. Check the applicable box(es)

- **A** ☐ Payments to Independent Contractors
- **B** ☐ Trust Distributions
- **C** ☐ Rents or Royalties
- **D** ☒ Distributions to Domestic (U.S.) Nonresident Partners/Members/ Beneficiaries/S Corporation Shareholders
- **E** ☐ Estate Distributions
- **F** ☐ Elective Withholding
- **G** ☐ Elective Withholding/Indian Tribe
- **H** ☐ Allocations to Foreign (non-U.S.) Nonresident Partners/Members
- **I** ☐ Other ____________________

Part IV Tax Withheld

1 Total income subject to withholding	**1**	43,257	00
2 Total resident and/or nonresident tax withheld (excluding backup withholding)	**2**	3,028	00
3 Total backup withholding	**3**		00

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TAXABLE YEAR
2022

Partner's Share of Income, Deductions, Credits, etc.

CALIFORNIA SCHEDULE
K-1 (565)

TYB 01/01/2022 TYE 12/31/2022
-*8747

THE TEXAS A & M UNIVERSITY SYSTEM
301 TARROW, 5TH FLOOR

COLLEGE STATION TX 77840

81-1026412
THE VARDE FUND XII (C), L.P.
901 MARQUETTE AVE S., SUITE

MINNEAPOLIS MN 55402

A Is this partner a: ● **(1)** ☐ general partner; or **(2)** ☒ limited partner?
B What type of entity is this partner? ● See instructions.

(1) ☐ Individual **(4)** ☐ C Corporation **(7)** ☐ LLP **(10)** ☒ Exempt Organization
(2) ☐ S Corporation **(5)** ☐ General Partnership **(8)** ☐ LLC **(11a)** ☐ Disregarded Entity (DE)
(3) ☐ Estate/Trust **(6)** ☐ Limited Partnership **(9)** ☐ IRA/Keogh/SEP **(11b)** DE owner's name ________
(11c) DE owner's TIN ________

C Is this partner a foreign partner? ● ☐ Yes ☒ No

D Enter partner's percentage (without regard to special allocations) of:

	(i) Beginning	(ii) Ending
Profit	1.214971 %	● 1.216129 %
Loss	1.214971 %	● 1.216129 %
Capital	1.214971 %	● 1.216129 %

Check the box if decrease is due to sale or exchange of partnership interest ☐

E Partner's share of liabilities:

	(i) Beginning	(ii) Ending
Nonrecourse	$ 1,187,320 .00	● $ 565,013 .00
Qualified nonrecourse financing	$ 8,476 .00	● $ .00
Recourse	$ .00	● $ 73,694 .00

Check the box if Item E includes liability amounts from lower tier partnerships ☒

F Reportable transaction or tax shelter registration number(s) ⦿ ________

G **(1)** Check here if this is a publicly traded partnership as defined in IRC Section 469(k)(2) ⦿ ☐
(2) Check here if this is an investment partnership (R&TC Sections 17955 and 23040.1) ⦿ ☐

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Partner's name: THE TEXAS A & M UNIVERSITY SYSTEM

Partner's identifying number: **-***8747

H Check here if this is: ● **(1)** ☐ A final Schedule K-1 (565) **(2)** ☐ An amended Schedule K-1 (565)

I Is this partner a resident of California? ● ☐ Yes ▶ ☒ No

J Did this partner contribute property with a built-in gain or loss? If "Yes" attach statement. See instructions. ☐ Yes ☒ No

K Partner's share of net unrecognized IRC Section 704(c) gain or (loss) (i) Beginning ____________ (ii) Ending ____________

L Analysis of partner's **tax basis** capital account:

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Current year net income (loss)	(d) Other increase (decrease) (attach explanation)	(e) Withdrawals and distributions	(f) Capital account at end of year, combine column (a) through column (e)
● 7,317,245	●	● 1,514,510	(42,910)	● (1,974,674)	● 6,814,171

Caution: Refer to Partner's Instructions for Schedule K-1 (565) before entering information from this schedule on your California return.

