

# Mississippi

## MS8453-C Corporate Income Declaration for Electronic Filing 2022

Tax Year Beginning 09012022

Tax Year Ending 08312023

FEIN 742648747

DO NOT MAIL THIS DOCUMENT  
TO THE DEPARTMENT OF REVENUE**TEXAS A&M UNIVERSITY SYSTEM**

Legal Name and DBA

|                                 |                        |           |                  |             |
|---------------------------------|------------------------|-----------|------------------|-------------|
| <b>301 TARROW ST, 3RD FLOOR</b> | <b>COLLEGE STATION</b> | <b>TX</b> | <b>778407896</b> | <b>83</b>   |
| Address                         | City                   | State     | ZIP + 4          | County Code |

**PART I: TAX RETURN INFORMATION (ROUND TO THE NEAREST DOLLAR)**

|                                                                |   |        |
|----------------------------------------------------------------|---|--------|
| 1 Mississippi taxable income (Form 83-105, line 5)             | 1 | 160616 |
| 2 Total income tax (Form 83-105, line 6)                       | 2 | 7731   |
| 3 Total credits and payments (Form 83-105, line 8 and line 13) | 3 |        |
| 4 Amount you owe (Form 83-105, line 19)                        | 4 | 7731   |
| 5 Overpayment (Form 83-105, line 20)                           | 5 |        |
| 6 Refund (Form 83-105, line 22)                                | 6 |        |
| 7 Amount of payment remitted electronically                    | 7 |        |

\* If the corporation is filing a balance due return and the Department of Revenue does not receive full and timely payment of its tax liability, the corporation will be liable for the tax liability and all applicable interest and penalties.

**PART II: DECLARATION OF OFFICER**

Under the penalties of perjury, I declare that I am an officer of the above corporation and that the information I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's Mississippi Corporate Income and Franchise Tax Return. To the best of my knowledge and belief, the corporation's return is true, correct and complete. I consent to my ERO, transmitter, and/or ISP sending the corporation's return, this declaration, and accompanying schedules and statements to the Department of Revenue (DOR). I also consent to the DOR my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the corporation's return is accepted, and, if rejected, the reason(s) for the rejection. This declaration is to be maintained by the ERO and provided to DOR on request.

|                  |                      |      |                                       |
|------------------|----------------------|------|---------------------------------------|
| <b>Sign Here</b> | Signature of Officer | Date | <b>MGR OF TAX COMPLIANCE</b><br>Title |
|------------------|----------------------|------|---------------------------------------|

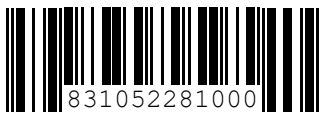
**PART III: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER**

I declare that I have reviewed the above corporation's return and that the entries on Form MS8453-C are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The corporate officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the Department of Revenue (DOR), and have followed all other requirements in Pub. 3112, IRS e-file Application and Participation and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

|                     |                                                                                                                                               |                         |                                         |                                  |                                     |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|----------------------------------|-------------------------------------|
| <b>ERO Use Only</b> | ERO Signature<br><b>ANDREW GRAY</b>                                                                                                           | Date<br><b>071324</b>   | Check if Also Paid Preparer<br><b>X</b> | Check if Self-Employed           | ERO SSN or PTIN<br><b>P01517705</b> |
|                     | Firm Name (or yours if self-employed), address and ZIP code<br><b>CROWE LLP<br/>5810 TENNYSON PARKWAY, SUITE 450<br/>PLANO, TX 75024-4112</b> | EIN<br><b>350921680</b> |                                         | Phone No.<br><b>214 777 5200</b> |                                     |

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

|                               |                                                             |      |                             |                        |                      |
|-------------------------------|-------------------------------------------------------------|------|-----------------------------|------------------------|----------------------|
| <b>Paid Preparer Use Only</b> | Preparer Signature                                          | Date | Check if Also Paid Preparer | Check if Self-Employed | Preparer SSN or PTIN |
|                               | Firm Name (or yours if self-employed), address and ZIP code | EIN  |                             | Phone No.              |                      |



# Mississippi

## Corporate Income and Franchise Tax Return

### 2022

Tax Year Beginning 09/01/2022  
mm dd yyyyTax Year Ending 08/31/2023  
mm dd yyyyFEIN 74-2648747Mississippi Secretary of State ID 742648747

|                                                                                                                                                                                                                                          |                                                                                                                                                                               |                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Legal Name and DBA<br><b>TEXAS A&amp;M UNIVERSITY SYSTEM</b><br>Address<br><b>301 TARROW STREET 3RD FLOOR</b><br><hr/> City State Zip +4<br><b>COLLEGE STATION TX 77840-7896</b><br><hr/> County Code <u>83</u> NAICS Code <u>901101</u> | <b>CHECK ALL THAT APPLY</b><br><br><input type="checkbox"/> Amended Return<br><br><input type="checkbox"/> Final Return<br><br><input checked="" type="checkbox"/> Non Profit | <b>CHECK ONE</b><br><br><input type="checkbox"/> 100% Mississippi<br><input checked="" type="checkbox"/> Multistate Apportioning<br><input type="checkbox"/> Multistate Direct Accounting |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**FRANCHISE TAX****(ROUND TO THE NEAREST DOLLAR)**

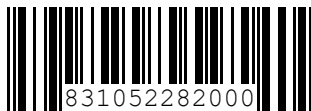
|                                                   |                                      |                   |
|---------------------------------------------------|--------------------------------------|-------------------|
| 1 Taxable capital (from Form 83-110, line 18)     | 1                                    | _____ .00         |
| 2 Franchise tax (minimum tax \$25)                | <input type="checkbox"/> Fee-In-Lieu | _____ .00         |
| 3 Franchise tax credit (from Form 83-401, line 1) | 3                                    | _____ .00         |
| 4 Net franchise tax due (line 2 minus line 3)     | 4                                    | _____ <b>0.00</b> |

**INCOME TAX**

|                                                                                                 |   |                         |
|-------------------------------------------------------------------------------------------------|---|-------------------------|
| <input type="checkbox"/> Combined income tax return (enter FEIN of reporting corporation) _____ |   |                         |
| 5 Mississippi net taxable income (from Form 83-122, line 30 or Form 83-310, line 5, column C)   | 5 | _____ <b>160,616.00</b> |
| 6 Income tax                                                                                    | 6 | _____ <b>7,731.00</b>   |
| 7 Credit for tax paid on an electing Pass-Through Entity Tax Return (must attach K-1s)          | 7 | _____ .00               |
| 8 Income tax credits (from Form 83-401, line 3 or Form 83-310, line 5, column B)                | 8 | _____ .00               |
| 9 Net income tax due (line 6 minus line 7 and line 8)                                           | 9 | _____ <b>7,731.00</b>   |

**PAYMENTS AND TAX DUE**

|                                                                                           |    |                       |
|-------------------------------------------------------------------------------------------|----|-----------------------|
| 10 Total franchise and income tax (line 4 plus line 9)                                    | 10 | _____ <b>7,731.00</b> |
| 11 Overpayments from prior year                                                           | 11 | _____ <b>0.00</b>     |
| 12 Estimated tax payments and payment with extension                                      | 12 | _____ <b>0.00</b>     |
| 13 Total payments (line 11 plus line 12)                                                  | 13 | _____ <b>0.00</b>     |
| 14 Net total franchise and income tax (line 10 minus line 13)                             | 14 | _____ <b>7,731.00</b> |
| 15 Interest and penalty on underestimated income tax payments (from Form 83-305, line 19) | 15 | _____ <b>0.00</b>     |
| 16 Late payment interest                                                                  | 16 | _____ <b>0.00</b>     |



# Mississippi Corporate Income and Franchise Tax Return 2022

Page 2

FEIN 74-2648747

|                                                                                                                         |    |          |
|-------------------------------------------------------------------------------------------------------------------------|----|----------|
| 17 Late payment penalty                                                                                                 | 17 | 0.00     |
| 18 Late filing penalty (minimum income tax penalty \$100)                                                               | 18 | .00      |
| 19 <b>Total balance due</b> (if line 10 is larger than line 13, add line 14 through line 18)                            | 19 | 7,731.00 |
| 20 <b>Total overpayment</b> (if line 13 is larger than line 10 plus line 15, subtract line 10 and line 15 from line 13) | 20 | 0.00     |
| 21 <b>Overpayment credited to next year</b> (from line 20)                                                              | 21 | 0.00     |
| 22 <b>Overpayment to be refunded</b> (line 20 minus line 21)                                                            | 22 | 0.00     |

**PART I: CORPORATE INFORMATION**

1 Is this a publicly traded corporation? ☐ Yes If yes, under what symbol? \_\_\_\_\_ ☒ No

2 If final return, enter reason and date effective: \_\_\_\_\_ Date \_\_\_\_\_

3 If the corporation has been sold, merged, or converted to a Single-Member LLC (SMLLC), complete the following: Name, address and FEIN of the new existing corporation or owner of the SMLLC:  
 \_\_\_\_\_ FEIN \_\_\_\_\_

4 If amended return, check reason. ☐ Mississippi Correction ☐ Federal Correction ☐ Other \_\_\_\_\_

5 Check if the company has been audited by the IRS. ☐ If the company has been audited, what year(s) are involved? \_\_\_\_\_

6 Principal business activity in Mississippi PASSIVE INVESTMENTS 6a County location in Mississippi OUT OF STATE

7 Principal product or service in Mississippi N/A

8 Contact person for this return EDWARD ZAVODNY 8a Location and phone number TX, (979) 458-8601

**PART II: CORPORATE OFFICER INFORMATION**

List the owners, officers, directors or partners who have a responsibility in the fiscal management of the organization.

| OFFICER NAME AND TITLE   | SSN         | ADDRESS                                                | OWNERSHIP PERCENTAGE |
|--------------------------|-------------|--------------------------------------------------------|----------------------|
| AVAILABLE , UPON REQUEST | 999-99-9999 | 301 TARROW STREET 3RD FLOOR, COLLEGE STATION, TX 77840 | 0                    |
|                          |             |                                                        |                      |
|                          |             |                                                        |                      |
|                          |             |                                                        |                      |
|                          |             |                                                        |                      |
|                          |             |                                                        |                      |

## Page 3

### PART III: CORPORATE AFFILIATION SCHEDULE

[illegible]

**Mail Return To: Department of Revenue P.O. Box 23191 Jackson, MS 39225-3191**

FEIN 74-2648747

# Mississippi

## Business Income Apportionment Schedule

### 2022

| PART I: COMPUTATION OF APPORTIONMENT FACTORS                                      |                     |                    | (ROUND TO FOUR DECIMAL PLACES) |
|-----------------------------------------------------------------------------------|---------------------|--------------------|--------------------------------|
|                                                                                   | A Total Mississippi | B Total Everywhere | C Mississippi Ratio            |
| <b>1 Property factor</b>                                                          |                     |                    |                                |
| a Beginning of taxable year                                                       |                     |                    |                                |
| b End of taxable year                                                             |                     |                    |                                |
| c Total (line 1a plus line 1b)                                                    | 0                   | 0                  |                                |
| d Average net book value of assets<br>(divide line 1c by two)                     | 0                   | 0                  |                                |
| e Rental property (enter annual rental<br>property multiplied by eight)           |                     |                    |                                |
| f Total (line 1d plus line 1e)                                                    | 0                   | 0                  |                                |
| g Mississippi property factor (line 1f, column A<br>divided by line 1f, column B) |                     |                    | 0 . 0000 %                     |
| <b>2 Payroll factor</b><br>(line 2, column A divided by line 2, column B)         | 0                   | 0                  | 0 . 0000 %                     |
| <b>3 Sales factor</b><br>(line 3, column A divided by line 3, column B)           | 0                   | 2,367,307          | 0 . 0000 %                     |

| PART II: APPLICATION OF APPORTIONMENT FACTORS (CHECK ONE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                |  |                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Retailing, renting, servicing, merchandising or wholesaling                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>4 Sales factor</b> (from part I, line 3, column C)<br>(enter ratio on Form 83-122, line 19) |  | 0 . 0000 %                                                                                   |
| <input type="checkbox"/> Manufacturers that sell principally at retail <div style="margin-left: 20px;">             5a Property factor (from part I, line 1g, column C) _____ %<br/>             5b Payroll factor (from part I, line 2, column C) _____ %<br/>             5c Subtotal (line 5a plus line 5b) _____ %<br/>             5d Average (divide line 5c by two) _____ %<br/>             5e Sales factor (from part I, line 3, column C) _____ %<br/> <br/>             5f Total (line 5d plus line 5e) _____ %           </div>     |                                                                                                |  | 5g Weighted average (divide line 5f by two)<br>(enter ratio on Form 83-122, line 19) _____ % |
| <input type="checkbox"/> Financial institutions, pipelines or manufacturers that sell principally at wholesale<br>(for major medical or pharmaceutical suppliers, see instructions Form 83-100) <div style="margin-left: 20px;">             6a Property factor (from part I, line 1g, column C) _____ %<br/>             6b Payroll factor (from part I, line 2, column C) _____ %<br/>             6c Sales factor (from part I, line 3, column C) _____ %<br/> <br/>             6d Total (add lines 6a, 6b and 6c) _____ %           </div> |                                                                                                |  | 6e Average (divide line 6d by three)<br>(enter ratio on Form 83-122, line 19) _____ %        |
| <input type="checkbox"/> Airlines, motor carriers, express companies, telephone and telegraph companies                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>7 Special formula required</b> (attach schedule and enter ratio on Form 83-122, line 19)    |  | _____ %                                                                                      |



# Mississippi

## Net Taxable Income Schedule

### 2022

Page 1

FEIN 74-2648747**COMPUTATION OF MISSISSIPPI NET TAXABLE INCOME****(ROUND TO THE NEAREST DOLLAR)**

1 Federal taxable income (loss) before net operating loss deductions and special deductions (from federal Form 1120, page 1, line 28. If multistate direct accounting, enter zero and skip to line 23) 1 1,471,282 .00

**STATE ADDITIONS TO FEDERAL TAXABLE INCOME**

2 State, local or foreign government taxes based on income 2 0 .00

3 Interest on obligations of other states or political subdivisions (net of expenses) 3 0 .00

4 Depletion expense in excess of cost 4 0 .00

5 Federal capital loss carryover deduction 5 0 .00

6 Federal special depreciation allowance 6 0 .00

7 Other additions required by law (attach schedule) 7 0 .00

8 **Total additions** (add line 2 through line 7) 8 0 .00

**STATE DEDUCTIONS FROM FEDERAL TAXABLE INCOME**

9 Interest on obligations of the United States (net of expenses) 9 0 .00

10 Wages reduced on federal return for federal employment tax credits 10 0 .00

11 Income (loss) from partnership, S corporation or trust 11 0 .00

12 Income (loss) from construction contracting or production of natural mineral resource products (net of expenses) 12 0 .00

13 Additional depreciation due to a difference in the depreciable base for federal and state purposes (attach schedule) 13 0 .00

14 Other deductions (attach schedule) 14 0 .00

15 **Total deductions** (add line 9 through line 14) 15 0 .00

**APPORTIONMENT / ALLOCATION (MULTISTATE ONLY)**

If 100% Mississippi, complete line 16 then skip to page 2, line 20

16 **Adjusted federal income (loss)** (line 1 plus line 8 minus line 15) 16 1,471,282 .00

17 Adjustment for nonbusiness income (loss) net of expenses (from Form 83-150, column E, line 2) 17 612,990 .00

18 Apportionable business income (loss) (line 16 minus line 17) 18 858,292 .00

19 Apportionment ratio (enter ratio and check box as shown on Form 83-125, part II) 19 0 . 0000 %

Sales  
retailManufacturers  
retailManufacturers (wholesale),  
Financial institutions, Pipelines,  
(for pharmaceutical suppliers,  
see instructions)

Special Formula



# Mississippi

## Net Taxable Income Schedule

### 2022

FEIN 74-2648747**APPORTIONMENT / ALLOCATION**

|    |                                                                                                                                                                       |    |                                 |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------|
| 20 | Mississippi apportioned income(loss)(if 100% Mississippi, enter line 16, otherwise, multiply line 18 by line 19)                                                      | 20 | <u>0</u> .00                    |
| 21 | Nonbusiness income (loss) allocated to Mississippi (from Form 83-150, column F, line 2)                                                                               | 21 | <u>160,616</u> .00              |
| 22 | Mississippi income (loss) from partnership, S corporation or trust (attach Mississippi K-1s, Form 84-132)                                                             | 22 | <u>                    </u> .00 |
| 23 | Mississippi income (loss) from construction contracting or production of natural mineral resource products (from Form 83-124, page 2, line 31 and/or page 3, line 46) | 23 | <u>                    </u> .00 |
| 24 | Adjustments related to Mississippi tax credits claimed                                                                                                                | 24 | <u>                    </u> .00 |
| 25 | Mississippi capital loss carryover/carryback deduction (from Form 83-155, part II, line 2)                                                                            | 25 | <u>0</u> .00                    |
| 26 | Other adjustments (attach schedule)                                                                                                                                   | 26 | <u>                    </u> .00 |

**MISSISSIPPI TAXABLE INCOME**

|    |                                                                                                                                                                                                                        |    |                                 |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------|
| 27 | Income (loss) apportioned and allocated to Mississippi (add line 20 through line 26)                                                                                                                                   | 27 | <u>160,616</u> .00              |
| 28 | Mississippi net operating loss deduction (from Form 83-155, part I, line 2)                                                                                                                                            | 28 | <u>0</u> .00                    |
| 29 | Income exemption (attach schedule; if not applicable enter zero)                                                                                                                                                       | 29 | <u>                    </u> .00 |
| 30 | <b>Mississippi net taxable income (loss)</b> (line 27 minus line 28 and line 29. Enter on Form 83-105, line 5; If filing combined, enter income (loss) on Form 83-310. If negative, enter zero on Form 83-105, line 5) | 30 | <u>160,616</u> .00              |