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	1 Ordinary income (loss) from trade or business activities	601,658		● 601,658	▶ 43,157
	2 Net income (loss) from rental real estate activities			●	▶
	3 Net income (loss) from other rental activities			⦿	⦿
	4 a Guaranteed payments for services				
	4 b Guaranteed payments for capital				
	4 c Total guaranteed payments			●	▶
	5 Interest income	145,299		● 145,299	▶ 119
	6 Dividends	141,045		● 141,045	▶
	7 Royalties	6,637		● 6,637	▶
	8 Net short-term capital gain (loss)	2,118		● 2,118	▶
	9 Net long-term capital gain (loss)	144,140		● 144,140	▶
	10 a Total gain under IRC Section 1231 (other than due to casualty or theft)	11,979		● 11,979	▶
	b Total loss under IRC Section 1231 other than due to casualty or theft)			●	▶
	11 a Other portfolio income (loss). Attach schedule			●	▶
	b Total other income. Attach schedule	660,811		● 660,811	▶
	c Total other loss. Attach schedule			●	▶

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Partner's name

THE TEXAS A & M UNIVERSITY SYSTEM

Partner's identifying number

-*8747

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Deductions	12 Expense deduction for recovery property (IRC Section 179)				
	13 a Charitable contributions	75		75	
	b Investment interest expense	44,634		44,634	
	c 1 Total expenditures to which an IRC Section 59(e) election may apply	17,792		17,792	
	2 Type of expenditures ______				
	d Deductions related to portfolio income	1,538		1,538	
	e Other deductions. Attach schedule	118,299		118,299	158
Credits	15 a Total withholding (equals amount on Form 592-B if calendar year partnership)			● 3,028	▶ 3,028
	b Low-income housing credit				
	c Credits other than line 15b related to rental real estate activities.				
	d Credits related to other rental activities.				
	e Nonconsenting nonresident members' tax allocated to partner				
	f Other credits – Attach required schedules or statements				
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986			◉	◉
	b Adjusted gain or loss				
	c Depletion (other than oil & gas)				
	d Gross income from oil, gas, and geothermal properties	339,975		339,975	
	e Deductions allocable to oil, gas, and geothermal properties	70,209		70,209	
	f Other alternative minimum tax items.	222		222	
Tax-exempt Income and Nondeductible Expenses	18 a Tax-exempt interest income				
	b Other tax-exempt income	412		412	
	c Nondeductible expenses	10,447		10,447	
Distributions	19 a Distributions of money (cash and marketable securities)	1,974,674		◉ 1,974,674	
	b Distributions of property other than money			◉	
Other Information	20 a Investment income	292,982		292,982	119
	b Investment expenses	1,538		1,538	
	c Other information. See instructions	5,784,320		5,784,320	

21 ☒ More than one activity for at-risk purposes. See instructions.

22 ☐ More than one activity for passive activity purposes. See instructions.

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Partner's name	Partner's identifying number
THE TEXAS A & M UNIVERSITY SYSTEM	**-***8747

Other Partner Information

Table 1 — Partner's share of nonbusiness income from intangibles (source of income is dependent on residence or commercial domicile of the partner):

Interest . . . . $		Sec. 1231 Gains/Losses . . . $		Capital Gains/Losses. . . . . $	
Dividends . . $		Royalties . . . . $		Other . . . . $	

FOR USE BY PARTNERS ONLY – See instructions.

Table 2 — Partner's share of distributive items.

A. Partner's share of the partnership's business income. See instructions. $

B. Partner's share of nonbusiness income from real and tangible personal property sourced or allocable to California.

Capital Gains/Losses . . . .$		Rents/Royalties . . . .$	
Sec. 1231 Gains/Losses. . . . . .$		Other . . . .$	

C. Partner's distributive share of the partnership's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning . . . . $		$
Property: Ending . . . . $		$
Property: Annual rent expense . . . . $		$
Payroll . . . . $		$
Sales . . . . $		$

Table 3 — Partner's share of cost of goods sold, deductions, and rental income.

Enter only amounts used to determine income (loss) derived from and attributable to California sources. All amounts entered on this table are first multiplied by the appropriate percentage in Item D (ii) end of year partner's profit and loss percentage on Side 1. See the partnership Schedule K-1 instructions for information on how to obtain the amounts below.