# Mississippi

## Nonbusiness Income Worksheet

### 2022

Tax Year Beginning 09/01/2022Tax Year Ending 08/31/2023FEIN 74-2648747

| DIRECTLY<br>ALLOCABLE ITEMS                                                                                                      | ALLOCABLE GROSS<br>INCOME (LOSS) |                         | RELATED EXPENSE        |                         | NET OF RELATED EXPENSE                                |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------|------------------------|-------------------------|-------------------------------------------------------|--------------------------------------------------------|
|                                                                                                                                  | Column A<br>Everywhere           | Column B<br>Mississippi | Column C<br>Everywhere | Column D<br>Mississippi | Column E<br>Everywhere<br>(Column A Less<br>Column C) | Column F<br>Mississippi<br>(Column B Less<br>Column D) |
| 1a<br>NON-BUSINESS INCOME                                                                                                        | 4,191,514                        | 162,088                 | 3,578,524              | 1,472                   | 612,990                                               | 160,616                                                |
| b                                                                                                                                |                                  |                         |                        |                         |                                                       |                                                        |
| c                                                                                                                                |                                  |                         |                        |                         |                                                       |                                                        |
| d                                                                                                                                |                                  |                         |                        |                         |                                                       |                                                        |
| e                                                                                                                                |                                  |                         |                        |                         |                                                       |                                                        |
| f                                                                                                                                |                                  |                         |                        |                         |                                                       |                                                        |
| g                                                                                                                                |                                  |                         |                        |                         |                                                       |                                                        |
| h                                                                                                                                |                                  |                         |                        |                         |                                                       |                                                        |
| i                                                                                                                                |                                  |                         |                        |                         |                                                       |                                                        |
| 2 Net non-business income (loss) (enter column E total on Form 83-122, line 17;<br>enter column F total on Form 83-122, line 21) |                                  |                         |                        |                         | 612,990                                               | 160,616                                                |

0

| ACTIVITY                             | UBI | Withholding |
|--------------------------------------|-----|-------------|
| INVESTMENT UNRELATED BUSINESS INCOME | 107 | 0           |
| INVESTMENT FEE DEDUCTION             | 14  | 0           |
| Total UBI                            | 93  | 0           |
| Net Operating Loss Used              | 0   |             |
| Total                                | 93  |             |

INCOME AND DEDUCTIONS REPORTED ON THIS TAX RETURN DENOTED AS UNRELATED BUSINESS TAXABLE INCOME ARE A RESULT OF THE TAXPAYER'S INVESTMENT ACTIVITIES AND NOT DUE TO THE TAXPAYER'S NORMAL OPERATIONS. THESE INVESTMENTS HAVE COMMUNICATED THE AMOUNT OF UNRELATED BUSINESS INCOME VIA SCHEDULE K-1 FOOTNOTES OR OTHER DETAILED SCHEDULES PROVIDED.

| ACTIVITY                             | UBI     | Withholding |
|--------------------------------------|---------|-------------|
| INVESTMENT UNRELATED BUSINESS INCOME | 161,981 | 0           |
| INVESTMENT FEE DEDUCTION             | 1,458   | 0           |
| Total UBI                            | 160,523 | 0           |
| Net Operating Loss Used              | 0       |             |
| Total                                | 160,523 |             |

INCOME AND DEDUCTIONS REPORTED ON THIS TAX RETURN DENOTED AS UNRELATED BUSINESS TAXABLE INCOME ARE A RESULT OF THE TAXPAYER'S INVESTMENT ACTIVITIES AND NOT DUE TO THE TAXPAYER'S NORMAL OPERATIONS. THESE INVESTMENTS HAVE COMMUNICATED THE AMOUNT OF UNRELATED BUSINESS INCOME VIA SCHEDULE K-1 FOOTNOTES OR OTHER DETAILED SCHEDULES PROVIDED.

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

OMB No. 1545-0047

**2022**Department of the Treasury  
Internal Revenue ServiceFor calendar year 2022 or other tax year beginning 09/01, 2022, and ending 08/31, 20 23Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

|                                                                                                                                                                                                                                                                                 |                      |                                                                                                                                            |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>A</b> <input type="checkbox"/> Check box if address changed.                                                                                                                                                                                                                 | <b>Print or Type</b> | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><u>TEXAS A&amp;M UNIVERSITY SYSTEM</u> | <b>D</b> Employer identification number<br><u>74-2648747</u>      |
| <b>B</b> Exempt under section<br><input type="checkbox"/> 501( ) ( )<br><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A       |                      | Number, street, and room or suite no. If a P.O. box, see instructions.<br><u>301 TARROW STREET 3RD FLOOR</u>                               | <b>E</b> Group exemption number<br>(see instructions)             |
|                                                                                                                                                                                                                                                                                 |                      | City or town, state or province, country, and ZIP or foreign postal code<br><u>COLLEGE STATION, TX 77840-7896</u>                          | <b>F</b> <input type="checkbox"/> Check box if an amended return. |
|                                                                                                                                                                                                                                                                                 |                      | <b>C</b> Book value of all assets at end of year                                                                                           |                                                                   |
| <b>G</b> Check organization type <input type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input checked="" type="checkbox"/> State college/university                      |                      |                                                                                                                                            |                                                                   |
| <b>H</b> Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439                                                                                                                                |                      |                                                                                                                                            |                                                                   |
| <b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>                                                                                                                                      |                      |                                                                                                                                            |                                                                   |
| <b>J</b> Enter the number of attached Schedules A (Form 990-T) <u>7</u>                                                                                                                                                                                                         |                      |                                                                                                                                            |                                                                   |
| <b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the name and identifying number of the parent corporation |                      |                                                                                                                                            |                                                                   |
| <b>L</b> The books are in care of <u>(SEE STATEMENT)</u> Telephone number <u>(979) 458-8601</u>                                                                                                                                                                                 |                      |                                                                                                                                            |                                                                   |

**Part I Total Unrelated Business Taxable Income**

|                                                                                                                                       |           |                  |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------|
| <b>1</b> Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)               | <b>1</b>  | <u>1,087,073</u> |
| <b>2</b> Reserved                                                                                                                     | <b>2</b>  |                  |
| <b>3</b> Add lines 1 and 2                                                                                                            | <b>3</b>  | <u>1,087,073</u> |
| <b>4</b> Charitable contributions (see instructions for limitation rules)                                                             | <b>4</b>  | <u>9,605</u>     |
| <b>5</b> Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3                             | <b>5</b>  | <u>1,077,468</u> |
| <b>6</b> Deduction for net operating loss. See instructions                                                                           | <b>6</b>  | <u>991,021</u>   |
| <b>7</b> Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | <b>7</b>  | <u>86,447</u>    |
| <b>8</b> Specific deduction (generally \$1,000, but see instructions for exceptions)                                                  | <b>8</b>  | <u>1,000</u>     |
| <b>9</b> <b>Trusts.</b> Section 199A deduction. See instructions                                                                      | <b>9</b>  | <u>0</u>         |
| <b>10</b> <b>Total deductions.</b> Add lines 8 and 9                                                                                  | <b>10</b> | <u>1,000</u>     |
| <b>11</b> <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero       | <b>11</b> | <u>85,447</u>    |

**Part II Tax Computation**

|                                                                                                                                                                                                                                      |          |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|
| <b>1</b> <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21)                                                                                                                                        | <b>1</b> | <u>17,944</u> |
| <b>2</b> <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | <b>2</b> |               |
| <b>3</b> <b>Proxy tax.</b> See instructions                                                                                                                                                                                          | <b>3</b> | <u>0</u>      |
| <b>4</b> Other tax amounts. See instructions                                                                                                                                                                                         | <b>4</b> | <u>0</u>      |
| <b>5</b> Alternative minimum tax (trusts only)                                                                                                                                                                                       | <b>5</b> | <u>0</u>      |
| <b>6</b> <b>Tax on noncompliant facility income.</b> See instructions                                                                                                                                                                | <b>6</b> | <u>0</u>      |
| <b>7</b> <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies                                                                                                                                                       | <b>7</b> | <u>17,944</u> |

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J

Form **990-T** (2022)

**Part III Tax and Payments**

|           |                                                                                                                                                                                                                                    |           |           |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|--|
| <b>1a</b> | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)                                                                                                                                                        | <b>1a</b> | 0         |  |
| <b>b</b>  | Other credits (see instructions)                                                                                                                                                                                                   | <b>1b</b> | 0         |  |
| <b>c</b>  | General business credit. Attach Form 3800 (see instructions)                                                                                                                                                                       | <b>1c</b> | 17,944    |  |
| <b>d</b>  | Credit for prior year minimum tax (attach Form 8801 or 8827)                                                                                                                                                                       | <b>1d</b> |           |  |
| <b>e</b>  | <b>Total credits.</b> Add lines 1a through 1d                                                                                                                                                                                      | <b>1e</b> | 17,944    |  |
| <b>2</b>  | Subtract line 1e from Part II, line 7                                                                                                                                                                                              | <b>2</b>  | 0         |  |
| <b>3</b>  | Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866<br><input type="checkbox"/> Other (attach statement) | <b>3</b>  | 0         |  |
| <b>4</b>  | <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here                                                               | <b>4</b>  | 0         |  |
| <b>5</b>  | Current net 965 tax liability paid from Form 965-A, Part II, column (k)                                                                                                                                                            | <b>5</b>  | 0         |  |
| <b>6a</b> | Payments: A 2021 overpayment credited to 2022                                                                                                                                                                                      | <b>6a</b> | 0         |  |
| <b>b</b>  | 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>                                                                                                                                     | <b>6b</b> | 385,000   |  |
| <b>c</b>  | Tax deposited with Form 8868                                                                                                                                                                                                       | <b>6c</b> | 705,000   |  |
| <b>d</b>  | Foreign organizations: Tax paid or withheld at source (see instructions)                                                                                                                                                           | <b>6d</b> | 0         |  |
| <b>e</b>  | Backup withholding (see instructions)                                                                                                                                                                                              | <b>6e</b> | 36        |  |
| <b>f</b>  | Credit for small employer health insurance premiums (attach Form 8941)                                                                                                                                                             | <b>6f</b> | 0         |  |
| <b>g</b>  | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other                                                                                     | <b>6g</b> | 0         |  |
| <b>7</b>  | <b>Total payments.</b> Add lines 6a through 6g                                                                                                                                                                                     | <b>7</b>  | 1,090,036 |  |
| <b>8</b>  | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>                                                                                                                                  | <b>8</b>  | 0         |  |
| <b>9</b>  | <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed                                                                                                                                        | <b>9</b>  | 0         |  |
| <b>10</b> | <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid                                                                                                                                 | <b>10</b> | 1,090,036 |  |
| <b>11</b> | Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> 500,000 <b>Refunded</b>                                                                                                                                | <b>11</b> | 590,036   |  |

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

|           |                                                                                                                                                                                                                                                                                                                                                                    |                                   |    |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----|
| <b>1</b>  | At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes                               | No |
| <b>2</b>  | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.                                                                                                                                                  |                                   | ✓  |
| <b>3</b>  | Enter the amount of tax-exempt interest received or accrued during the tax year . . . . \$ 7,896                                                                                                                                                                                                                                                                   |                                   |    |
| <b>4</b>  | Enter available pre-2018 NOL carryovers here \$ 991,021. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.                                                                                                                                       |                                   |    |
| <b>5</b>  | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.                                                                                                                                 |                                   |    |
|           | Business Activity Code                                                                                                                                                                                                                                                                                                                                             | Available post-2017 NOL carryover |    |
|           | 520000                                                                                                                                                                                                                                                                                                                                                             | \$ 6,946,760                      |    |
|           | 530000                                                                                                                                                                                                                                                                                                                                                             | \$ 252,457                        |    |
|           | 710000                                                                                                                                                                                                                                                                                                                                                             | \$ 285,290                        |    |
|           | (SEE STATEMENT)                                                                                                                                                                                                                                                                                                                                                    | \$                                |    |
| <b>6a</b> | Did the organization change its method of accounting? (see instructions)                                                                                                                                                                                                                                                                                           |                                   | ✓  |
| <b>b</b>  | If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 11228? If "No," explain in Part V.                                                                                                                                                                                                                                  |                                   |    |

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

|                               |                                                                                                                                                                                                                                                                                                                        |                      |           |                                                 |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------|-------------------------------------------------|
| <b>Sign Here</b>              | 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                                                                                                                                                                                                                                                                                                   | Date                 | Title     |                                                 |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                                                                                                                                                                                                                                                                                             | Preparer's signature | Date      | Check <input type="checkbox"/> if self-employed |
|                               | ANDREW J. GRAY                                                                                                                                                                                                                                                                                                         | ANDREW J. GRAY       | 7/13/2024 |                                                 |
|                               | Firm's name                                                                                                                                                                                                                                                                                                            | Firm's EIN           |           | PTIN                                            |
|                               | CROWE LLP                                                                                                                                                                                                                                                                                                              | 35-0921680           |           | P01517705                                       |
|                               | Firm's address                                                                                                                                                                                                                                                                                                         | Phone no.            |           |                                                 |
|                               | 5810 TENNYSON PARKWAY, SUITE 450, PLANO, TX 75024-4112                                                                                                                                                                                                                                                                 | (214) 777-5200       |           |                                                 |

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

**SCHEDULE A**  
**(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income**  
**From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2022**

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

|                                                                               |                                                       |
|-------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>A</b> Name of the organization<br>TEXAS A&M UNIVERSITY SYSTEM              | <b>B</b> Employer identification number<br>74-2648747 |
| <b>C</b> Unrelated business activity code (see instructions) . . . . . 450000 | <b>D</b> Sequence: 1 of 7                             |

**E** Describe the unrelated trade or business RETAIL TRADE

| Part I Unrelated Trade or Business Income                                                        |           | (A) Income          | (B) Expenses | (C) Net   |
|--------------------------------------------------------------------------------------------------|-----------|---------------------|--------------|-----------|
| <b>1a</b> Gross receipts or sales                                                                | 1,013,521 |                     |              |           |
| <b>b</b> Less returns and allowances                                                             | 0         | <b>1c</b> 1,013,521 |              |           |
| <b>2</b> Cost of goods sold (Part III, line 8)                                                   |           | <b>2</b> 0          |              |           |
| <b>3</b> Gross profit. Subtract line 2 from line 1c                                              |           | <b>3</b> 1,013,521  |              | 1,013,521 |
| <b>4a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions |           | <b>4a</b> 0         |              | 0         |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions                        |           | <b>4b</b> 0         |              | 0         |
| <b>c</b> Capital loss deduction for trusts                                                       |           | <b>4c</b> 0         |              | 0         |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)                 |           | <b>5</b> 0          |              | 0         |
| <b>6</b> Rent income (Part IV)                                                                   |           | <b>6</b> 0          | 0            | 0         |
| <b>7</b> Unrelated debt-financed income (Part V)                                                 |           | <b>7</b> 0          | 0            | 0         |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)      |           | <b>8</b> 0          | 0            | 0         |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)           |           | <b>9</b> 0          | 0            | 0         |
| <b>10</b> Exploited exempt activity income (Part VIII)                                           |           | <b>10</b> 0         | 0            | 0         |
| <b>11</b> Advertising income (Part IX)                                                           |           | <b>11</b> 0         | 0            | 0         |
| <b>12</b> Other income (see instructions; attach statement)                                      |           | <b>12</b> 0         |              | 0         |
| <b>13</b> <b>Total.</b> Combine lines 3 through 12                                               |           | <b>13</b> 1,013,521 | 0            | 1,013,521 |

| Part II Deductions Not Taken Elsewhere                                                                                     |                | See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. |           |
|----------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X)                                                        |                | <b>1</b>                                                                                                                  | 0         |
| <b>2</b> Salaries and wages                                                                                                |                | <b>2</b>                                                                                                                  | 174,593   |
| <b>3</b> Repairs and maintenance                                                                                           |                | <b>3</b>                                                                                                                  | 0         |
| <b>4</b> Bad debts                                                                                                         |                | <b>4</b>                                                                                                                  | 0         |
| <b>5</b> Interest (attach statement). See instructions                                                                     |                | <b>5</b>                                                                                                                  | 0         |
| <b>6</b> Taxes and licenses                                                                                                |                | <b>6</b>                                                                                                                  | 0         |
| <b>7</b> Depreciation (attach Form 4562). See instructions                                                                 | <b>7</b> 4,402 |                                                                                                                           |           |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return                                                     | <b>8a</b> 0    | <b>8b</b>                                                                                                                 | 4,402     |
| <b>9</b> Depletion                                                                                                         |                | <b>9</b>                                                                                                                  | 0         |
| <b>10</b> Contributions to deferred compensation plans                                                                     |                | <b>10</b>                                                                                                                 | 0         |
| <b>11</b> Employee benefit programs                                                                                        |                | <b>11</b>                                                                                                                 | 32,402    |
| <b>12</b> Excess exempt expenses (Part VIII)                                                                               |                | <b>12</b>                                                                                                                 | 0         |
| <b>13</b> Excess readership costs (Part IX)                                                                                |                | <b>13</b>                                                                                                                 | 0         |
| <b>14</b> Other deductions (attach statement)                                                                              |                | <b>14</b>                                                                                                                 | 1,381,631 |
| <b>15</b> <b>Total deductions.</b> Add lines 1 through 14                                                                  |                | <b>15</b>                                                                                                                 | 1,593,028 |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) |                | <b>16</b>                                                                                                                 | (579,507) |
| <b>17</b> Deduction for net operating loss. See instructions                                                               |                | <b>17</b>                                                                                                                 | 0         |
| <b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16                                          |                | <b>18</b>                                                                                                                 | (579,507) |

For Paperwork Reduction Act Notice, see instructions. Cat. No. 740360 Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold**

Enter method of inventory valuation

|          |                                                                                                                                                                                        |          |   |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> | Inventory at beginning of year . . . . .                                                                                                                                               | <b>1</b> | 0 |
| <b>2</b> | Purchases . . . . .                                                                                                                                                                    | <b>2</b> | 0 |
| <b>3</b> | Cost of labor . . . . .                                                                                                                                                                | <b>3</b> | 0 |
| <b>4</b> | Additional section 263A costs (attach statement) . . . . .                                                                                                                             | <b>4</b> | 0 |
| <b>5</b> | Other costs (attach statement) . . . . .                                                                                                                                               | <b>5</b> | 0 |
| <b>6</b> | <b>Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                          | <b>6</b> | 0 |
| <b>7</b> | Inventory at end of year . . . . .                                                                                                                                                     | <b>7</b> | 0 |
| <b>8</b> | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .                                                                                     | <b>8</b> | 0 |
| <b>9</b> | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          |   |

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

**1** Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

|                                                                                                                                                              | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| <b>2</b> Rent received or accrued                                                                                                                            |          |          |          |          |
| <b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .                           |          |          |          |          |
| <b>b</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . . |          |          |          |          |
| <b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .                                                     |          |          |          |          |
| <b>3</b> Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . . . . .                            |          |          |          | 0        |
| <b>4</b> Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) . . . . .                                                   |          |          |          |          |
| <b>5</b> <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . .                                     |          |          |          | 0        |

**Part V Unrelated Debt-Financed Income** (see instructions)

**1** Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

|                                                                                                                                      | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| <b>2</b> Gross income from or allocable to debt-financed property . . . . .                                                          |          |          |          |          |
| <b>3</b> Deductions directly connected with or allocable to debt-financed property                                                   |          |          |          |          |
| <b>a</b> Straight line depreciation (attach statement) . . . . .                                                                     |          |          |          |          |
| <b>b</b> Other deductions (attach statement) . . . . .                                                                               |          |          |          |          |
| <b>c</b> Total deductions (add lines 3a and 3b, columns A through D) . . . . .                                                       |          |          |          |          |
| <b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .                   |          |          |          |          |
| <b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .                               |          |          |          |          |
| <b>6</b> Divide line 4 by line 5 . . . . .                                                                                           | %        | %        | %        | %        |
| <b>7</b> Gross income reportable. Multiply line 2 by line 6 . . . . .                                                                |          |          |          |          |
| <b>8</b> <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .         |          |          |          | 0        |
| <b>9</b> Allocable deductions. Multiply line 3c by line 6 . . . . .                                                                  |          |          |          |          |
| <b>10</b> <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . . |          |          |          | 0        |
| <b>11</b> <b>Total dividends — received deductions</b> included in line 10 . . . . .                                                 |          |          |          | 0        |

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

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

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

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income                                                     | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4)                |
|--------------------------|-------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------|-------------------------------------------------------------------------|
| (1)                      |                                                                         |                                                     |                                  |                                                                         |
| (2)                      |                                                                         |                                                     |                                  |                                                                         |
| (3)                      |                                                                         |                                                     |                                  |                                                                         |
| (4)                      |                                                                         |                                                     |                                  |                                                                         |
|                          | Add amounts in column 2. Enter here and on Part I, line 9, column (A) 0 |                                                     |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 |
| <b>Totals</b>            |                                                                         |                                                     |                                  | 0                                                                       |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |                                                                                                                                          |   |
|---|------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1 | Description of exploited activity:                                                                                                       |   |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)                                    | 2 |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)                  | 3 |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7                   | 4 |
| 5 | Gross income from activity that is not unrelated business income                                                                         | 5 |
| 6 | Expenses attributable to income entered on line 5                                                                                        | 6 |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |

## Part IX Advertising Income

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

**A** ☐

**B** ☐

**C** ☐

**D** ☐

Enter amounts for each periodical listed above in the corresponding column.

|                                                                                                                                                                                                                                                            | A | B | C | D |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| <b>2</b> Gross advertising income . . . . .                                                                                                                                                                                                                |   |   |   |   |
| <b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .                                                                                                                                                                  | 0 |   |   |   |
| <b>3</b> Direct advertising costs by periodical . . . . .                                                                                                                                                                                                  |   |   |   |   |
| <b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .                                                                                                                                                                  | 0 |   |   |   |
| <b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . . . . |   |   |   |   |
| <b>5</b> Readership costs . . . . .                                                                                                                                                                                                                        |   |   |   |   |
| <b>6</b> Circulation income . . . . .                                                                                                                                                                                                                      |   |   |   |   |
| <b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .                                                                                                          |   |   |   |   |
| <b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .                                                                                                          |   |   |   |   |
| <b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 . . . . .                                                                                                                   | 0 |   |   |   |

## Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name                                                   | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|-----------------------------------------------------------|----------|-------------------------------------------|----------------------------------------------------|
| (1)                                                       |          | %                                         |                                                    |
| (2)                                                       |          | %                                         |                                                    |
| (3)                                                       |          | %                                         |                                                    |
| (4)                                                       |          | %                                         |                                                    |
| <b>Total.</b> Enter here and on Part II, line 1 . . . . . |          |                                           | 0                                                  |

## Part XI Supplemental Information (see instructions)

SCHEDULE A  
(Form 990-T)

Department of the Treasury  
Internal Revenue Service

Unrelated Business Taxable Income  
From an Unrelated Trade or Business

Go to [www.irs.gov/Form990T](https://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2022

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

|                                                                     |                                                       |
|---------------------------------------------------------------------|-------------------------------------------------------|
| <b>A</b> Name of the organization<br>TEXAS A&M UNIVERSITY SYSTEM    | <b>B</b> Employer identification number<br>74-2648747 |
| <b>C</b> Unrelated business activity code (see instructions) 520000 | <b>D</b> Sequence: 2 of 7                             |

**E** Describe the unrelated trade or business FINANCE AND INSURANCE

| Part I Unrelated Trade or Business Income |                                                                                        | (A) Income   | (B) Expenses | (C) Net   |
|-------------------------------------------|----------------------------------------------------------------------------------------|--------------|--------------|-----------|
| 1a                                        | Gross receipts or sales 0                                                              |              |              |           |
| b                                         | Less returns and allowances 0 c Balance                                                | 1c 0         |              |           |
| 2                                         | Cost of goods sold (Part III, line 8)                                                  | 2 0          |              |           |
| 3                                         | Gross profit. Subtract line 2 from line 1c                                             | 3 0          |              | 0         |
| 4a                                        | Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a 3,995     |              | 3,995     |
| b                                         | Net gain (loss) (Form 4797) (attach Form 4797). See instructions                       | 4b 0         |              | 0         |
| c                                         | Capital loss deduction for trusts                                                      | 4c 0         |              | 0         |
| 5                                         | Income (loss) from a partnership or an S corporation (attach statement)                | 5 (580,930)  |              | (580,930) |
| 6                                         | Rent income (Part IV)                                                                  | 6 0          | 0            | 0         |
| 7                                         | Unrelated debt-financed income (Part V)                                                | 7 0          | 0            | 0         |
| 8                                         | Interest, annuities, royalties, and rents from a controlled organization (Part VI)     | 8 0          | 0            | 0         |
| 9                                         | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)          | 9 0          | 0            | 0         |
| 10                                        | Exploited exempt activity income (Part VIII)                                           | 10 0         | 0            | 0         |
| 11                                        | Advertising income (Part IX)                                                           | 11 0         | 0            | 0         |
| 12                                        | Other income (see instructions; attach statement)                                      | 12 0         |              | 0         |
| 13                                        | Total. Combine lines 3 through 12                                                      | 13 (576,935) | 0            | (576,935) |

| Part II Deductions Not Taken Elsewhere | See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. |              |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------|
| 1                                      | Compensation of officers, directors, and trustees (Part X)                                                                | 1 0          |
| 2                                      | Salaries and wages                                                                                                        | 2 0          |
| 3                                      | Repairs and maintenance                                                                                                   | 3 0          |
| 4                                      | Bad debts                                                                                                                 | 4 0          |
| 5                                      | Interest (attach statement). See instructions                                                                             | 5 16,476     |
| 6                                      | Taxes and licenses                                                                                                        | 6 0          |
| 7                                      | Depreciation (attach Form 4562). See instructions                                                                         | 7 0          |
| 8                                      | Less depreciation claimed in Part III and elsewhere on return                                                             | 8a 0         |
| 9                                      | Depletion                                                                                                                 | 9 7,837      |
| 10                                     | Contributions to deferred compensation plans                                                                              | 10 0         |
| 11                                     | Employee benefit programs                                                                                                 | 11 0         |
| 12                                     | Excess exempt expenses (Part VIII)                                                                                        | 12 0         |
| 13                                     | Excess readership costs (Part IX)                                                                                         | 13 0         |
| 14                                     | Other deductions (attach statement)                                                                                       | 14 16,514    |
| 15                                     | Total deductions. Add lines 1 through 14                                                                                  | 15 40,827    |
| 16                                     | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)          | 16 (617,762) |
| 17                                     | Deduction for net operating loss. See instructions                                                                        | 17 0         |
| 18                                     | Unrelated business taxable income. Subtract line 17 from line 16                                                          | 18 (617,762) |

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 740360

Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold**

Enter method of inventory valuation

|          |                                                                                                                                                                                        |          |   |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> | Inventory at beginning of year . . . . .                                                                                                                                               | <b>1</b> | 0 |
| <b>2</b> | Purchases . . . . .                                                                                                                                                                    | <b>2</b> | 0 |
| <b>3</b> | Cost of labor . . . . .                                                                                                                                                                | <b>3</b> | 0 |
| <b>4</b> | Additional section 263A costs (attach statement) . . . . .                                                                                                                             | <b>4</b> | 0 |
| <b>5</b> | Other costs (attach statement) . . . . .                                                                                                                                               | <b>5</b> | 0 |
| <b>6</b> | <b>Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                          | <b>6</b> | 0 |
| <b>7</b> | Inventory at end of year . . . . .                                                                                                                                                     | <b>7</b> | 0 |
| <b>8</b> | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .                                                                                     | <b>8</b> | 0 |
| <b>9</b> | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          |   |

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

**1** Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

|                                                                                                                                                              | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| <b>2</b> Rent received or accrued                                                                                                                            |          |          |          |          |
| <b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .                           |          |          |          |          |
| <b>b</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . . |          |          |          |          |
| <b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .                                                     |          |          |          |          |
| <b>3</b> Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . . . . .                            |          |          |          | 0        |
| <b>4</b> Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) . . . . .                                                   |          |          |          |          |
| <b>5</b> <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . .                                     |          |          |          | 0        |

**Part V Unrelated Debt-Financed Income** (see instructions)

**1** Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

|                                                                                                                                      | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| <b>2</b> Gross income from or allocable to debt-financed property . . . . .                                                          |          |          |          |          |
| <b>3</b> Deductions directly connected with or allocable to debt-financed property                                                   |          |          |          |          |
| <b>a</b> Straight line depreciation (attach statement) . . . . .                                                                     |          |          |          |          |
| <b>b</b> Other deductions (attach statement) . . . . .                                                                               |          |          |          |          |
| <b>c</b> Total deductions (add lines 3a and 3b, columns A through D) . . . . .                                                       |          |          |          |          |
| <b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .                   |          |          |          |          |
| <b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .                               |          |          |          |          |
| <b>6</b> Divide line 4 by line 5 . . . . .                                                                                           | %        | %        | %        | %        |
| <b>7</b> Gross income reportable. Multiply line 2 by line 6 . . . . .                                                                |          |          |          |          |
| <b>8</b> <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .         |          |          |          | 0        |
| <b>9</b> Allocable deductions. Multiply line 3c by line 6 . . . . .                                                                  |          |          |          |          |
| <b>10</b> <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . . |          |          |          | 0        |
| <b>11</b> <b>Total dividends — received deductions</b> included in line 10 . . . . .                                                 |          |          |          | 0        |

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

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

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

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income                                                   | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4)              |
|--------------------------|-----------------------------------------------------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------------------------------------|
| (1)                      |                                                                       |                                                     |                                  |                                                                       |
| (2)                      |                                                                       |                                                     |                                  |                                                                       |
| (3)                      |                                                                       |                                                     |                                  |                                                                       |
| (4)                      |                                                                       |                                                     |                                  |                                                                       |
|                          | Add amounts in column 2. Enter here and on Part I, line 9, column (A) |                                                     |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| <b>Totals</b>            | 0                                                                     |                                                     |                                  | 0                                                                     |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |                                                                                                                                          |   |
|---|------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1 | Description of exploited activity:                                                                                                       |   |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)                                    | 2 |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)                  | 3 |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7                   | 4 |
| 5 | Gross income from activity that is not unrelated business income                                                                         | 5 |
| 6 | Expenses attributable to income entered on line 5                                                                                        | 6 |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |

Schedule A (Form 990-T) 2022

## Part IX Advertising Income

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

**A** ☐

**B** ☐

C ☐D ☐

Enter amounts for each periodical listed above in the corresponding column.

|                                                                                                                                                                                                                                                            | A | B | C | D |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| <b>2</b> Gross advertising income . . . . .                                                                                                                                                                                                                |   |   |   |   |
| <b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .                                                                                                                                                                  |   |   |   | 0 |
| <b>3</b> Direct advertising costs by periodical . . . . .                                                                                                                                                                                                  |   |   |   |   |
| <b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .                                                                                                                                                                  |   |   |   | 0 |
| <b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . . . . |   |   |   |   |
| <b>5</b> Readership costs . . . . .                                                                                                                                                                                                                        |   |   |   |   |
| <b>6</b> Circulation income . . . . .                                                                                                                                                                                                                      |   |   |   |   |
| <b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .                                                                                                          |   |   |   |   |
| <b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .                                                                                                          |   |   |   |   |
| <b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 . . . . .                                                                                                                   |   |   |   | 0 |

## Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name                                                   | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|-----------------------------------------------------------|----------|-------------------------------------------|----------------------------------------------------|
| (1)                                                       |          | %                                         |                                                    |
| (2)                                                       |          | %                                         |                                                    |
| (3)                                                       |          | %                                         |                                                    |
| (4)                                                       |          | %                                         |                                                    |
| <b>Total.</b> Enter here and on Part II, line 1 . . . . . |          |                                           | 0                                                  |

## Part XI Supplemental Information (see instructions)

**SCHEDULE A**  
**(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income**  
**From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2022**

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

|                                                                               |                                                       |
|-------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>A</b> Name of the organization<br>TEXAS A&M UNIVERSITY SYSTEM              | <b>B</b> Employer identification number<br>74-2648747 |
| <b>C</b> Unrelated business activity code (see instructions) . . . . . 530000 | <b>D</b> Sequence: 3 of 7                             |

**E** Describe the unrelated trade or business REAL ESTATE RENTAL AND LEASING

| Part I Unrelated Trade or Business Income                                                                  |           | (A) Income | (B) Expenses | (C) Net |
|------------------------------------------------------------------------------------------------------------|-----------|------------|--------------|---------|
| <b>1a</b> Gross receipts or sales                                                                          | 0         |            |              |         |
| <b>b</b> Less returns and allowances                                                                       | 0         |            |              |         |
| <b>c</b> Balance                                                                                           | <b>1c</b> | 0          |              |         |
| <b>2</b> Cost of goods sold (Part III, line 8) . . . . .                                                   | <b>2</b>  | 0          |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .                                              | <b>3</b>  | 0          |              | 0       |
| <b>4a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . | <b>4a</b> | 0          |              | 0       |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions . . . . .                        | <b>4b</b> | 0          |              | 0       |
| <b>c</b> Capital loss deduction for trusts . . . . .                                                       | <b>4c</b> | 0          |              | 0       |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) . . . . .                 | <b>5</b>  | 0          |              | 0       |
| <b>6</b> Rent income (Part IV) . . . . .                                                                   | <b>6</b>  | 1,357,381  | 849,549      | 507,832 |
| <b>7</b> Unrelated debt-financed income (Part V) . . . . .                                                 | <b>7</b>  | 0          | 0            | 0       |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) . . . . .      | <b>8</b>  | 0          | 0            | 0       |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) . . . . .           | <b>9</b>  | 0          | 0            | 0       |
| <b>10</b> Exploited exempt activity income (Part VIII) . . . . .                                           | <b>10</b> | 0          | 0            | 0       |
| <b>11</b> Advertising income (Part IX) . . . . .                                                           | <b>11</b> | 0          | 0            | 0       |
| <b>12</b> Other income (see instructions; attach statement) . . . . .                                      | <b>12</b> | 0          |              | 0       |
| <b>13</b> <b>Total.</b> Combine lines 3 through 12 . . . . .                                               | <b>13</b> | 1,357,381  | 849,549      | 507,832 |

| Part II Deductions Not Taken Elsewhere                                                                                               |           | See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. |             |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X) . . . . .                                                        | <b>1</b>  |                                                                                                                           | 0           |
| <b>2</b> Salaries and wages . . . . .                                                                                                | <b>2</b>  |                                                                                                                           | 0           |
| <b>3</b> Repairs and maintenance . . . . .                                                                                           | <b>3</b>  |                                                                                                                           | 0           |
| <b>4</b> Bad debts . . . . .                                                                                                         | <b>4</b>  |                                                                                                                           | 0           |
| <b>5</b> Interest (attach statement). See instructions . . . . .                                                                     | <b>5</b>  |                                                                                                                           | 0           |
| <b>6</b> Taxes and licenses . . . . .                                                                                                | <b>6</b>  |                                                                                                                           | 0           |
| <b>7</b> Depreciation (attach Form 4562). See instructions . . . . .                                                                 | <b>7</b>  | 0                                                                                                                         |             |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return . . . . .                                                     | <b>8a</b> | 0                                                                                                                         | <b>8b</b> 0 |
| <b>9</b> Depletion . . . . .                                                                                                         | <b>9</b>  |                                                                                                                           | 0           |
| <b>10</b> Contributions to deferred compensation plans . . . . .                                                                     | <b>10</b> |                                                                                                                           | 0           |
| <b>11</b> Employee benefit programs . . . . .                                                                                        | <b>11</b> |                                                                                                                           | 0           |
| <b>12</b> Excess exempt expenses (Part VIII) . . . . .                                                                               | <b>12</b> |                                                                                                                           | 0           |
| <b>13</b> Excess readership costs (Part IX) . . . . .                                                                                | <b>13</b> |                                                                                                                           | 0           |
| <b>14</b> Other deductions (attach statement) . . . . .                                                                              | <b>14</b> |                                                                                                                           | 135,875     |
| <b>15</b> <b>Total deductions.</b> Add lines 1 through 14 . . . . .                                                                  | <b>15</b> |                                                                                                                           | 135,875     |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) . . . . . | <b>16</b> |                                                                                                                           | 371,957     |
| <b>17</b> Deduction for net operating loss. See instructions . . . . .                                                               | <b>17</b> |                                                                                                                           | 252,457     |
| <b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16 . . . . .                                          | <b>18</b> |                                                                                                                           | 119,500     |

For Paperwork Reduction Act Notice, see instructions. Cat. No. 740360 Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold**