1. Schedule K, line 1, column (d), Ordinary income (loss) from trade or business activities:

a. Enter as a positive amount the cost of goods sold used to determine the amount on Schedule K, line 1, column (d), plus the total amounts on line 1a of Table 3 from all Schedule K-1s (565) this partnership received . . . . $

b. Enter as a positive amount the total deductions used to determine the amount on Schedule K, line 1, column (d), plus the total amounts on line 1b of Table 3 from all Schedule K-1s (565) this partnership received . . . . $

2. Enter the total gross rents from line 18a of federal Form 8825 as adjusted for California law differences, plus the total amounts on line 2 of Table 3 from all Schedule K-1s (565) this partnership received . . . . $

3. Enter the gross income (loss) from other rental activities from Schedule K, line 3a, column (d), plus the total amounts on line 3 of Table 3 from all Schedule K-1s (565) this partnership received . . . . $

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TAXABLE YEAR **2022**

Resident and Nonresident Withholding Tax Statement

CALIFORNIA FORM **592-B**

☐ Amended

Part I Withholding Agent Information

Name of withholding agent (from Form 592, 592-PTE, or 592-F)	SSN or ITIN
MSD PRIVATE CREDIT OPPORTUNITY FUND LP C/O BDT & MSD	
Address (apt./ste., room, PO box, or PMB no.) 1 VANDERBILT AVE, FLOOR 26	[X] FEIN ☐ CA Corp no. ☐ CA SOS file no. 36-4848411
City (If you have a foreign address, see instructions.) State ZIP code NEW YORK, NY 10017-5407	Daytime telephone number 212-303-1650

Part II Payee Information

Name of payee	SSN or ITIN
TAMUS ARS FUND, L.P. C/O BLACKROCK FINANCIAL MGMT LTD	
Address (apt./ste., room, PO box, or PMB no.) 601 UNION STREET 56TH FLOOR	[X] FEIN ☐ CA Corp no. ☐ CA SOS file no. **-***8747
City (If you have a foreign address, see instructions.) State ZIP code SEATTLE, WA 98101	

Part III Type of Income Subject to Withholding. Check the applicable box(es)

- A ☐ Payments to Independent Contractors
- B ☐ Trust Distributions
- C ☐ Rents or Royalties
- D [X] Distributions to Domestic (U.S.) Nonresident Partners/Members/ Beneficiaries/S Corporation Shareholders
- E ☐ Estate Distributions
- F ☐ Elective Withholding
- G ☐ Elective Withholding/Indian Tribe
- H ☐ Allocations to Foreign (non-U.S.) Nonresident Partners/Members
- I ☐ Other ______

Part IV Tax Withheld

1 Total income subject to withholding	1	95,241.00
2 Total resident and/or nonresident tax withheld (excluding backup withholding)	2	11,715.00
3 Total backup withholding	3	

TAX WITHHELD BY ANOTHER ENTITY INCLUDED IN LINE 2 11,715.

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TAXABLE YEAR
2022

Resident and Nonresident Withholding Statement

CALIFORNIA FORM
592

Amended: ● ☐   Prior Year Distribution ● ☐

Due Date: ● ☐ April 18, 2022 ☐ June 15, 2022 ☐ September 15, 2022 ☒ January 17, 2023

Part I Withholding Agent Information

Business name: MUFG ALT FUND SVCS (CAYMAN) LTD REF

☐ SSN or ITIN ☒ FEIN ☐ CA Corp no. ☐ CA SOS file no.: 74-2648747

First name | Initial | Last name | Telephone

Address (apt./ste., room, PO box, or PMB no.): MUFG HOUSE 227 ELGIN AVENUE

City (If you have a foreign address, see instructions.): GRAND CAYMAN CAYMAN ISLANDS | State | ZIP code: KY1103

Total Number of **Payees** 1

Part II Type of Income

Check all that apply. ●

- A ☐ Payments to Independent Contractors
- B ☐ Trust Distributions
- C ☐ Rents or Royalties
- D ☒ Distributions to Domestic Nonresident Partners/Members/Beneficiaries/ S Corporation Shareholders
- E ☐ Estate Distributions
- F ☐ Elective Withholding
- G ☐ Elective Withholding by Indian Tribe
- I ☐ Other ______________________