Enter method of inventory valuation

|          |                                                                                                                                                                                        |          |   |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> | Inventory at beginning of year . . . . .                                                                                                                                               | <b>1</b> | 0 |
| <b>2</b> | Purchases . . . . .                                                                                                                                                                    | <b>2</b> | 0 |
| <b>3</b> | Cost of labor . . . . .                                                                                                                                                                | <b>3</b> | 0 |
| <b>4</b> | Additional section 263A costs (attach statement) . . . . .                                                                                                                             | <b>4</b> | 0 |
| <b>5</b> | Other costs (attach statement) . . . . .                                                                                                                                               | <b>5</b> | 0 |
| <b>6</b> | <b>Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                          | <b>6</b> | 0 |
| <b>7</b> | Inventory at end of year . . . . .                                                                                                                                                     | <b>7</b> | 0 |
| <b>8</b> | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .                                                                                     | <b>8</b> | 0 |
| <b>9</b> | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          |   |

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

**1** Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ 301 TARROW STREET, COLLEGE STATION, TX 77840-7896

**B** ☐

**C** ☐

**D** ☐

|                                                                                                                                                              | <b>A</b>  | <b>B</b> | <b>C</b> | <b>D</b>  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------|-----------|
| <b>2</b> Rent received or accrued                                                                                                                            |           |          |          |           |
| <b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .                           | 1,357,381 |          |          |           |
| <b>b</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . . |           |          |          |           |
| <b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .                                                     | 1,357,381 |          |          |           |
| <b>3</b> Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . . . . .                            |           |          |          | 1,357,381 |
| <b>4</b> Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) . . . . .                                                   | 849,549   |          |          |           |
| <b>5</b> <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . .                                     |           |          |          | 849,549   |

**Part V Unrelated Debt-Financed Income** (see instructions)

**1** Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐

**B** ☐

**C** ☐

**D** ☐

|                                                                                                                                      | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| <b>2</b> Gross income from or allocable to debt-financed property . . . . .                                                          |          |          |          |          |
| <b>3</b> Deductions directly connected with or allocable to debt-financed property                                                   |          |          |          |          |
| <b>a</b> Straight line depreciation (attach statement) . . . . .                                                                     |          |          |          |          |
| <b>b</b> Other deductions (attach statement) . . . . .                                                                               |          |          |          |          |
| <b>c</b> Total deductions (add lines 3a and 3b, columns A through D) . . . . .                                                       |          |          |          |          |
| <b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .                   |          |          |          |          |
| <b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .                               |          |          |          |          |
| <b>6</b> Divide line 4 by line 5 . . . . .                                                                                           | %        | %        | %        | %        |
| <b>7</b> Gross income reportable. Multiply line 2 by line 6 . . . . .                                                                |          |          |          |          |
| <b>8</b> <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .         |          |          |          | 0        |
| <b>9</b> Allocable deductions. Multiply line 3c by line 6 . . . . .                                                                  |          |          |          |          |
| <b>10</b> <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . . |          |          |          | 0        |
| <b>11</b> <b>Total dividends — received deductions</b> included in line 10 . . . . .                                                 |          |          |          | 0        |

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

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

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

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income                                                     | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4)                |
|--------------------------|-------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------|-------------------------------------------------------------------------|
| (1)                      |                                                                         |                                                     |                                  |                                                                         |
| (2)                      |                                                                         |                                                     |                                  |                                                                         |
| (3)                      |                                                                         |                                                     |                                  |                                                                         |
| (4)                      |                                                                         |                                                     |                                  |                                                                         |
|                          | Add amounts in column 2. Enter here and on Part I, line 9, column (A) 0 |                                                     |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 |
| <b>Totals</b> . . . . .  | 0                                                                       |                                                     |                                  | 0                                                                       |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |                                                                                                                                                    |   |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1 | Description of exploited activity: _____                                                                                                           |   |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)                                              | 2 |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) . . . . .                  | 3 |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 . . . . .                   | 4 |
| 5 | Gross income from activity that is not unrelated business income . . . . .                                                                         | 5 |
| 6 | Expenses attributable to income entered on line 5 . . . . .                                                                                        | 6 |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 . . . . . | 7 |

Schedule A (Form 990-T) 2022

## Part IX Advertising Income

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

**A** ☐

**B** ☐

C ☐D ☐

Enter amounts for each periodical listed above in the corresponding column.

|                                                                                                                                                                                                                                                            | A | B | C | D |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| <b>2</b> Gross advertising income . . . . .                                                                                                                                                                                                                |   |   |   |   |
| <b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .                                                                                                                                                                  |   |   |   | 0 |
| <b>3</b> Direct advertising costs by periodical . . . . .                                                                                                                                                                                                  |   |   |   |   |
| <b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .                                                                                                                                                                  |   |   |   | 0 |
| <b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . . . . |   |   |   |   |
| <b>5</b> Readership costs . . . . .                                                                                                                                                                                                                        |   |   |   |   |
| <b>6</b> Circulation income . . . . .                                                                                                                                                                                                                      |   |   |   |   |
| <b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .                                                                                                          |   |   |   |   |
| <b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .                                                                                                          |   |   |   |   |
| <b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 . . . . .                                                                                                                   |   |   |   | 0 |

## Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name                                                   | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|-----------------------------------------------------------|----------|-------------------------------------------|----------------------------------------------------|
| (1)                                                       |          | %                                         |                                                    |
| (2)                                                       |          | %                                         |                                                    |
| (3)                                                       |          | %                                         |                                                    |
| (4)                                                       |          | %                                         |                                                    |
| <b>Total.</b> Enter here and on Part II, line 1 . . . . . |          |                                           | 0                                                  |

**Part XI**   **Supplemental Information** (see instructions)

**SCHEDULE A**  
**(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income**  
**From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2022**

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

|                                                                               |                                                       |
|-------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>A</b> Name of the organization<br>TEXAS A&M UNIVERSITY SYSTEM              | <b>B</b> Employer identification number<br>74-2648747 |
| <b>C</b> Unrelated business activity code (see instructions) . . . . . 540000 | <b>D</b> Sequence: 4 of 7                             |

**E** Describe the unrelated trade or business PROFESSIONAL, SCIENTIFIC, AND TECHNICAL SERVICES

| Part I Unrelated Trade or Business Income                                                        |   | (A) Income | (B) Expenses | (C) Net |
|--------------------------------------------------------------------------------------------------|---|------------|--------------|---------|
| <b>1a</b> Gross receipts or sales                                                                | 0 |            |              |         |
| <b>b</b> Less returns and allowances                                                             | 0 |            |              |         |
| <b>c</b> Balance                                                                                 |   | 0          |              |         |
| <b>1c</b>                                                                                        |   | 0          |              |         |
| <b>2</b> Cost of goods sold (Part III, line 8)                                                   |   | 0          |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c                                              |   | 0          |              | 0       |
| <b>4a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions |   | 0          |              | 0       |
| <b>4a</b>                                                                                        |   | 0          |              | 0       |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions                        |   | 0          |              | 0       |
| <b>4b</b>                                                                                        |   | 0          |              | 0       |
| <b>c</b> Capital loss deduction for trusts                                                       |   | 0          |              | 0       |
| <b>4c</b>                                                                                        |   | 0          |              | 0       |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)                 |   | 0          |              | 0       |
| <b>5</b>                                                                                         |   | 0          |              | 0       |
| <b>6</b> Rent income (Part IV)                                                                   |   | 0          | 0            | 0       |
| <b>6</b>                                                                                         |   | 0          | 0            | 0       |
| <b>7</b> Unrelated debt-financed income (Part V)                                                 |   | 0          | 0            | 0       |
| <b>7</b>                                                                                         |   | 0          | 0            | 0       |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)      |   | 0          | 0            | 0       |
| <b>8</b>                                                                                         |   | 0          | 0            | 0       |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)           |   | 0          | 0            | 0       |
| <b>9</b>                                                                                         |   | 0          | 0            | 0       |
| <b>10</b> Exploited exempt activity income (Part VIII)                                           |   | 0          | 0            | 0       |
| <b>10</b>                                                                                        |   | 0          | 0            | 0       |
| <b>11</b> Advertising income (Part IX)                                                           |   | 719,577    | 189,013      | 530,564 |
| <b>11</b>                                                                                        |   | 719,577    | 189,013      | 530,564 |
| <b>12</b> Other income (see instructions; attach statement)                                      |   | 0          |              | 0       |
| <b>12</b>                                                                                        |   | 0          |              | 0       |
| <b>13</b> <b>Total.</b> Combine lines 3 through 12                                               |   | 719,577    | 189,013      | 530,564 |
| <b>13</b>                                                                                        |   | 719,577    | 189,013      | 530,564 |

| Part II Deductions Not Taken Elsewhere                                                                                     |    | See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. |         |
|----------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------|---------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X)                                                        |    | <b>1</b>                                                                                                                  | 0       |
| <b>2</b> Salaries and wages                                                                                                |    | <b>2</b>                                                                                                                  | 0       |
| <b>3</b> Repairs and maintenance                                                                                           |    | <b>3</b>                                                                                                                  | 0       |
| <b>4</b> Bad debts                                                                                                         |    | <b>4</b>                                                                                                                  | 0       |
| <b>5</b> Interest (attach statement). See instructions                                                                     |    | <b>5</b>                                                                                                                  | 0       |
| <b>6</b> Taxes and licenses                                                                                                |    | <b>6</b>                                                                                                                  | 0       |
| <b>7</b> Depreciation (attach Form 4562). See instructions                                                                 | 7  | 0                                                                                                                         |         |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return                                                     | 8a | 0                                                                                                                         | 0       |
| <b>8a</b>                                                                                                                  |    | 0                                                                                                                         | 0       |
| <b>9</b> Depletion                                                                                                         |    | <b>9</b>                                                                                                                  | 0       |
| <b>10</b> Contributions to deferred compensation plans                                                                     |    | <b>10</b>                                                                                                                 | 0       |
| <b>11</b> Employee benefit programs                                                                                        |    | <b>11</b>                                                                                                                 | 0       |
| <b>12</b> Excess exempt expenses (Part VIII)                                                                               |    | <b>12</b>                                                                                                                 | 0       |
| <b>13</b> Excess readership costs (Part IX)                                                                                |    | <b>13</b>                                                                                                                 | 0       |
| <b>14</b> Other deductions (attach statement)                                                                              |    | <b>14</b>                                                                                                                 | 44,229  |
| <b>15</b> <b>Total deductions.</b> Add lines 1 through 14                                                                  |    | <b>15</b>                                                                                                                 | 44,229  |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) |    | <b>16</b>                                                                                                                 | 486,335 |
| <b>17</b> Deduction for net operating loss. See instructions                                                               |    | <b>17</b>                                                                                                                 | 0       |
| <b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16                                          |    | <b>18</b>                                                                                                                 | 486,335 |

For Paperwork Reduction Act Notice, see instructions. Cat. No. 740360 Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold**

Enter method of inventory valuation

|          |                                                                                                                                                                                        |          |   |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> | Inventory at beginning of year . . . . .                                                                                                                                               | <b>1</b> | 0 |
| <b>2</b> | Purchases . . . . .                                                                                                                                                                    | <b>2</b> | 0 |
| <b>3</b> | Cost of labor . . . . .                                                                                                                                                                | <b>3</b> | 0 |
| <b>4</b> | Additional section 263A costs (attach statement) . . . . .                                                                                                                             | <b>4</b> | 0 |
| <b>5</b> | Other costs (attach statement) . . . . .                                                                                                                                               | <b>5</b> | 0 |
| <b>6</b> | <b>Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                          | <b>6</b> | 0 |
| <b>7</b> | Inventory at end of year . . . . .                                                                                                                                                     | <b>7</b> | 0 |
| <b>8</b> | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .                                                                                     | <b>8</b> | 0 |
| <b>9</b> | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          |   |

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

**1** Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

|                                                                                                                                                              | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| <b>2</b> Rent received or accrued                                                                                                                            |          |          |          |          |
| <b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .                           |          |          |          |          |
| <b>b</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . . |          |          |          |          |
| <b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .                                                     |          |          |          |          |
| <b>3</b> Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . . . . .                            |          |          |          | 0        |
| <b>4</b> Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) . . . . .                                                   |          |          |          |          |
| <b>5</b> <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . .                                     |          |          |          | 0        |

**Part V Unrelated Debt-Financed Income** (see instructions)

**1** Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

|                                                                                                                                      | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| <b>2</b> Gross income from or allocable to debt-financed property . . . . .                                                          |          |          |          |          |
| <b>3</b> Deductions directly connected with or allocable to debt-financed property                                                   |          |          |          |          |
| <b>a</b> Straight line depreciation (attach statement) . . . . .                                                                     |          |          |          |          |
| <b>b</b> Other deductions (attach statement) . . . . .                                                                               |          |          |          |          |
| <b>c</b> Total deductions (add lines 3a and 3b, columns A through D) . . . . .                                                       |          |          |          |          |
| <b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .                   |          |          |          |          |
| <b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .                               |          |          |          |          |
| <b>6</b> Divide line 4 by line 5 . . . . .                                                                                           | %        | %        | %        | %        |
| <b>7</b> Gross income reportable. Multiply line 2 by line 6 . . . . .                                                                |          |          |          |          |
| <b>8</b> <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .         |          |          |          | 0        |
| <b>9</b> Allocable deductions. Multiply line 3c by line 6 . . . . .                                                                  |          |          |          |          |
| <b>10</b> <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . . |          |          |          | 0        |
| <b>11</b> <b>Total dividends — received deductions</b> included in line 10 . . . . .                                                 |          |          |          | 0        |

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

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

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

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income                                                     | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4)                |
|--------------------------|-------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------|-------------------------------------------------------------------------|
| (1)                      |                                                                         |                                                     |                                  |                                                                         |
| (2)                      |                                                                         |                                                     |                                  |                                                                         |
| (3)                      |                                                                         |                                                     |                                  |                                                                         |
| (4)                      |                                                                         |                                                     |                                  |                                                                         |
|                          | Add amounts in column 2. Enter here and on Part I, line 9, column (A) 0 |                                                     |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 |
| <b>Totals</b> . . . . .  | 0                                                                       |                                                     |                                  | 0                                                                       |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |                                                                                                                                                    |   |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1 | Description of exploited activity: _____                                                                                                           |   |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)                                              | 2 |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) . . . . .                  | 3 |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 . . . . .                   | 4 |
| 5 | Gross income from activity that is not unrelated business income . . . . .                                                                         | 5 |
| 6 | Expenses attributable to income entered on line 5 . . . . .                                                                                        | 6 |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 . . . . . | 7 |

Schedule A (Form 990-T) 2022

**Part IX Advertising Income**

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

**A** ☒ TAMU ADVERTISING

**B** ☐

**C** ☐

**D** ☐

Enter amounts for each periodical listed above in the corresponding column.

|                                                                                                                                                                                                                                                            | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| <b>2</b> Gross advertising income . . . . .                                                                                                                                                                                                                | 719,577  |          |          |          |
| <b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .                                                                                                                                                                  |          |          |          | 719,577  |
| <b>3</b> Direct advertising costs by periodical . . . . .                                                                                                                                                                                                  | 189,013  |          |          |          |
| <b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .                                                                                                                                                                  |          |          |          | 189,013  |
| <b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . . . . | 530,564  |          |          |          |
| <b>5</b> Readership costs . . . . .                                                                                                                                                                                                                        | 0        |          |          |          |
| <b>6</b> Circulation income . . . . .                                                                                                                                                                                                                      | 0        |          |          |          |
| <b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .                                                                                                          | 0        |          |          |          |
| <b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .                                                                                                          | 0        |          |          |          |
| <b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 . . . . .                                                                                                                   |          |          |          | 0        |

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name                                                   | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|-----------------------------------------------------------|----------|-------------------------------------------|----------------------------------------------------|
| (1)                                                       |          | %                                         |                                                    |
| (2)                                                       |          | %                                         |                                                    |
| (3)                                                       |          | %                                         |                                                    |
| (4)                                                       |          | %                                         |                                                    |
| <b>Total.</b> Enter here and on Part II, line 1 . . . . . |          |                                           | 0                                                  |

**Part XI Supplemental Information** (see instructions)

**SCHEDULE A**  
**(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income**  
**From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2022**

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

|                                                                               |                                                       |
|-------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>A</b> Name of the organization<br>TEXAS A&M UNIVERSITY SYSTEM              | <b>B</b> Employer identification number<br>74-2648747 |
| <b>C</b> Unrelated business activity code (see instructions) . . . . . 710000 | <b>D</b> Sequence: 5 of 7                             |

**E** Describe the unrelated trade or business ARTS, ENTERTAINMENT, AND RECREATION

| Part I Unrelated Trade or Business Income                                                        |         | (A) Income | (B) Expenses | (C) Net |
|--------------------------------------------------------------------------------------------------|---------|------------|--------------|---------|
| <b>1a</b> Gross receipts or sales                                                                | 156,529 |            |              |         |
| <b>b</b> Less returns and allowances                                                             | 0       |            |              |         |
| <b>c</b> Balance                                                                                 |         | 156,529    |              |         |
| <b>2</b> Cost of goods sold (Part III, line 8)                                                   |         | 0          |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c                                              |         | 156,529    |              | 156,529 |
| <b>4a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions |         | 0          |              | 0       |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions                        |         | 0          |              | 0       |
| <b>c</b> Capital loss deduction for trusts                                                       |         | 0          |              | 0       |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)                 |         | 0          |              | 0       |
| <b>6</b> Rent income (Part IV)                                                                   |         | 0          | 0            | 0       |
| <b>7</b> Unrelated debt-financed income (Part V)                                                 |         | 0          | 0            | 0       |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)      |         | 0          | 0            | 0       |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)           |         | 0          | 0            | 0       |
| <b>10</b> Exploited exempt activity income (Part VIII)                                           |         | 0          | 0            | 0       |
| <b>11</b> Advertising income (Part IX)                                                           |         | 0          | 0            | 0       |
| <b>12</b> Other income (see instructions; attach statement)                                      |         | 0          |              | 0       |
| <b>13 Total.</b> Combine lines 3 through 12                                                      |         | 156,529    | 0            | 156,529 |

| Part II Deductions Not Taken Elsewhere                                                                                     |    | See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. |           |
|----------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X)                                                        |    | <b>1</b>                                                                                                                  | 0         |
| <b>2</b> Salaries and wages                                                                                                |    | <b>2</b>                                                                                                                  | 172,396   |
| <b>3</b> Repairs and maintenance                                                                                           |    | <b>3</b>                                                                                                                  | 0         |
| <b>4</b> Bad debts                                                                                                         |    | <b>4</b>                                                                                                                  | 0         |
| <b>5</b> Interest (attach statement). See instructions                                                                     |    | <b>5</b>                                                                                                                  | 0         |
| <b>6</b> Taxes and licenses                                                                                                |    | <b>6</b>                                                                                                                  | 0         |
| <b>7</b> Depreciation (attach Form 4562). See instructions                                                                 | 7  | 8,357                                                                                                                     |           |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return                                                     | 8a | 0                                                                                                                         | 8b 8,357  |
| <b>9</b> Depletion                                                                                                         |    | <b>9</b>                                                                                                                  | 0         |
| <b>10</b> Contributions to deferred compensation plans                                                                     |    | <b>10</b>                                                                                                                 | 0         |
| <b>11</b> Employee benefit programs                                                                                        |    | <b>11</b>                                                                                                                 | 14,007    |
| <b>12</b> Excess exempt expenses (Part VIII)                                                                               |    | <b>12</b>                                                                                                                 | 0         |
| <b>13</b> Excess readership costs (Part IX)                                                                                |    | <b>13</b>                                                                                                                 | 0         |
| <b>14</b> Other deductions (attach statement)                                                                              |    | <b>14</b>                                                                                                                 | 136,867   |
| <b>15 Total deductions.</b> Add lines 1 through 14                                                                         |    | <b>15</b>                                                                                                                 | 331,627   |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) |    | <b>16</b>                                                                                                                 | (175,098) |
| <b>17</b> Deduction for net operating loss. See instructions                                                               |    | <b>17</b>                                                                                                                 | 0         |
| <b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16                                                 |    | <b>18</b>                                                                                                                 | (175,098) |

For Paperwork Reduction Act Notice, see instructions. Cat. No. 740360 Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold**

Enter method of inventory valuation

|          |                                                                                                                                                                                        |          |   |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> | Inventory at beginning of year . . . . .                                                                                                                                               | <b>1</b> | 0 |
| <b>2</b> | Purchases . . . . .                                                                                                                                                                    | <b>2</b> | 0 |
| <b>3</b> | Cost of labor . . . . .                                                                                                                                                                | <b>3</b> | 0 |
| <b>4</b> | Additional section 263A costs (attach statement) . . . . .                                                                                                                             | <b>4</b> | 0 |
| <b>5</b> | Other costs (attach statement) . . . . .                                                                                                                                               | <b>5</b> | 0 |
| <b>6</b> | <b>Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                          | <b>6</b> | 0 |
| <b>7</b> | Inventory at end of year . . . . .                                                                                                                                                     | <b>7</b> | 0 |
| <b>8</b> | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .                                                                                     | <b>8</b> | 0 |
| <b>9</b> | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          |   |

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

**1** Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

|                                                                                                                                                              | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| <b>2</b> Rent received or accrued                                                                                                                            |          |          |          |          |
| <b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .                           |          |          |          |          |
| <b>b</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . . |          |          |          |          |
| <b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .                                                     |          |          |          |          |
| <b>3</b> Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . . . . .                            |          |          |          | 0        |
| <b>4</b> Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) . . . . .                                                   |          |          |          |          |
| <b>5</b> <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . .                                     |          |          |          | 0        |

**Part V Unrelated Debt-Financed Income** (see instructions)

**1** Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

|                                                                                                                                      | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| <b>2</b> Gross income from or allocable to debt-financed property . . . . .                                                          |          |          |          |          |
| <b>3</b> Deductions directly connected with or allocable to debt-financed property                                                   |          |          |          |          |
| <b>a</b> Straight line depreciation (attach statement) . . . . .                                                                     |          |          |          |          |
| <b>b</b> Other deductions (attach statement) . . . . .                                                                               |          |          |          |          |
| <b>c</b> Total deductions (add lines 3a and 3b, columns A through D) . . . . .                                                       |          |          |          |          |
| <b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .                   |          |          |          |          |
| <b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .                               |          |          |          |          |
| <b>6</b> Divide line 4 by line 5 . . . . .                                                                                           | %        | %        | %        | %        |
| <b>7</b> Gross income reportable. Multiply line 2 by line 6 . . . . .                                                                |          |          |          |          |
| <b>8</b> <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .         |          |          |          | 0        |
| <b>9</b> Allocable deductions. Multiply line 3c by line 6 . . . . .                                                                  |          |          |          |          |
| <b>10</b> <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . . |          |          |          | 0        |
| <b>11</b> <b>Total dividends — received deductions</b> included in line 10 . . . . .                                                 |          |          |          | 0        |

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

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

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

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4) |
|--------------------------|---------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------------------|
| (1)                      |                     |                                                     |                                  |                                                          |
| (2)                      |                     |                                                     |                                  |                                                          |
| (3)                      |                     |                                                     |                                  |                                                          |
| (4)                      |                     |                                                     |                                  |                                                          |
| <b>Totals</b> . . . . .  |                     | 0                                                   |                                  | 0                                                        |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |                                                                                                                                                    |   |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1 | Description of exploited activity: _____                                                                                                           |   |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)                                              | 2 |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) . . . . .                  | 3 |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 . . . . .                   | 4 |
| 5 | Gross income from activity that is not unrelated business income . . . . .                                                                         | 5 |
| 6 | Expenses attributable to income entered on line 5 . . . . .                                                                                        | 6 |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 . . . . . | 7 |

Schedule A (Form 990-T) 2022

## Part IX Advertising Income

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

**A** ☐

**B** ☐

**C** ☐

**D** ☐

Enter amounts for each periodical listed above in the corresponding column.

**A**

B

C

D

## 2 Gross advertising income

**a** Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . . 0

### 3 Direct advertising costs by periodical

**a** Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . . 0

**4** Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . .

## 5 Readership costs

6 Circulation income

**7** Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .

**8** Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . .

**a** Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 . . . . . 0

## Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name

## 2. Title

**3. Percentage of time devoted to business**

#### 4. Compensation attributable to unrelated business

|     |  |   |
|-----|--|---|
| (1) |  | % |
|-----|--|---|

|     |  |   |
|-----|--|---|
| (2) |  | % |
|-----|--|---|

|     |  |   |
|-----|--|---|
| (3) |  | % |
|-----|--|---|

|     |  |   |
|-----|--|---|
| (4) |  | % |
|-----|--|---|

**Total.** Enter here and on Part II, line 1 . . . . . 0

**Part XI**   **Supplemental Information** (see instructions)

**SCHEDULE A**  
**(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income**  
**From an Unrelated Trade or Business**

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Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2022**

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

|                                                                               |                                                       |
|-------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>A</b> Name of the organization<br>TEXAS A&M UNIVERSITY SYSTEM              | <b>B</b> Employer identification number<br>74-2648747 |
| <b>C</b> Unrelated business activity code (see instructions) . . . . . 810000 | <b>D</b> Sequence: 6 of 7                             |

**E** Describe the unrelated trade or business OTHER SERVICES

| Part I Unrelated Trade or Business Income                                                                  |           | (A) Income | (B) Expenses | (C) Net   |
|------------------------------------------------------------------------------------------------------------|-----------|------------|--------------|-----------|
| <b>1a</b> Gross receipts or sales                                                                          | 1,197,257 |            |              |           |
| <b>b</b> Less returns and allowances                                                                       | 0         |            |              |           |
| <b>c</b> Balance                                                                                           |           | 1,197,257  |              |           |
| <b>2</b> Cost of goods sold (Part III, line 8) . . . . .                                                   |           | 0          |              |           |
| <b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .                                              |           | 1,197,257  |              | 1,197,257 |
| <b>4a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . |           | 0          |              | 0         |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions . . . . .                        |           | 0          |              | 0         |
| <b>c</b> Capital loss deduction for trusts . . . . .                                                       |           | 0          |              | 0         |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) . . . . .                 |           | 0          |              | 0         |
| <b>6</b> Rent income (Part IV) . . . . .                                                                   |           | 0          | 0            | 0         |
| <b>7</b> Unrelated debt-financed income (Part V) . . . . .                                                 |           | 0          | 0            | 0         |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) . . . . .      |           | 0          | 0            | 0         |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) . . . . .           |           | 0          | 0            | 0         |
| <b>10</b> Exploited exempt activity income (Part VIII) . . . . .                                           |           | 0          | 0            | 0         |
| <b>11</b> Advertising income (Part IX) . . . . .                                                           |           | 0          | 0            | 0         |
| <b>12</b> Other income (see instructions; attach statement) . . . . .                                      |           | 0          |              | 0         |
| <b>13</b> <b>Total.</b> Combine lines 3 through 12 . . . . .                                               |           | 1,197,257  | 0            | 1,197,257 |

| Part II Deductions Not Taken Elsewhere                                                                                               |    | See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. |           |
|--------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X) . . . . .                                                        |    | <b>1</b>                                                                                                                  | 0         |
| <b>2</b> Salaries and wages . . . . .                                                                                                |    | <b>2</b>                                                                                                                  | 0         |
| <b>3</b> Repairs and maintenance . . . . .                                                                                           |    | <b>3</b>                                                                                                                  | 0         |
| <b>4</b> Bad debts . . . . .                                                                                                         |    | <b>4</b>                                                                                                                  | 0         |
| <b>5</b> Interest (attach statement). See instructions . . . . .                                                                     |    | <b>5</b>                                                                                                                  | 0         |
| <b>6</b> Taxes and licenses . . . . .                                                                                                |    | <b>6</b>                                                                                                                  | 0         |
| <b>7</b> Depreciation (attach Form 4562). See instructions . . . . .                                                                 | 7  | 579,609                                                                                                                   |           |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return . . . . .                                                     | 8a | 0                                                                                                                         | 579,609   |
| <b>9</b> Depletion . . . . .                                                                                                         |    | <b>9</b>                                                                                                                  | 0         |
| <b>10</b> Contributions to deferred compensation plans . . . . .                                                                     |    | <b>10</b>                                                                                                                 | 0         |
| <b>11</b> Employee benefit programs . . . . .                                                                                        |    | <b>11</b>                                                                                                                 | 0         |
| <b>12</b> Excess exempt expenses (Part VIII) . . . . .                                                                               |    | <b>12</b>                                                                                                                 | 0         |
| <b>13</b> Excess readership costs (Part IX) . . . . .                                                                                |    | <b>13</b>                                                                                                                 | 0         |
| <b>14</b> Other deductions (attach statement) . . . . .                                                                              |    | <b>14</b>                                                                                                                 | 767,548   |
| <b>15</b> <b>Total deductions.</b> Add lines 1 through 14 . . . . .                                                                  |    | <b>15</b>                                                                                                                 | 1,347,157 |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) . . . . . |    | <b>16</b>                                                                                                                 | (149,900) |
| <b>17</b> Deduction for net operating loss. See instructions . . . . .                                                               |    | <b>17</b>                                                                                                                 | 0         |
| <b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16 . . . . .                                          |    | <b>18</b>                                                                                                                 | (149,900) |

For Paperwork Reduction Act Notice, see instructions. Cat. No. 740360 Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold**

Enter method of inventory valuation

|          |                                                                                                                                                                                        |          |   |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> | Inventory at beginning of year . . . . .                                                                                                                                               | <b>1</b> | 0 |
| <b>2</b> | Purchases . . . . .                                                                                                                                                                    | <b>2</b> | 0 |
| <b>3</b> | Cost of labor . . . . .                                                                                                                                                                | <b>3</b> | 0 |
| <b>4</b> | Additional section 263A costs (attach statement) . . . . .                                                                                                                             | <b>4</b> | 0 |
| <b>5</b> | Other costs (attach statement) . . . . .                                                                                                                                               | <b>5</b> | 0 |
| <b>6</b> | <b>Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                          | <b>6</b> | 0 |
| <b>7</b> | Inventory at end of year . . . . .                                                                                                                                                     | <b>7</b> | 0 |
| <b>8</b> | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .                                                                                     | <b>8</b> | 0 |
| <b>9</b> | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          |   |

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

**1** Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

|                                                                                                                                                              | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| <b>2</b> Rent received or accrued                                                                                                                            |          |          |          |          |
| <b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .                           |          |          |          |          |
| <b>b</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . . |          |          |          |          |
| <b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .                                                     |          |          |          |          |
| <b>3</b> Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . . . . .                            |          |          |          | 0        |
| <b>4</b> Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) . . . . .                                                   |          |          |          |          |
| <b>5</b> <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . .                                     |          |          |          | 0        |

**Part V Unrelated Debt-Financed Income** (see instructions)

**1** Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

|                                                                                                                                      | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| <b>2</b> Gross income from or allocable to debt-financed property . . . . .                                                          |          |          |          |          |
| <b>3</b> Deductions directly connected with or allocable to debt-financed property                                                   |          |          |          |          |
| <b>a</b> Straight line depreciation (attach statement) . . . . .                                                                     |          |          |          |          |
| <b>b</b> Other deductions (attach statement) . . . . .                                                                               |          |          |          |          |
| <b>c</b> Total deductions (add lines 3a and 3b, columns A through D) . . . . .                                                       |          |          |          |          |
| <b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .                   |          |          |          |          |
| <b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .                               |          |          |          |          |
| <b>6</b> Divide line 4 by line 5 . . . . .                                                                                           | %        | %        | %        | %        |
| <b>7</b> Gross income reportable. Multiply line 2 by line 6 . . . . .                                                                |          |          |          |          |
| <b>8</b> <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .         |          |          |          | 0        |
| <b>9</b> Allocable deductions. Multiply line 3c by line 6 . . . . .                                                                  |          |          |          |          |
| <b>10</b> <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . . |          |          |          | 0        |
| <b>11</b> <b>Total dividends — received deductions</b> included in line 10 . . . . .                                                 |          |          |          | 0        |

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

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

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

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income                                                     | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4)                |
|--------------------------|-------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------|-------------------------------------------------------------------------|
| (1)                      |                                                                         |                                                     |                                  |                                                                         |
| (2)                      |                                                                         |                                                     |                                  |                                                                         |
| (3)                      |                                                                         |                                                     |                                  |                                                                         |
| (4)                      |                                                                         |                                                     |                                  |                                                                         |
|                          | Add amounts in column 2. Enter here and on Part I, line 9, column (A) 0 |                                                     |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 |
| <b>Totals</b> . . . . .  | 0                                                                       |                                                     |                                  | 0                                                                       |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |                                                                                                                                                    |   |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1 | Description of exploited activity: _____                                                                                                           |   |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)                                              | 2 |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) . . . . .                  | 3 |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 . . . . .                   | 4 |
| 5 | Gross income from activity that is not unrelated business income . . . . .                                                                         | 5 |
| 6 | Expenses attributable to income entered on line 5 . . . . .                                                                                        | 6 |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 . . . . . | 7 |

Schedule A (Form 990-T) 2022

## Part IX Advertising Income

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

**A** ☐

**B** ☐

C ☐D ☐

Enter amounts for each periodical listed above in the corresponding column.

|                                                                                                                                                                                                                                                            | A | B | C | D |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| <b>2</b> Gross advertising income . . . . .                                                                                                                                                                                                                |   |   |   |   |
| <b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .                                                                                                                                                                  |   |   |   | 0 |
| <b>3</b> Direct advertising costs by periodical . . . . .                                                                                                                                                                                                  |   |   |   |   |
| <b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .                                                                                                                                                                  |   |   |   | 0 |
| <b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . . . . |   |   |   |   |
| <b>5</b> Readership costs . . . . .                                                                                                                                                                                                                        |   |   |   |   |
| <b>6</b> Circulation income . . . . .                                                                                                                                                                                                                      |   |   |   |   |
| <b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .                                                                                                          |   |   |   |   |
| <b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .                                                                                                          |   |   |   |   |
| <b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 . . . . .                                                                                                                   |   |   |   | 0 |

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name                                         | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|-------------------------------------------------|----------|-------------------------------------------|----------------------------------------------------|
| (1)                                             |          | %                                         |                                                    |
| (2)                                             |          | %                                         |                                                    |
| (3)                                             |          | %                                         |                                                    |
| (4)                                             |          | %                                         |                                                    |
| <b>Total.</b> Enter here and on Part II, line 1 |          |                                           | 0                                                  |

**Part XI**   **Supplemental Information** (see instructions)

**SCHEDULE A**  
**(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income**  
**From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2022**

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

|                                                                               |                                                       |
|-------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>A</b> Name of the organization<br>TEXAS A&M UNIVERSITY SYSTEM              | <b>B</b> Employer identification number<br>74-2648747 |
| <b>C</b> Unrelated business activity code (see instructions) . . . . . 901101 | <b>D</b> Sequence: 7 of 7                             |