Part III Tax Withheld

1	Total tax withheld from Schedule of Payees, excluding backup withholding (Side 2 and any additional pages)	1 2,600.00
2	Total backup withholding (Side 2 and any additional pages)	2
3	**Add line 1 and line 2.** This is the total amount of tax withheld	3 2,600.00
4	Amount of prior payments not previously distributed	4
5	Amount withheld by another entity and being distributed	5 2,600.00
6	**Add line 4 and line 5.** This is the total amount of payments	6 2,600.00
7	**Total Withholding Amount Due.** Subtract line 6 from line 3. Remit the withholding payment with Form 592-V, along with Form 592	7

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Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than withholding agent) is based on all information of which preparer has any knowledge.

Sign Here

Print or type withholding agent's name: EDWARD ZAVODNY | Telephone: (979)458-8601

Withholding agent's signature ▶ | Date

Print or type preparer's name: ANDREW J. GRAY | Preparer's PTIN: P01517705

Preparer's Use Only

Preparer's signature ▶ ANDREW J. GRAY | Date: 7/13/2024

Preparer's address: 5810 TENNYSON PARKWAY, SUITE 450, PLANO, TX 75024-4112 | Telephone: (214) 777-5200

Withholding Agent Name: MUFG ALT FUND SVCS (CAYMAN) LTD REF   Withholding Agent TIN: 74-2648747

Schedule of Payees (Enter business or individual name, not both.)   **PRINT CLEARLY**

Business name: TEXAS A&M UNIVERSITY SYSTEM	[X] FEIN [ ] CA Corp no. [ ] CA SOS file no.: 74-2648747	
First name / Initial / Last name:	SSN or ITIN:	
Address (apt./ste., room, PO box, or PMB no.): 301 TARROW STREET 3RD FLOOR		
City (If you have a foreign address, see instructions.): COLLEGE STATION	State: TX	ZIP code: 77840-7896
Total income:	[ ] If **backup withholding**, check the box.	Amount of tax withheld: 2,600.00

Business name:	[ ] FEIN [ ] CA Corp no. [ ] CA SOS file no.	
First name / Initial / Last name:	SSN or ITIN:	
Address (apt./ste., room, PO box, or PMB no.):		
City (If you have a foreign address, see instructions.):	State:	ZIP code:
Total income:	[ ] If **backup withholding**, check the box.	Amount of tax withheld:

Business name:	[ ] FEIN [ ] CA Corp no. [ ] CA SOS file no.	
First name / Initial / Last name:	SSN or ITIN:	
Address (apt./ste., room, PO box, or PMB no.):		
City (If you have a foreign address, see instructions.):	State:	ZIP code:
Total income:	[ ] If **backup withholding**, check the box.	Amount of tax withheld:

Business name:	[ ] FEIN [ ] CA Corp no. [ ] CA SOS file no.	
First name / Initial / Last name:	SSN or ITIN:	
Address (apt./ste., room, PO box, or PMB no.):		
City (If you have a foreign address, see instructions.):	State:	ZIP code:
Total income:	[ ] If **backup withholding**, check the box.	Amount of tax withheld:

TAXABLE YEAR **2022**

Resident and Nonresident Withholding Tax Statement

CALIFORNIA FORM **592-B**

☐ Amended

Part I Withholding Agent Information

Name of withholding agent (from Form 592, 592-PTE, or 592-F)			SSN or ITIN
DRAWBRIDGE SPECIAL OPPORTUNITIES FUN			
Address (apt./ste., room, PO box, or PMB no.)			☒ FEIN ☐ CA Corp no. ☐ CA SOS file no.
PO BOX 5098			371428465
City (If you have a foreign address, see instructions.)	State	ZIP code	Daytime telephone number
NEW YORK	NY	101855098	