**E** Describe the unrelated trade or business INVESTMENT ACTIVITIES

| Part I Unrelated Trade or Business Income                                                                  |   | (A) Income          | (B) Expenses | (C) Net   |
|------------------------------------------------------------------------------------------------------------|---|---------------------|--------------|-----------|
| <b>1a</b> Gross receipts or sales                                                                          | 0 |                     |              |           |
| <b>b</b> Less returns and allowances                                                                       | 0 |                     |              |           |
| <b>c</b> Balance                                                                                           |   | <b>1c</b> 0         |              |           |
| <b>2</b> Cost of goods sold (Part III, line 8) . . . . .                                                   |   | <b>2</b> 0          |              |           |
| <b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .                                              |   | <b>3</b> 0          |              | 0         |
| <b>4a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . . |   | <b>4a</b> 1,852,319 |              | 1,852,319 |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions . . . . .                        |   | <b>4b</b> 0         |              | 0         |
| <b>c</b> Capital loss deduction for trusts . . . . .                                                       |   | <b>4c</b> 0         |              | 0         |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) . . . . .                 |   | <b>5</b> 2,339,195  |              | 2,339,195 |
| <b>6</b> Rent income (Part IV) . . . . .                                                                   |   | <b>6</b> 0          | 0            | 0         |
| <b>7</b> Unrelated debt-financed income (Part V) . . . . .                                                 |   | <b>7</b> 0          | 0            | 0         |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) . . . . .      |   | <b>8</b> 0          | 0            | 0         |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) . . . . .           |   | <b>9</b> 0          | 0            | 0         |
| <b>10</b> Exploited exempt activity income (Part VIII) . . . . .                                           |   | <b>10</b> 0         | 0            | 0         |
| <b>11</b> Advertising income (Part IX) . . . . .                                                           |   | <b>11</b> 0         | 0            | 0         |
| <b>12</b> Other income (see instructions; attach statement) . . . . .                                      |   | <b>12</b> 0         |              | 0         |
| <b>13</b> <b>Total.</b> Combine lines 3 through 12 . . . . .                                               |   | <b>13</b> 4,191,514 | 0            | 4,191,514 |

| Part II Deductions Not Taken Elsewhere                                                                                               |           | See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. |             |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X) . . . . .                                                        |           | <b>1</b>                                                                                                                  | 0           |
| <b>2</b> Salaries and wages . . . . .                                                                                                |           | <b>2</b>                                                                                                                  | 0           |
| <b>3</b> Repairs and maintenance . . . . .                                                                                           |           | <b>3</b>                                                                                                                  | 0           |
| <b>4</b> Bad debts . . . . .                                                                                                         |           | <b>4</b>                                                                                                                  | 0           |
| <b>5</b> Interest (attach statement). See instructions . . . . .                                                                     |           | <b>5</b>                                                                                                                  | 148,383     |
| <b>6</b> Taxes and licenses . . . . .                                                                                                |           | <b>6</b>                                                                                                                  | 26,059      |
| <b>7</b> Depreciation (attach Form 4562). See instructions . . . . .                                                                 | <b>7</b>  | 0                                                                                                                         |             |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return . . . . .                                                     | <b>8a</b> | 0                                                                                                                         | <b>8b</b> 0 |
| <b>9</b> Depletion . . . . .                                                                                                         |           | <b>9</b>                                                                                                                  | 2,363,964   |
| <b>10</b> Contributions to deferred compensation plans . . . . .                                                                     |           | <b>10</b>                                                                                                                 | 0           |
| <b>11</b> Employee benefit programs . . . . .                                                                                        |           | <b>11</b>                                                                                                                 | 0           |
| <b>12</b> Excess exempt expenses (Part VIII) . . . . .                                                                               |           | <b>12</b>                                                                                                                 | 0           |
| <b>13</b> Excess readership costs (Part IX) . . . . .                                                                                |           | <b>13</b>                                                                                                                 | 0           |
| <b>14</b> Other deductions (attach statement) . . . . .                                                                              |           | <b>14</b>                                                                                                                 | 1,040,118   |
| <b>15</b> <b>Total deductions.</b> Add lines 1 through 14 . . . . .                                                                  |           | <b>15</b>                                                                                                                 | 3,578,524   |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) . . . . . |           | <b>16</b>                                                                                                                 | 612,990     |
| <b>17</b> Deduction for net operating loss. See instructions . . . . .                                                               |           | <b>17</b>                                                                                                                 | 131,752     |
| <b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16 . . . . .                                          |           | <b>18</b>                                                                                                                 | 481,238     |

**Part III Cost of Goods Sold**

Enter method of inventory valuation

|          |                                                                                                                                                                                        |          |   |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> | Inventory at beginning of year . . . . .                                                                                                                                               | <b>1</b> | 0 |
| <b>2</b> | Purchases . . . . .                                                                                                                                                                    | <b>2</b> | 0 |
| <b>3</b> | Cost of labor . . . . .                                                                                                                                                                | <b>3</b> | 0 |
| <b>4</b> | Additional section 263A costs (attach statement) . . . . .                                                                                                                             | <b>4</b> | 0 |
| <b>5</b> | Other costs (attach statement) . . . . .                                                                                                                                               | <b>5</b> | 0 |
| <b>6</b> | <b>Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                          | <b>6</b> | 0 |
| <b>7</b> | Inventory at end of year . . . . .                                                                                                                                                     | <b>7</b> | 0 |
| <b>8</b> | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .                                                                                     | <b>8</b> | 0 |
| <b>9</b> | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          |   |

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

**1** Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

|                                                                                                                                                              | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| <b>2</b> Rent received or accrued                                                                                                                            |          |          |          |          |
| <b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .                           |          |          |          |          |
| <b>b</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . . |          |          |          |          |
| <b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .                                                     |          |          |          |          |
| <b>3</b> Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . . . . .                            |          |          |          | 0        |
| <b>4</b> Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) . . . . .                                                   |          |          |          |          |
| <b>5</b> <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . .                                     |          |          |          | 0        |

**Part V Unrelated Debt-Financed Income** (see instructions)

**1** Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

|                                                                                                                                      | <b>A</b> | <b>B</b> | <b>C</b> | <b>D</b> |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| <b>2</b> Gross income from or allocable to debt-financed property . . . . .                                                          |          |          |          |          |
| <b>3</b> Deductions directly connected with or allocable to debt-financed property                                                   |          |          |          |          |
| <b>a</b> Straight line depreciation (attach statement) . . . . .                                                                     |          |          |          |          |
| <b>b</b> Other deductions (attach statement) . . . . .                                                                               |          |          |          |          |
| <b>c</b> Total deductions (add lines 3a and 3b, columns A through D) . . . . .                                                       |          |          |          |          |
| <b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .                   |          |          |          |          |
| <b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .                               |          |          |          |          |
| <b>6</b> Divide line 4 by line 5 . . . . .                                                                                           | %        | %        | %        | %        |
| <b>7</b> Gross income reportable. Multiply line 2 by line 6 . . . . .                                                                |          |          |          |          |
| <b>8</b> <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .         |          |          |          | 0        |
| <b>9</b> Allocable deductions. Multiply line 3c by line 6 . . . . .                                                                  |          |          |          |          |
| <b>10</b> <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . . |          |          |          | 0        |
| <b>11</b> <b>Total dividends — received deductions</b> included in line 10 . . . . .                                                 |          |          |          | 0        |

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

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

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

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income                                                     | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4)                |
|--------------------------|-------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------|-------------------------------------------------------------------------|
| (1)                      |                                                                         |                                                     |                                  |                                                                         |
| (2)                      |                                                                         |                                                     |                                  |                                                                         |
| (3)                      |                                                                         |                                                     |                                  |                                                                         |
| (4)                      |                                                                         |                                                     |                                  |                                                                         |
|                          | Add amounts in column 2. Enter here and on Part I, line 9, column (A) 0 |                                                     |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 |
| <b>Totals</b> . . . . .  | 0                                                                       |                                                     |                                  | 0                                                                       |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |                                                                                                                                                    |   |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1 | Description of exploited activity: _____                                                                                                           |   |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)                                              | 2 |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) . . . . .                  | 3 |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 . . . . .                   | 4 |
| 5 | Gross income from activity that is not unrelated business income . . . . .                                                                         | 5 |
| 6 | Expenses attributable to income entered on line 5 . . . . .                                                                                        | 6 |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 . . . . . | 7 |

Schedule A (Form 990-T) 2022

## Part IX Advertising Income

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

**A** ☐

**B** ☐

C ☐D ☐

Enter amounts for each periodical listed above in the corresponding column.

|                                                                                                                                                                                                                                                            | A | B | C | D |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| <b>2</b> Gross advertising income . . . . .                                                                                                                                                                                                                |   |   |   |   |
| <b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .                                                                                                                                                                  |   |   |   | 0 |
| <b>3</b> Direct advertising costs by periodical . . . . .                                                                                                                                                                                                  |   |   |   |   |
| <b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .                                                                                                                                                                  |   |   |   | 0 |
| <b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . . . . |   |   |   |   |
| <b>5</b> Readership costs . . . . .                                                                                                                                                                                                                        |   |   |   |   |
| <b>6</b> Circulation income . . . . .                                                                                                                                                                                                                      |   |   |   |   |
| <b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .                                                                                                          |   |   |   |   |
| <b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .                                                                                                          |   |   |   |   |
| <b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 . . . . .                                                                                                                   |   |   |   | 0 |

## Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name                                         | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|-------------------------------------------------|----------|-------------------------------------------|----------------------------------------------------|
| (1)                                             |          | %                                         |                                                    |
| (2)                                             |          | %                                         |                                                    |
| (3)                                             |          | %                                         |                                                    |
| (4)                                             |          | %                                         |                                                    |
| <b>Total.</b> Enter here and on Part II, line 1 |          |                                           | 0                                                  |

**Part XI**   **Supplemental Information** (see instructions)

| Return Reference - Identifier | Explanation                                               |
|-------------------------------|-----------------------------------------------------------|
| BOOK CARE - NAME AND ADDRESS  | EDWARD ZAVODNY, 1170 TAMU, COLLEGE STATION, TX 77840-7896 |

| Year Generated | Amount Generated | Amount Used in Prior Years | Amount Used in Current Year | Amount Converted to NOL | Amount Remaining | Contribution Carryover Expires |
|----------------|------------------|----------------------------|-----------------------------|-------------------------|------------------|--------------------------------|
| 2020           | 1,279,651        | 0                          | 1,458                       | 1,238,963               | 39,230           | 2025                           |
| 2021           | 6,406            | 4,057                      |                             | 2,349                   | 0                | 2026                           |
| 2022           | 8,147            |                            | 8,147                       |                         | 0                | 2027                           |
| <b>Totals</b>  | <b>1,294,204</b> | <b>4,057</b>               | <b>9,605</b>                | <b>1,241,312</b>        | <b>39,230</b>    |                                |

| Year Generated | Amount Generated  | Converted Contributions | Amount Used in Prior Years | Amount Used in Current Year | Amount Remaining | NOL Expires |
|----------------|-------------------|-------------------------|----------------------------|-----------------------------|------------------|-------------|
| 2015           | 4,916,265         | 112,768                 | 5,029,033                  |                             | 0                | 2035        |
| 2016           | 3,222,708         |                         | 3,222,708                  |                             | 0                | 2036        |
| 2017           | 3,709,478         | 991,021                 | 3,709,478                  | 991,021                     | 0                | 2037        |
| <b>Totals</b>  | <b>11,848,451</b> | <b>1,103,789</b>        | <b>11,961,219</b>          | <b>991,021</b>              | <b>0</b>         |             |

| Date          | Amount         |
|---------------|----------------|
| 08/14/2023    | 385,000        |
| <b>Totals</b> | <b>385,000</b> |

| Business Activity Code | Available post-2017 NOL carryover |
|------------------------|-----------------------------------|
| 810000                 | 60,062                            |
| 901101                 | 11,107,378                        |

| Name of Partnership                               | Share of gross income | Share of deductions | Gain or loss     |
|---------------------------------------------------|-----------------------|---------------------|------------------|
| <b>520000 - FINANCE AND INSURANCE</b>             |                       |                     |                  |
| (1) INCOME / (LOSS) FROM PASS-THROUGH INVESTMENTS | (493,675)             | 87,255              | (580,930)        |
| <b>Total</b>                                      | <b>(493,675)</b>      | <b>87,255</b>       | <b>(580,930)</b> |
| <b>901101 - INVESTMENT ACTIVITIES</b>             |                       |                     |                  |
| (1) INCOME / (LOSS) FROM PASS-THROUGH INVESTMENTS | 13,197,760            | 10,858,565          | 2,339,195        |
| <b>Total</b>                                      | <b>13,197,760</b>     | <b>10,858,565</b>   | <b>2,339,195</b> |

| Description                                   | Amount         |
|-----------------------------------------------|----------------|
| <b>520000 - FINANCE AND INSURANCE</b>         |                |
| (1) INTEREST EXPENSE                          | 16,476         |
| <b>901101 - INVESTMENT ACTIVITIES</b>         |                |
| (1) INTEREST EXPENSE                          | 148,383        |
| <b>Total for Schedule A - Part II, Line 5</b> | <b>164,859</b> |

| Description                           | Amount |
|---------------------------------------|--------|
| <b>901101 - INVESTMENT ACTIVITIES</b> |        |
| (1) FOREIGN TAXES                     | 26,059 |

| Description                                                      | Amount           |
|------------------------------------------------------------------|------------------|
| <b>450000 - RETAIL TRADE</b>                                     |                  |
| (1) OTHER OPERATING EXPENSES                                     | 1,381,631        |
| <b>520000 - FINANCE AND INSURANCE</b>                            |                  |
| (1) OTHER OPERATING EXPENSES                                     | 8,405            |
| (2) PROFESSIONAL FEES                                            | 8,109            |
| <b>Total</b>                                                     | <b>16,514</b>    |
| <b>530000 - REAL ESTATE RENTAL AND LEASING</b>                   |                  |
| (1) OTHER OPERATING EXPENSES                                     | 135,875          |
| <b>540000 - PROFESSIONAL, SCIENTIFIC, AND TECHNICAL SERVICES</b> |                  |
| (1) OTHER OPERATING EXPENSES                                     | 44,229           |
| <b>710000 - ARTS, ENTERTAINMENT, AND RECREATION</b>              |                  |
| (1) OTHER OPERATING EXPENSES                                     | 136,867          |
| <b>810000 - OTHER SERVICES</b>                                   |                  |
| (1) OTHER OPERATING EXPENSES                                     | 767,548          |
| <b>901101 - INVESTMENT ACTIVITIES</b>                            |                  |
| (1) OTHER OPERATING EXPENSES                                     | 963,674          |
| (2) AMORTIZATION                                                 | 35,785           |
| (3) PROFESSIONAL FEES                                            | 40,659           |
| <b>Total</b>                                                     | <b>1,040,118</b> |

| Year Generated                                      | Amount Generated  | Converted Contributions | Amount Used in Prior Years | Amount Used in Current Year | Amount Remaining  |
|-----------------------------------------------------|-------------------|-------------------------|----------------------------|-----------------------------|-------------------|
| <b>450000 - RETAIL TRADE</b>                        |                   |                         |                            |                             |                   |
| 2022                                                | 579,507           |                         |                            |                             | 579,507           |
| <b>Totals</b>                                       | <b>579,507</b>    | <b>0</b>                | <b>0</b>                   | <b>0</b>                    | <b>579,507</b>    |
| <b>520000 - FINANCE AND INSURANCE</b>               |                   |                         |                            |                             |                   |
| 2018                                                | 6,315,100         |                         | 8,778                      |                             | 6,306,322         |
| 2019                                                | 640,438           |                         | 0                          |                             | 640,438           |
| 2022                                                | 617,762           |                         |                            |                             | 617,762           |
| <b>Totals</b>                                       | <b>7,573,300</b>  | <b>0</b>                | <b>8,778</b>               | <b>0</b>                    | <b>7,564,522</b>  |
| <b>530000 - REAL ESTATE RENTAL AND LEASING</b>      |                   |                         |                            |                             |                   |
| 2018                                                | 125,142           |                         | 0                          | 125,142                     | 0                 |
| 2020                                                | 114,128           |                         | 0                          | 114,128                     | 0                 |
| 2021                                                | 13,187            |                         | 0                          | 13,187                      | 0                 |
| <b>Totals</b>                                       | <b>252,457</b>    | <b>0</b>                | <b>0</b>                   | <b>252,457</b>              | <b>0</b>          |
| <b>710000 - ARTS, ENTERTAINMENT, AND RECREATION</b> |                   |                         |                            |                             |                   |
| 2018                                                | 11,092            |                         | 0                          |                             | 11,092            |
| 2020                                                | 217,045           |                         | 0                          |                             | 217,045           |
| 2021                                                | 57,153            |                         | 0                          |                             | 57,153            |
| 2022                                                | 175,098           |                         |                            |                             | 175,098           |
| <b>Totals</b>                                       | <b>460,388</b>    | <b>0</b>                | <b>0</b>                   | <b>0</b>                    | <b>460,388</b>    |
| <b>810000 - OTHER SERVICES</b>                      |                   |                         |                            |                             |                   |
| 2018                                                | 27,596            |                         | 23,685                     |                             | 3,911             |
| 2020                                                | 56,151            |                         | 0                          |                             | 56,151            |
| 2022                                                | 149,900           |                         |                            |                             | 149,900           |
| <b>Totals</b>                                       | <b>233,647</b>    | <b>0</b>                | <b>23,685</b>              | <b>0</b>                    | <b>209,962</b>    |
| <b>901101 - INVESTMENT ACTIVITIES</b>               |                   |                         |                            |                             |                   |
| 2019                                                | 7,126,050         | 137,523                 | 129,817                    | 131,752                     | 7,002,004         |
| 2020                                                | 4,111,145         |                         | 0                          |                             | 4,111,145         |
| <b>Totals</b>                                       | <b>11,237,195</b> | <b>137,523</b>          | <b>129,817</b>             | <b>131,752</b>              | <b>11,113,149</b> |

| 530000 - REAL ESTATE RENTAL AND LEASING                                                                      |                          |         |
|--------------------------------------------------------------------------------------------------------------|--------------------------|---------|
| (1) 301 TARROW STREET, COLLEGE STATION, TX<br>77840-7896                                                     | Description              | Amount  |
|                                                                                                              | SALARIES AND WAGES       | 89,360  |
|                                                                                                              | BENEFITS                 | 26,767  |
|                                                                                                              | OTHER OPERATING EXPENSES | 733,422 |
|                                                                                                              | Total                    | 849,549 |
| Total for Schedule A - Part IV, Line 4, Deductions directly connected with the income in lines 2(a) and 2(b) |                          | 849,549 |

540000 - PROFESSIONAL, SCIENTIFIC, AND TECHNICAL SERVICES

|                      |             |         |
|----------------------|-------------|---------|
| (1) TAMU ADVERTISING | Description | Amount  |
|                      | ATHLETICS   | 718,977 |
|                      | REC SPORTS  | 600     |
|                      | Total       | 719,577 |

540000 - PROFESSIONAL, SCIENTIFIC, AND TECHNICAL SERVICES

(1) TAMU ADVERTISING

| Description           | Amount  |
|-----------------------|---------|
| OTHER DIRECT EXPENSES | 189,013 |
| Total                 | 189,013 |

**SCHEDULE D  
(Form 1120)**Department of the Treasury  
Internal Revenue Service**Capital Gains and Losses**Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC,  
1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2022**

|                                                |                                                     |
|------------------------------------------------|-----------------------------------------------------|
| Name<br><b>TEXAS A&amp;M UNIVERSITY SYSTEM</b> | Employer identification number<br><b>74-2648747</b> |
|------------------------------------------------|-----------------------------------------------------|