Part II Payee Information

Name of payee			SSN or ITIN
MUFG ALT FUND SVCS (CAYMAN) LTD REF			
Address (apt./ste., room, PO box, or PMB no.)			☒ FEIN ☐ CA Corp no. ☐ CA SOS file no.
MUFG HOUSE 227 ELGIN AVENUE			XXXXX8747
City (If you have a foreign address, see instructions.)	State	ZIP code	
GRAND CAYMAN CAYMAN ISLANDS		KY1103	

Part III Type of Income Subject to Withholding. Check the applicable box(es)

- **A** ☐ Payments to Independent Contractors
- **B** ☐ Trust Distributions
- **C** ☐ Rents or Royalties
- **D** ☒ Distributions to Domestic (U.S.) Nonresident Partners/Members/ Beneficiaries/S Corporation Shareholders
- **E** ☐ Estate Distributions
- **F** ☐ Elective Withholding
- **G** ☐ Elective Withholding/Indian Tribe
- **H** ☐ Allocations to Foreign (non-U.S.) Nonresident Partners/Members
- **I** ☐ Other ____________

Part IV Tax Withheld

1 Total income subject to withholding	**1**	37,147	00
2 Total resident and/or nonresident tax withheld (excluding backup withholding)	**2**	2,600	00
3 Total backup withholding	**3**		

2022 Instructions for Form 592-B

Resident and Nonresident Withholding Tax Statement

References in these instructions are to the Internal Revenue Code (IRC) as of **January 1, 2015**, and to the California Revenue and Taxation Code (R&TC).

General Information

California Revenue and Taxation Code (R&TC) Sections 18662 and 18664 require the withholding agent to provide a completed Form 592-B, Resident and Nonresident Withholding Tax Statement, to the payee to report the amount of payment or distribution subject to withholding and tax. The payee must file Form 592-B with their California tax return to claim the credit for the withheld amount. See General Information A Purpose, for more information.

Pass-Through Entity Annual Withholding Return - For taxable years beginning on or after January 1, 2020, a pass-through entity that has paid withholding on behalf of a nonresident owner or has been withheld upon must use Form 592-PTE, Pass-Through Entity Annual Withholding Return, to report the total withholding. For more information, get Form 592-PTE.

Backup Withholding – With certain limited exceptions, payers that are required to withhold and remit backup withholding to the Internal Revenue Service (IRS) are also required to withhold and remit to the Franchise Tax Board (FTB) on income sourced to California. The California backup withholding rate is 7% of the payment. For California purposes, dividends, interests, and any financial institutions release of loan funds made in the normal course of business are exempt from backup withholding. For additional information on California backup withholding, go to **ftb.ca.gov** and search for **backup withholding**.

If a payee has backup withholding, the payee must contact the FTB to provide a valid Taxpayer Identification Number (TIN) before filing a tax return. The following are acceptable TINs: social security number (SSN); individual taxpayer identification number (ITIN); federal employer identification number (FEIN); California corporation number (CA Corp no.); or California Secretary of State (CA SOS) file number. Failure to provide a valid TIN will result in the denial of the backup withholding credit.

Registered Domestic Partners (RDPs) – For purposes of California income tax, references to a spouse, husband, or wife also refer to a California RDP, unless otherwise specified. When we use the initials RDP they refer to both a California registered domestic “partner” and a California registered domestic “partnership,” as applicable. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

A Purpose

Use Form 592-B to report to the payee the amount of payment or distribution subject to withholding and tax withheld as reported on Form 592, Resident and Nonresident Withholding Statement, Form 592-PTE, or Form 592-F, Foreign Partner or Member Annual Withholding Return. Complete a separate Form 592-B for each payee.

Form 592-B is provided to the payee to file with their state tax return. This form can be provided to the payee electronically.

TAXABLE YEAR
2022

Resident and Nonresident Withholding Statement

CALIFORNIA FORM
592

Amended: ● ☐ Prior Year Distribution ● ☐

Due Date: ● ☐ April 18, 2022 ☐ June 15, 2022 ☐ September 15, 2022 ☒ January 17, 2023

Part I Withholding Agent Information

Business name: THE TEXAS A&M UNIVERSITY SYSTEM

☐ SSN or ITIN ☒ FEIN ☐ CA Corp no. ☐ CA SOS file no.

74-2648747

First name	Initial	Last name	Telephone

Address (apt./ste., room, PO box, or PMB no.): 301 TARROW STREET 3RD FLOOR

City (If you have a foreign address, see instructions.)	State	ZIP code
COLLEGE STATION	TX	77840

Total Number of **Payees** 1

Part II Type of Income

Check all that apply. ●

A ☐ Payments to Independent Contractors
B ☐ Trust Distributions
C ☐ Rents or Royalties
D ☒ Distributions to Domestic Nonresident Partners/Members/Beneficiaries/ S Corporation Shareholders
E ☐ Estate Distributions
F ☐ Elective Withholding
G ☐ Elective Withholding by Indian Tribe
I ☐ Other ______________________

Part III Tax Withheld

1	Total tax withheld from Schedule of Payees, excluding backup withholding (Side 2 and any additional pages)	1	3,723.00
2	Total backup withholding (Side 2 and any additional pages)	2	
3	**Add line 1 and line 2.** This is the total amount of tax withheld	3	3,723.00
4	Amount of prior payments not previously distributed	4	
5	Amount withheld by another entity and being distributed	5	3,723.00
6	**Add line 4 and line 5.** This is the total amount of payments	6	3,723.00
7	**Total Withholding Amount Due.** Subtract line 6 from line 3. Remit the withholding payment with Form 592-V, along with Form 592	7	

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Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than withholding agent) is based on all information of which preparer has any knowledge.

Sign Here

Print or type withholding agent's name: EDWARD ZAVODNY	Telephone: (979)458-8601
Withholding agent's signature ▶	Date

Preparer's Use Only

Print or type preparer's name: ANDREW J. GRAY	Preparer's PTIN: P01517705
Preparer's signature ▶ ANDREW J. GRAY	Date: 7/13/2024
Preparer's address: 5810 TENNYSON PARKWAY, SUITE 450, PLANO, TX 75024-4112	Telephone: (214) 777-5200

Withholding Agent Name: THE TEXAS A&M UNIVERSITY SYSTEM Withholding Agent TIN: 74-2648747

Schedule of Payees (Enter business or individual name, not both.) **PRINT CLEARLY**

Business name	TEXAS A&M UNIVERSITY SYSTEM
[X] FEIN [ ] CA Corp no. [ ] CA SOS file no.	74-2648747
First name / Initial / Last name	
SSN or ITIN	
Address (apt./ste., room, PO box, or PMB no.)	301 TARROW STREET 3RD FLOOR
City (If you have a foreign address, see instructions.)	COLLEGE STATION
State	TX
ZIP code	77840-7896
Total income	
[ ] If **backup withholding**, check the box.	
Amount of tax withheld	3,723.00

Business name	
[ ] FEIN [ ] CA Corp no. [ ] CA SOS file no.	
First name / Initial / Last name	
SSN or ITIN	
Address (apt./ste., room, PO box, or PMB no.)	
City (If you have a foreign address, see instructions.)	
State	
ZIP code	
Total income	
[ ] If **backup withholding**, check the box.	
Amount of tax withheld	

Business name	
[ ] FEIN [ ] CA Corp no. [ ] CA SOS file no.	
First name / Initial / Last name	
SSN or ITIN	
Address (apt./ste., room, PO box, or PMB no.)	
City (If you have a foreign address, see instructions.)	
State	
ZIP code	
Total income	
[ ] If **backup withholding**, check the box.	
Amount of tax withheld	

Business name	
[ ] FEIN [ ] CA Corp no. [ ] CA SOS file no.	
First name / Initial / Last name	
SSN or ITIN	
Address (apt./ste., room, PO box, or PMB no.)	
City (If you have a foreign address, see instructions.)	
State	
ZIP code	
Total income	
[ ] If **backup withholding**, check the box.	
Amount of tax withheld	

confidential
Susan Cranfill
tamus.edu
Sep 13, 2023 5:21 PM EDT

239771 07-11-22

TAXABLE YEAR **2022**

Resident and Nonresident Withholding Tax Statement

CALIFORNIA FORM **592-B**

☐ Amended

Part I Withholding Agent Information

Name of withholding agent (from Form 592, 592-PTE, or 592-F): ABBOTT CAPITAL PRIVATE EQUITY FUND VII, L.P.	SSN or ITIN
Address (apt./ste., room, PO box, or PMB no.): 640 FIFTH AVENUE, 7TH FLOOR	[X] FEIN ☐ CA Corp no. ☐ CA SOS file no. 80-0915207
City (If you have a foreign address, see instructions.) State ZIP code: NEW YORK, NY 10019	Daytime telephone number: 212-757-2700