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? . . . . . ☐ Yes ☒ No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.                                                                                                                                        | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . . |                                  |                                 |                                                                               | 0                                                                                                |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .                                                                                                                                                                                                 |                                  |                                 |                                                                               | 0                                                                                                |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .                                                                                                                                                                                                  |                                  |                                 |                                                                               | 0                                                                                                |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .                                                                                                                                                                                                  | 0                                | 0                               | 0                                                                             | (9,229)                                                                                          |
| <b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .                                                                                                                                                                                                    |                                  |                                 | 4                                                                             |                                                                                                  |
| <b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .                                                                                                                                                                                                       |                                  |                                 | 5                                                                             |                                                                                                  |
| <b>6</b> Unused capital loss carryover (attach computation) . . . . .                                                                                                                                                                                                                              |                                  |                                 | 6                                                                             | (0)                                                                                              |
| <b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .                                                                                                                                                                                                   |                                  |                                 | 7                                                                             | (9,229)                                                                                          |

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.                                                                                                                                       | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . . |                                  |                                 |                                                                                | 0                                                                                                |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .                                                                                                                                                                                                |                                  |                                 |                                                                                | 0                                                                                                |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .                                                                                                                                                                                                 |                                  |                                 |                                                                                | 0                                                                                                |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .                                                                                                                                                                                                | 0                                | 0                               | 0                                                                              | 12,172                                                                                           |
| <b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .                                                                                                                                                                                                                                        |                                  |                                 | 11                                                                             | 1,052                                                                                            |
| <b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .                                                                                                                                                                                                   |                                  |                                 | 12                                                                             |                                                                                                  |
| <b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .                                                                                                                                                                                                      |                                  |                                 | 13                                                                             |                                                                                                  |
| <b>14</b> Capital gain distributions (see instructions) . . . . .                                                                                                                                                                                                                                 |                                  |                                 | 14                                                                             |                                                                                                  |
| <b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .                                                                                                                                                                                                 |                                  |                                 | 15                                                                             | 13,224                                                                                           |

**Part III Summary of Parts I and II**

|                                                                                                                                      |           |         |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .                   | <b>16</b> | (9,229) |
| <b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . . | <b>17</b> | 13,224  |
| <b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns . . . . .        | <b>18</b> | 3,995   |

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

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Cat. No. 11460M

Schedule D (Form 1120) 2022

**SCHEDULE D  
(Form 1120)**Department of the Treasury  
Internal Revenue Service**Capital Gains and Losses**Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC,  
1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2022**Name **TEXAS A&M UNIVERSITY SYSTEM** Employer identification number **74-2648747**Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.                                                                                                                                        | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . . |                                  |                                 |                                                                               | 0                                                                                                |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .                                                                                                                                                                                                 |                                  |                                 |                                                                               | 0                                                                                                |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .                                                                                                                                                                                                  |                                  |                                 |                                                                               | 0                                                                                                |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .                                                                                                                                                                                                  | 3,190                            | 0                               | 0                                                                             | 16,047                                                                                           |
| <b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .                                                                                                                                                                                                    |                                  |                                 | 4                                                                             |                                                                                                  |
| <b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .                                                                                                                                                                                                       |                                  |                                 | 5                                                                             |                                                                                                  |
| <b>6</b> Unused capital loss carryover (attach computation) . . . . .                                                                                                                                                                                                                              |                                  |                                 | 6 ( 0 )                                                                       |                                                                                                  |
| <b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .                                                                                                                                                                                                   |                                  |                                 | 7                                                                             | 16,047                                                                                           |

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.                                                                                                                                       | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e) from column (d) and combine the result with column (g) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . . |                                  |                                 |                                                                                | 0                                                                                                |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .                                                                                                                                                                                                |                                  |                                 |                                                                                | 0                                                                                                |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .                                                                                                                                                                                                 |                                  |                                 |                                                                                | 0                                                                                                |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .                                                                                                                                                                                                | 4,784                            | 0                               | 0                                                                              | 884,582                                                                                          |
| <b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .                                                                                                                                                                                                                                        |                                  |                                 | 11                                                                             | 951,690                                                                                          |
| <b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .                                                                                                                                                                                                   |                                  |                                 | 12                                                                             |                                                                                                  |
| <b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .                                                                                                                                                                                                      |                                  |                                 | 13                                                                             |                                                                                                  |
| <b>14</b> Capital gain distributions (see instructions) . . . . .                                                                                                                                                                                                                                 |                                  |                                 | 14                                                                             |                                                                                                  |
| <b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .                                                                                                                                                                                                 |                                  |                                 | 15                                                                             | 1,836,272                                                                                        |

**Part III Summary of Parts I and II**

|                                                                                                                                      |           |           |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .                   | <b>16</b> | 16,047    |
| <b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . . | <b>17</b> | 1,836,272 |
| <b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns . . . . .        | <b>18</b> | 1,852,319 |

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

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Cat. No. 11460M

Schedule D (Form 1120) 2022

Form **8949****Sales and Other Dispositions of Capital Assets**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

**2022**  
Attachment  
Sequence No. **12A**

Name(s) shown on return

TEXAS A&amp;M UNIVERSITY SYSTEM

Social security number or taxpayer identification number

74-2648747

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

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

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

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

| 1                                                                                                                                                                                                                                                                                                               | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss)</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                       |                                                        |                                                                                                                          | (f)<br>Code(s) from<br>instructions                                                                                                                  | (g)<br>Amount of<br>adjustment |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 | FROM SCHEDULE K-1<br>(FORM 1065)                             |                                         |                                                       | 0                                                      | 0                                                                                                                        |                                                                                                                                                      |                                | (9,229)                                                                                                              |
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
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| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked). |                                                              |                                         |                                                       | 0                                                      | 0                                                                                                                        |                                                                                                                                                      |                                | (9,229)                                                                                                              |

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

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 37768Z

Form **8949** (2022)

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

Social security number or taxpayer identification number

TEXAS A&amp;M UNIVERSITY SYSTEM

74-2648747

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

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

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

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

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

| 1                                                                                                                                                                                                                                                                                                                | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss)</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                  |                                                              |                                         |                                                       |                                                        |                                                                                                                          | (f)<br>Code(s) from<br>instructions                                                                                                                  | (g)<br>Amount of<br>adjustment |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                  | FROM SCHEDULE K-1<br>(FORM 1065)                             |                                         |                                                       | 0                                                      | 0                                                                                                                        |                                                                                                                                                      |                                | 12,172                                                                                                               |
|                                                                                                                                                                                                                                                                                                                  |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
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| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked). |                                                              |                                         |                                                       | 0                                                      | 0                                                                                                                        |                                                                                                                                                      |                                | 12,172                                                                                                               |

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

**Sales and Other Dispositions of Capital Assets**Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

TEXAS A&amp;M UNIVERSITY SYSTEM

Social security number or taxpayer identification number

74-2648747

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

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

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

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

| 1                | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.)                                                                                                                                                                                                                                   | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss)</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------|
|                  |                                                                                                                                                                                                                                                                                                |                                         |                                                       |                                                        |                                                                                                                          | (f)<br>Code(s) from<br>instructions                                                                                                                  | (g)<br>Amount of<br>adjustment |                                                                                                                      |
|                  | FROM SCHEDULE K-1<br>(FORM 1065)                                                                                                                                                                                                                                                               |                                         |                                                       | 0                                                      | 0                                                                                                                        |                                                                                                                                                      | 0                              | 12,857                                                                                                               |
|                  | FORM 6781, PART I                                                                                                                                                                                                                                                                              |                                         |                                                       | 3,190                                                  |                                                                                                                          |                                                                                                                                                      | 0                              | 3,190                                                                                                                |
|                  |                                                                                                                                                                                                                                                                                                |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
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|                  |                                                                                                                                                                                                                                                                                                |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
| <b>2 Totals.</b> | Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked). |                                         |                                                       | 3,190                                                  | 0                                                                                                                        |                                                                                                                                                      | 0                              | 16,047                                                                                                               |

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

For Paperwork Reduction Act Notice, see your tax return instructions.

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

Social security number or taxpayer identification number

TEXAS A&amp;M UNIVERSITY SYSTEM

74-2648747

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

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

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

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

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

| 1                                                                                                                                                                                                                                                                                                                     | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions. | Adjustment, if any, to gain or loss<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss)</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g). |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                       |                                                        |                                                                                                                          | (f)<br>Code(s) from<br>instructions                                                                                                                  | (g)<br>Amount of<br>adjustment |                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                       | FROM SCHEDULE K-1<br>(FORM 1065)                             |                                         |                                                       | 0                                                      | 0                                                                                                                        |                                                                                                                                                      | 0                              | 879,798                                                                                                              |
|                                                                                                                                                                                                                                                                                                                       | FORM 6781, PART I                                            |                                         |                                                       | 4,784                                                  |                                                                                                                          |                                                                                                                                                      | 0                              | 4,784                                                                                                                |
|                                                                                                                                                                                                                                                                                                                       |                                                              |                                         |                                                       |                                                        |                                                                                                                          |                                                                                                                                                      |                                |                                                                                                                      |
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| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) . . . |                                                              |                                         |                                                       | 4,784                                                  | 0                                                                                                                        |                                                                                                                                                      | 0                              | 884,582                                                                                                              |

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

# General Business Credit

Go to [www.irs.gov/Form3800](http://www.irs.gov/Form3800) for instructions and the latest information.  
You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No. 1545-0895

**2022**  
Attachment  
Sequence No. **22**

Identifying number  
74-2648747

## Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) (See instructions and complete Part(s) III before Parts I and II.)

|          |                                                                                                                                                                  |          |   |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> | General business credit from line 2 of all Parts III with box A checked . . . . .                                                                                | <b>1</b> | 0 |
| <b>2</b> | Passive activity credits from line 2 of all Parts III with box B checked . . . . . <b>2</b>                                                                      |          | 0 |
| <b>3</b> | Enter the applicable passive activity credits allowed for 2022. See instructions . . . . .                                                                       | <b>3</b> |   |
| <b>4</b> | Carryforward of general business credit to 2022. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach . . . . . | <b>4</b> | 0 |
|          | Check this box if the carryforward was changed or revised from the original reported amount . . . <input type="checkbox"/>                                       |          |   |
| <b>5</b> | Carryback of general business credit from 2023. Enter the amount from line 2 of Part III with box D checked. See instructions . . . . .                          | <b>5</b> | 0 |
| <b>6</b> | Add lines 1, 3, 4, and 5 . . . . .                                                                                                                               | <b>6</b> | 0 |

## Part II Allowable Credit

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |        |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>7</b>   | Regular tax before credits:<br>• Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2.<br>• Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return.<br>• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, plus any Form 8978 amount included on line 1d; or the amount from the applicable line of your return. | <b>7</b>   | 17,944 |
| <b>8</b>   | Alternative minimum tax:<br>• Individuals. Enter the amount from Form 6251, line 11.<br>• Corporations. Enter -0-.<br>• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54.                                                                                                                                                                                                                                                                                           | <b>8</b>   | 0      |
| <b>9</b>   | Add lines 7 and 8 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>9</b>   | 17,944 |
| <b>10a</b> | Foreign tax credit . . . . . <b>10a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |        |
| <b>b</b>   | Certain allowable credits (see instructions) . . . . . <b>10b</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |            |        |
| <b>c</b>   | Add lines 10a and 10b . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>10c</b> | 0      |
| <b>11</b>  | <b>Net income tax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16                                                                                                                                                                                                                                                                                                                                                                             | <b>11</b>  | 17,944 |
| <b>12</b>  | <b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0- . . . . . <b>12</b>                                                                                                                                                                                                                                                                                                                                                                                        |            | 17,944 |
| <b>13</b>  | Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions <b>13</b>                                                                                                                                                                                                                                                                                                                                                                                                 |            | 0      |
| <b>14</b>  | Tentative minimum tax:<br>• Individuals. Enter the amount from Form 6251, line 9.<br>• Corporations. Enter -0-.<br>• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52.                                                                                                                                                                                                                                                                                              | <b>14</b>  | 0      |
| <b>15</b>  | Enter the greater of line 13 or line 14 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>15</b>  | 0      |
| <b>16</b>  | Subtract line 15 from line 11. If zero or less, enter -0- . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>16</b>  | 17,944 |
| <b>17</b>  | Enter the <b>smaller</b> of line 6 or line 16 . . . . .<br><b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.                                                                                                                                                                                                                                                                                                        | <b>17</b>  | 0      |

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12392F

Form **3800** (2022)

**Part II Allowable Credit** (continued)**Note:** If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |        |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>18</b> | Multiply line 14 by 75% (0.75). See instructions . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>18</b> | 0      |
| <b>19</b> | Enter the greater of line 13 or line 18 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>19</b> | 0      |
| <b>20</b> | Subtract line 19 from line 11. If zero or less, enter -0- . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>20</b> | 0      |
| <b>21</b> | Subtract line 17 from line 20. If zero or less, enter -0- . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>21</b> | 0      |
| <b>22</b> | Combine the amounts from line 3 of all Parts III with box A, C, or D checked . . . . .                                                                                                                                                                                                                                                                                                                                                                                                          | <b>22</b> | 0      |
| <b>23</b> | Passive activity credit from line 3 of all Parts III with box B checked . . . . .                                                                                                                                                                                                                                                                                                                                                                                                               | <b>23</b> | 0      |
| <b>24</b> | Enter the applicable passive activity credit allowed for 2022. See instructions . . . . .                                                                                                                                                                                                                                                                                                                                                                                                       | <b>24</b> |        |
| <b>25</b> | Add lines 22 and 24 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>25</b> | 0      |
| <b>26</b> | Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 . . . . .                                                                                                                                                                                                                                                                                                                                                                             | <b>26</b> | 0      |
| <b>27</b> | Subtract line 13 from line 11. If zero or less, enter -0- . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>27</b> | 17,944 |
| <b>28</b> | Add lines 17 and 26 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>28</b> | 0      |
| <b>29</b> | Subtract line 28 from line 27. If zero or less, enter -0- . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>29</b> | 17,944 |
| <b>30</b> | Enter the general business credit from line 5 of all Parts III with box A checked . . . . .                                                                                                                                                                                                                                                                                                                                                                                                     | <b>30</b> | 0      |
| <b>31</b> | Reserved . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>31</b> |        |
| <b>32</b> | Passive activity credits from line 5 of all Parts III with box B checked . . . . .                                                                                                                                                                                                                                                                                                                                                                                                              | <b>32</b> | 22,432 |
| <b>33</b> | Enter the applicable passive activity credits allowed for 2022. See instructions . . . . .                                                                                                                                                                                                                                                                                                                                                                                                      | <b>33</b> | 16,724 |
| <b>34</b> | Carryforward of business credit to 2022. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach . . . . .<br>Check this box if the carryforward was changed or revised from the original reported amount . . . <input type="checkbox"/>                                                                                                                                                                | <b>34</b> | 1,220  |
| <b>35</b> | Carryback of business credit from 2023. Enter the amount from line 5 of Part III with box D checked. See instructions . . . . .                                                                                                                                                                                                                                                                                                                                                                 | <b>35</b> | 0      |
| <b>36</b> | Add lines 30, 33, 34, and 35 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>36</b> | 17,944 |
| <b>37</b> | Enter the <b>smaller</b> of line 29 or line 36 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>37</b> | 17,944 |
| <b>38</b> | <b>Credit allowed for the current year.</b> Add lines 28 and 37.<br>Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return.<br><ul style="list-style-type: none"> <li>• Individuals. Schedule 3 (Form 1040), line 6.</li> <li>• Corporations. Form 1120, Schedule J, Part I, line 5c.</li> <li>• Estates and trusts. Form 1041, Schedule G, line 2b.</li> </ul> | <b>38</b> | 17,944 |

Form **3800** (2022)

Name(s) shown on return

TEXAS A&amp;M UNIVERSITY SYSTEM

Identifying number

74-2648747

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A** ☐ General Business Credit From a Non-Passive Activity      **E** ☐ Reserved  
**B** ☐ General Business Credit From a Passive Activity      **F** ☐ Reserved  
**C** ☐ General Business Credit Carryforwards      **G** ☐ Eligible Small Business Credit Carryforwards  
**D** ☐ General Business Credit Carrybacks      **H** ☐ Reserved