Part II Payee Information

Name of payee: THE TEXAS A&M UNIVERSITY SYSTEM	SSN or ITIN
Address (apt./ste., room, PO box, or PMB no.): 301 TARROW 5TH FLOOR	[X] FEIN ☐ CA Corp no. ☐ CA SOS file no. 74-2648747
City (If you have a foreign address, see instructions.) State ZIP code: COLLEGE STATION, TX 77840	

Part III Type of Income Subject to Withholding. Check the applicable box(es)

- A ☐ Payments to Independent Contractors
- B ☐ Trust Distributions
- C ☐ Rents or Royalties
- D [X] Distributions to Domestic (U.S.) Nonresident Partners/Members/ Beneficiaries/S Corporation Shareholders
- E ☐ Estate Distributions
- F ☐ Elective Withholding
- G ☐ Elective Withholding/Indian Tribe
- H ☐ Allocations to Foreign (non-U.S.) Nonresident Partners/Members
- I ☐ Other ____________

Part IV Tax Withheld

1 Total income subject to withholding	1	6,374.00
2 Total resident and/or nonresident tax withheld (excluding backup withholding)	2	695.00
3 Total backup withholding	3	

15

confidential
Susan Cranfill
tamus.edu
Sep 13, 2023 5:21 PM EDT

confidential
Julie Perry
Texas A&M
Jun 29, 2023 6:44 PM EDT

TAXABLE YEAR **2022**

Resident and Nonresident Withholding Tax Statement

CALIFORNIA FORM **592-B**

☐ Amended

Part I Withholding Agent Information

Name of withholding agent (from Form 592, 592-PTE, or 592-F): THE VARDE FUND XII (C), L.P.	SSN or ITIN:
Address (apt./ste., room, PO box, or PMB no.): 901 MARQUETTE AVE S., SUITE 3300	☒ FEIN ☐ CA Corp no. ☐ CA SOS file no.: 81-1026412
City (If you have a foreign address, see instructions.): MINNEAPOLIS — State: MN — ZIP code: 55402	Daytime telephone number:

Part II Payee Information

Name of payee: THE TEXAS A & M UNIVERSITY SYSTEM	SSN or ITIN:
Address (apt./ste., room, PO box, or PMB no.): 301 TARROW, 5TH FLOOR	☒ FEIN ☐ CA Corp no. ☐ CA SOS file no.: **-***8747
City (If you have a foreign address, see instructions.): COLLEGE STATION	State: TX — ZIP code: 77840

Part III Type of Income Subject to Withholding. Check the applicable box(es)

- **A** ☐ Payments to Independent Contractors
- **B** ☐ Trust Distributions
- **C** ☐ Rents or Royalties
- **D** ☒ Distributions to Domestic (U.S.) Nonresident Partners/Members/Beneficiaries/S Corporation Shareholders
- **E** ☐ Estate Distributions
- **F** ☐ Elective Withholding
- **G** ☐ Elective Withholding/Indian Tribe
- **H** ☐ Allocations to Foreign (non-U.S.) Nonresident Partners/Members
- **I** ☐ Other ____________

Part IV Tax Withheld

1 Total income subject to withholding	**1**	43,257	00
2 Total resident and/or nonresident tax withheld (excluding backup withholding)	**2**	3,028	00
3 Total backup withholding	**3**		00

confidential
Julie Perry
Texas A&M
Jun 29, 2023 6:44 PM EDT

TAXABLE YEAR **2022**

Resident and Nonresident Withholding Statement

CALIFORNIA FORM **592**

Amended: ● ☐ Prior Year Distribution ● ☐

Due Date: ● ☐ April 18, 2022 ☐ June 15, 2022 ☐ September 15, 2022 ☒ January 17, 2023

Part I Withholding Agent Information

Business name: TAMUS ARS FUND, L.P.

☐ SSN or ITIN ☒ FEIN ☐ CA Corp no. ☐ CA SOS file no.
74-2648747

First name | Initial | Last name | Telephone

Address (apt./ste., room, PO box, or PMB no.): C/O BLACKROCK FINANCIAL MGMT LTD 601 UNION STREET 56TH FLOOR

City (If you have a foreign address, see instructions.): SEATTLE | State: WA | ZIP code: 98101

Total Number of **Payees** 1

Part II Type of Income

Check all that apply. ●

A ☐ Payments to Independent Contractors
B ☐ Trust Distributions
C ☐ Rents or Royalties
D ☒ Distributions to Domestic Nonresident Partners/Members/Beneficiaries/ S Corporation Shareholders
E ☐ Estate Distributions
F ☐ Elective Withholding
G ☐ Elective Withholding by Indian Tribe
I ☐ Other ______________________

Part III Tax Withheld

1	Total tax withheld from Schedule of Payees, excluding backup withholding (Side 2 and any additional pages)	1 11,715.00
2	Total backup withholding (Side 2 and any additional pages)	2
3	**Add line 1 and line 2.** This is the total amount of tax withheld	3 11,715.00
4	Amount of prior payments not previously distributed	4
5	Amount withheld by another entity and being distributed	5 11,715.00
6	**Add line 4 and line 5.** This is the total amount of payments	6 11,715.00
7	**Total Withholding Amount Due.** Subtract line 6 from line 3. Remit the withholding payment with Form 592-V, along with Form 592	7

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Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than withholding agent) is based on all information of which preparer has any knowledge.

Sign Here

Print or type withholding agent's name: EDWARD ZAVODNY | Telephone: (979)458-8601

Withholding agent's signature ▶ | Date

Print or type preparer's name: ANDREW J. GRAY | Preparer's PTIN: P01517705

Preparer's Use Only

Preparer's signature ▶ ANDREW J. GRAY | Date: 7/13/2024

Preparer's address: 5810 TENNYSON PARKWAY, SUITE 450, PLANO, TX 75024-4112 | Telephone: (214) 777-5200

Withholding Agent Name: TAMUS ARS FUND, L.P. Withholding Agent TIN: 74-2648747

Schedule of Payees (Enter business or individual name, not both.) **PRINT CLEARLY**

Business name: TEXAS A&M UNIVERSITY SYSTEM	[X] FEIN [ ] CA Corp no. [ ] CA SOS file no. 74-2648747	
First name / Initial / Last name	SSN or ITIN	
Address (apt./ste., room, PO box, or PMB no.): 301 TARROW STREET 3RD FLOOR		
City (If you have a foreign address, see instructions.): COLLEGE STATION	State: TX	ZIP code: 77840-7896
Total income	[ ] If **backup withholding**, check the box.	Amount of tax withheld: 11,715.00

Business name	[ ] FEIN [ ] CA Corp no. [ ] CA SOS file no.	
First name / Initial / Last name	SSN or ITIN	
Address (apt./ste., room, PO box, or PMB no.)		
City (If you have a foreign address, see instructions.)	State	ZIP code
Total income	[ ] If **backup withholding**, check the box.	Amount of tax withheld

Business name	[ ] FEIN [ ] CA Corp no. [ ] CA SOS file no.	
First name / Initial / Last name	SSN or ITIN	
Address (apt./ste., room, PO box, or PMB no.)		
City (If you have a foreign address, see instructions.)	State	ZIP code
Total income	[ ] If **backup withholding**, check the box.	Amount of tax withheld

Business name	[ ] FEIN [ ] CA Corp no. [ ] CA SOS file no.	
First name / Initial / Last name	SSN or ITIN	
Address (apt./ste., room, PO box, or PMB no.)		
City (If you have a foreign address, see instructions.)	State	ZIP code
Total income	[ ] If **backup withholding**, check the box.	Amount of tax withheld