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☒

| (a) Description of credit                                                                                                           |                                                                                                            | (b) Enter EIN if claiming the credit from a pass-through entity. | (c) Enter the appropriate amount. |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------|
| <b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity. |                                                                                                            |                                                                  |                                   |
| <b>1a</b>                                                                                                                           | Investment (Form 3468, Part II only) (attach Form 3468)                                                    | <b>1a</b>                                                        | 0                                 |
| <b>b</b>                                                                                                                            | Advanced manufacturing production (Form 7207)                                                              | <b>1b</b>                                                        | 0                                 |
| <b>c</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>1c</b>                                                        | 0                                 |
| <b>d</b>                                                                                                                            | Low-income housing (carryforward only) (see instructions)                                                  | <b>1d</b>                                                        | 0                                 |
| <b>e</b>                                                                                                                            | Disabled access (Form 8826)*                                                                               | <b>1e</b>                                                        | 0                                 |
| <b>f</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>1f</b>                                                        | 0                                 |
| <b>g</b>                                                                                                                            | Indian employment (Form 8845)                                                                              | <b>1g</b>                                                        | 0                                 |
| <b>h</b>                                                                                                                            | Orphan drug (Form 8820)                                                                                    | <b>1h</b>                                                        | 0                                 |
| <b>i</b>                                                                                                                            | New markets (Form 8874)                                                                                    | <b>1i</b>                                                        | 0                                 |
| <b>j</b>                                                                                                                            | Small employer pension plan startup costs and auto-enrollment (Form 8881)                                  | <b>1j</b>                                                        | 0                                 |
| <b>k</b>                                                                                                                            | Employer-provided child care facilities and services (Form 8882)*                                          | <b>1k</b>                                                        | 0                                 |
| <b>l</b>                                                                                                                            | Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)                               | <b>1l</b>                                                        | 0                                 |
| <b>m</b>                                                                                                                            | Low sulfur diesel fuel production (Form 8896)                                                              | <b>1m</b>                                                        | 0                                 |
| <b>n</b>                                                                                                                            | Distilled spirits (Form 8906)                                                                              | <b>1n</b>                                                        | 0                                 |
| <b>o</b>                                                                                                                            | Nonconventional source fuel (carryforward only)                                                            | <b>1o</b>                                                        | 0                                 |
| <b>p</b>                                                                                                                            | Energy efficient home (Form 8908)                                                                          | <b>1p</b>                                                        | 0                                 |
| <b>q</b>                                                                                                                            | Energy efficient appliance (carryforward only)                                                             | <b>1q</b>                                                        | 0                                 |
| <b>r</b>                                                                                                                            | Alternative motor vehicle (Form 8910)                                                                      | <b>1r</b>                                                        | 0                                 |
| <b>s</b>                                                                                                                            | Alternative fuel vehicle refueling property (Form 8911)                                                    | <b>1s</b>                                                        | 0                                 |
| <b>t</b>                                                                                                                            | Enhanced oil recovery credit (Form 8830)                                                                   | <b>1t</b>                                                        | 0                                 |
| <b>u</b>                                                                                                                            | Mine rescue team training (Form 8923)                                                                      | <b>1u</b>                                                        | 0                                 |
| <b>v</b>                                                                                                                            | Agricultural chemicals security (carryforward only)                                                        | <b>1v</b>                                                        | 0                                 |
| <b>w</b>                                                                                                                            | Employer differential wage payments (Form 8932)                                                            | <b>1w</b>                                                        | 0                                 |
| <b>x</b>                                                                                                                            | Carbon oxide sequestration (Form 8933)                                                                     | <b>1x</b>                                                        | 0                                 |
| <b>y</b>                                                                                                                            | Qualified plug-in electric drive motor vehicle (Form 8936)                                                 | <b>1y</b>                                                        | 0                                 |
| <b>z</b>                                                                                                                            | Qualified plug-in electric vehicle (carryforward only)                                                     | <b>1z</b>                                                        | 0                                 |
| <b>aa</b>                                                                                                                           | Employee retention (Form 5884-A)                                                                           | <b>1aa</b>                                                       | 0                                 |
| <b>bb</b>                                                                                                                           | General credits from an electing large partnership (carryforward only)                                     | <b>1bb</b>                                                       | 0                                 |
| <b>zz</b>                                                                                                                           | Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) | <b>1zz</b>                                                       | 0                                 |
| <b>2</b>                                                                                                                            | Add lines 1a through 1zz and enter here and on the applicable line of Part I                               | <b>2</b>                                                         | 0                                 |
| <b>3</b>                                                                                                                            | Enter the amount from Form 8844 here and on the applicable line of Part II                                 | <b>3</b>                                                         | 0                                 |
| <b>4a</b>                                                                                                                           | Investment (Form 3468, Part III) (attach Form 3468)                                                        | <b>4a</b>                                                        | 0                                 |
| <b>b</b>                                                                                                                            | Work opportunity (Form 5884)                                                                               | <b>4b</b>                                                        | 0                                 |
| <b>c</b>                                                                                                                            | Biofuel producer (Form 6478)                                                                               | <b>4c</b>                                                        | 0                                 |
| <b>d</b>                                                                                                                            | Low-income housing (Form 8586)                                                                             | <b>4d</b>                                                        | 0                                 |
| <b>e</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>4e</b>                                                        | 0                                 |
| <b>f</b>                                                                                                                            | Employer social security and Medicare taxes paid on certain employee tips (Form 8846)                      | <b>4f</b>                                                        | 0                                 |
| <b>g</b>                                                                                                                            | Qualified railroad track maintenance (Form 8900)                                                           | <b>4g</b>                                                        | 0                                 |
| <b>h</b>                                                                                                                            | Small employer health insurance premiums (Form 8941)                                                       | <b>4h</b>                                                        | 0                                 |
| <b>i</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>4i</b>                                                        | 22,323                            |
| <b>j</b>                                                                                                                            | Employer credit for paid family and medical leave (Form 8994)                                              | <b>4j</b>                                                        | 109                               |
| <b>z</b>                                                                                                                            | Other                                                                                                      | <b>4z</b>                                                        | 0                                 |
| <b>5</b>                                                                                                                            | Add lines 4a through 4z and enter here and on the applicable line of Part II                               | <b>5</b>                                                         | 22,432                            |
| <b>6</b>                                                                                                                            | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II                                 | <b>6</b>                                                         | 22,432                            |

\* See instructions for limitation on this credit.

Form **3800** (2022)

Name(s) shown on return

TEXAS A&amp;M UNIVERSITY SYSTEM

Identifying number

74-2648747

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A** ☐ General Business Credit From a Non-Passive Activity      **E** ☐ Reserved  
**B** ☒ General Business Credit From a Passive Activity      **F** ☐ Reserved  
**C** ☐ General Business Credit Carryforwards      **G** ☐ Eligible Small Business Credit Carryforwards  
**D** ☐ General Business Credit Carrybacks      **H** ☐ Reserved  
**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

| (a) Description of credit                                                                                                           |                                                                                                            | (b) Enter EIN if claiming the credit from a pass-through entity. | (c) Enter the appropriate amount. |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------|
| <b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity. |                                                                                                            |                                                                  |                                   |
| <b>1a</b>                                                                                                                           | Investment (Form 3468, Part II only) (attach Form 3468)                                                    | <b>1a</b>                                                        |                                   |
| <b>b</b>                                                                                                                            | Advanced manufacturing production (Form 7207)                                                              | <b>1b</b>                                                        |                                   |
| <b>c</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>1c</b>                                                        |                                   |
| <b>d</b>                                                                                                                            | Low-income housing (carryforward only) (see instructions)                                                  | <b>1d</b>                                                        |                                   |
| <b>e</b>                                                                                                                            | Disabled access (Form 8826)*                                                                               | <b>1e</b>                                                        |                                   |
| <b>f</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>1f</b>                                                        |                                   |
| <b>g</b>                                                                                                                            | Indian employment (Form 8845)                                                                              | <b>1g</b>                                                        |                                   |
| <b>h</b>                                                                                                                            | Orphan drug (Form 8820)                                                                                    | <b>1h</b>                                                        |                                   |
| <b>i</b>                                                                                                                            | New markets (Form 8874)                                                                                    | <b>1i</b>                                                        |                                   |
| <b>j</b>                                                                                                                            | Small employer pension plan startup costs and auto-enrollment (Form 8881)                                  | <b>1j</b>                                                        |                                   |
| <b>k</b>                                                                                                                            | Employer-provided child care facilities and services (Form 8882)*                                          | <b>1k</b>                                                        |                                   |
| <b>l</b>                                                                                                                            | Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)                               | <b>1l</b>                                                        |                                   |
| <b>m</b>                                                                                                                            | Low sulfur diesel fuel production (Form 8896)                                                              | <b>1m</b>                                                        |                                   |
| <b>n</b>                                                                                                                            | Distilled spirits (Form 8906)                                                                              | <b>1n</b>                                                        |                                   |
| <b>o</b>                                                                                                                            | Nonconventional source fuel (carryforward only)                                                            | <b>1o</b>                                                        |                                   |
| <b>p</b>                                                                                                                            | Energy efficient home (Form 8908)                                                                          | <b>1p</b>                                                        |                                   |
| <b>q</b>                                                                                                                            | Energy efficient appliance (carryforward only)                                                             | <b>1q</b>                                                        |                                   |
| <b>r</b>                                                                                                                            | Alternative motor vehicle (Form 8910)                                                                      | <b>1r</b>                                                        |                                   |
| <b>s</b>                                                                                                                            | Alternative fuel vehicle refueling property (Form 8911)                                                    | <b>1s</b>                                                        |                                   |
| <b>t</b>                                                                                                                            | Enhanced oil recovery credit (Form 8830)                                                                   | <b>1t</b>                                                        |                                   |
| <b>u</b>                                                                                                                            | Mine rescue team training (Form 8923)                                                                      | <b>1u</b>                                                        |                                   |
| <b>v</b>                                                                                                                            | Agricultural chemicals security (carryforward only)                                                        | <b>1v</b>                                                        |                                   |
| <b>w</b>                                                                                                                            | Employer differential wage payments (Form 8932)                                                            | <b>1w</b>                                                        |                                   |
| <b>x</b>                                                                                                                            | Carbon oxide sequestration (Form 8933)                                                                     | <b>1x</b>                                                        |                                   |
| <b>y</b>                                                                                                                            | Qualified plug-in electric drive motor vehicle (Form 8936)                                                 | <b>1y</b>                                                        |                                   |
| <b>z</b>                                                                                                                            | Qualified plug-in electric vehicle (carryforward only)                                                     | <b>1z</b>                                                        |                                   |
| <b>aa</b>                                                                                                                           | Employee retention (Form 5884-A)                                                                           | <b>1aa</b>                                                       |                                   |
| <b>bb</b>                                                                                                                           | General credits from an electing large partnership (carryforward only)                                     | <b>1bb</b>                                                       |                                   |
| <b>zz</b>                                                                                                                           | Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) | <b>1zz</b>                                                       |                                   |
| <b>2</b>                                                                                                                            | Add lines 1a through 1zz and enter here and on the applicable line of Part I                               | <b>2</b>                                                         | 0                                 |
| <b>3</b>                                                                                                                            | Enter the amount from Form 8844 here and on the applicable line of Part II                                 | <b>3</b>                                                         |                                   |
| <b>4a</b>                                                                                                                           | Investment (Form 3468, Part III) (attach Form 3468)                                                        | <b>4a</b>                                                        |                                   |
| <b>b</b>                                                                                                                            | Work opportunity (Form 5884)                                                                               | <b>4b</b>                                                        |                                   |
| <b>c</b>                                                                                                                            | Biofuel producer (Form 6478)                                                                               | <b>4c</b>                                                        |                                   |
| <b>d</b>                                                                                                                            | Low-income housing (Form 8586)                                                                             | <b>4d</b>                                                        |                                   |
| <b>e</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>4e</b>                                                        |                                   |
| <b>f</b>                                                                                                                            | Employer social security and Medicare taxes paid on certain employee tips (Form 8846)                      | <b>4f</b>                                                        |                                   |
| <b>g</b>                                                                                                                            | Qualified railroad track maintenance (Form 8900)                                                           | <b>4g</b>                                                        |                                   |
| <b>h</b>                                                                                                                            | Small employer health insurance premiums (Form 8941)                                                       | <b>4h</b>                                                        |                                   |
| <b>i</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>4i</b>                                                        |                                   |
| <b>j</b>                                                                                                                            | Employer credit for paid family and medical leave (Form 8994)                                              | <b>4j</b>                                                        |                                   |
| <b>z</b>                                                                                                                            | Other                                                                                                      | <b>4z</b>                                                        |                                   |
| <b>5</b>                                                                                                                            | Add lines 4a through 4z and enter here and on the applicable line of Part II                               | <b>5</b>                                                         | 0                                 |
| <b>6</b>                                                                                                                            | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II                                 | <b>6</b>                                                         | 0                                 |

\* See instructions for limitation on this credit.

Form **3800** (2022)

Name(s) shown on return

TEXAS A&amp;M UNIVERSITY SYSTEM

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**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A** ☐ General Business Credit From a Non-Passive Activity      **E** ☐ Reserved  
**B** ☒ General Business Credit From a Passive Activity      **F** ☐ Reserved  
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**D** ☐ General Business Credit Carrybacks      **H** ☐ Reserved  
**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

| (a) Description of credit                                                                                                           |                                                                                                            | (b) Enter EIN if claiming the credit from a pass-through entity. | (c) Enter the appropriate amount. |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------|
| <b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity. |                                                                                                            |                                                                  |                                   |
| <b>1a</b>                                                                                                                           | Investment (Form 3468, Part II only) (attach Form 3468)                                                    | <b>1a</b>                                                        |                                   |
| <b>b</b>                                                                                                                            | Advanced manufacturing production (Form 7207)                                                              | <b>1b</b>                                                        |                                   |
| <b>c</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>1c</b>                                                        |                                   |
| <b>d</b>                                                                                                                            | Low-income housing (carryforward only) (see instructions)                                                  | <b>1d</b>                                                        |                                   |
| <b>e</b>                                                                                                                            | Disabled access (Form 8826)*                                                                               | <b>1e</b>                                                        |                                   |
| <b>f</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>1f</b>                                                        |                                   |
| <b>g</b>                                                                                                                            | Indian employment (Form 8845)                                                                              | <b>1g</b>                                                        |                                   |
| <b>h</b>                                                                                                                            | Orphan drug (Form 8820)                                                                                    | <b>1h</b>                                                        |                                   |
| <b>i</b>                                                                                                                            | New markets (Form 8874)                                                                                    | <b>1i</b>                                                        |                                   |
| <b>j</b>                                                                                                                            | Small employer pension plan startup costs and auto-enrollment (Form 8881)                                  | <b>1j</b>                                                        |                                   |
| <b>k</b>                                                                                                                            | Employer-provided child care facilities and services (Form 8882)*                                          | <b>1k</b>                                                        |                                   |
| <b>l</b>                                                                                                                            | Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)                               | <b>1l</b>                                                        |                                   |
| <b>m</b>                                                                                                                            | Low sulfur diesel fuel production (Form 8896)                                                              | <b>1m</b>                                                        |                                   |
| <b>n</b>                                                                                                                            | Distilled spirits (Form 8906)                                                                              | <b>1n</b>                                                        |                                   |
| <b>o</b>                                                                                                                            | Nonconventional source fuel (carryforward only)                                                            | <b>1o</b>                                                        |                                   |
| <b>p</b>                                                                                                                            | Energy efficient home (Form 8908)                                                                          | <b>1p</b>                                                        |                                   |
| <b>q</b>                                                                                                                            | Energy efficient appliance (carryforward only)                                                             | <b>1q</b>                                                        |                                   |
| <b>r</b>                                                                                                                            | Alternative motor vehicle (Form 8910)                                                                      | <b>1r</b>                                                        |                                   |
| <b>s</b>                                                                                                                            | Alternative fuel vehicle refueling property (Form 8911)                                                    | <b>1s</b>                                                        |                                   |
| <b>t</b>                                                                                                                            | Enhanced oil recovery credit (Form 8830)                                                                   | <b>1t</b>                                                        |                                   |
| <b>u</b>                                                                                                                            | Mine rescue team training (Form 8923)                                                                      | <b>1u</b>                                                        |                                   |
| <b>v</b>                                                                                                                            | Agricultural chemicals security (carryforward only)                                                        | <b>1v</b>                                                        |                                   |
| <b>w</b>                                                                                                                            | Employer differential wage payments (Form 8932)                                                            | <b>1w</b>                                                        |                                   |
| <b>x</b>                                                                                                                            | Carbon oxide sequestration (Form 8933)                                                                     | <b>1x</b>                                                        |                                   |
| <b>y</b>                                                                                                                            | Qualified plug-in electric drive motor vehicle (Form 8936)                                                 | <b>1y</b>                                                        |                                   |
| <b>z</b>                                                                                                                            | Qualified plug-in electric vehicle (carryforward only)                                                     | <b>1z</b>                                                        |                                   |
| <b>aa</b>                                                                                                                           | Employee retention (Form 5884-A)                                                                           | <b>1aa</b>                                                       |                                   |
| <b>bb</b>                                                                                                                           | General credits from an electing large partnership (carryforward only)                                     | <b>1bb</b>                                                       |                                   |
| <b>zz</b>                                                                                                                           | Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) | <b>1zz</b>                                                       |                                   |
| <b>2</b>                                                                                                                            | Add lines 1a through 1zz and enter here and on the applicable line of Part I                               | <b>2</b>                                                         | 0                                 |
| <b>3</b>                                                                                                                            | Enter the amount from Form 8844 here and on the applicable line of Part II                                 | <b>3</b>                                                         |                                   |
| <b>4a</b>                                                                                                                           | Investment (Form 3468, Part III) (attach Form 3468)                                                        | <b>4a</b>                                                        |                                   |
| <b>b</b>                                                                                                                            | Work opportunity (Form 5884)                                                                               | <b>4b</b>                                                        |                                   |
| <b>c</b>                                                                                                                            | Biofuel producer (Form 6478)                                                                               | <b>4c</b>                                                        |                                   |
| <b>d</b>                                                                                                                            | Low-income housing (Form 8586)                                                                             | <b>4d</b>                                                        |                                   |
| <b>e</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>4e</b>                                                        |                                   |
| <b>f</b>                                                                                                                            | Employer social security and Medicare taxes paid on certain employee tips (Form 8846)                      | <b>4f</b>                                                        |                                   |
| <b>g</b>                                                                                                                            | Qualified railroad track maintenance (Form 8900)                                                           | <b>4g</b>                                                        |                                   |
| <b>h</b>                                                                                                                            | Small employer health insurance premiums (Form 8941)                                                       | <b>4h</b>                                                        |                                   |
| <b>i</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>4i</b>                                                        | 82-3221691 544                    |
| <b>j</b>                                                                                                                            | Employer credit for paid family and medical leave (Form 8994)                                              | <b>4j</b>                                                        |                                   |
| <b>z</b>                                                                                                                            | Other                                                                                                      | <b>4z</b>                                                        |                                   |
| <b>5</b>                                                                                                                            | Add lines 4a through 4z and enter here and on the applicable line of Part II                               | <b>5</b>                                                         | 544                               |
| <b>6</b>                                                                                                                            | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II                                 | <b>6</b>                                                         | 544                               |

\* See instructions for limitation on this credit.

Form **3800** (2022)

Name(s) shown on return

TEXAS A&amp;M UNIVERSITY SYSTEM

Identifying number

74-2648747

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A** ☐ General Business Credit From a Non-Passive Activity      **E** ☐ Reserved  
**B** ☒ General Business Credit From a Passive Activity      **F** ☐ Reserved  
**C** ☐ General Business Credit Carryforwards      **G** ☐ Eligible Small Business Credit Carryforwards  
**D** ☐ General Business Credit Carrybacks      **H** ☐ Reserved  
**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

| (a) Description of credit                                                                                                           |                                                                                                            | (b) Enter EIN if claiming the credit from a pass-through entity. | (c) Enter the appropriate amount. |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------|
| <b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity. |                                                                                                            |                                                                  |                                   |
| <b>1a</b>                                                                                                                           | Investment (Form 3468, Part II only) (attach Form 3468)                                                    | <b>1a</b>                                                        |                                   |
| <b>b</b>                                                                                                                            | Advanced manufacturing production (Form 7207)                                                              | <b>1b</b>                                                        |                                   |
| <b>c</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>1c</b>                                                        |                                   |
| <b>d</b>                                                                                                                            | Low-income housing (carryforward only) (see instructions)                                                  | <b>1d</b>                                                        |                                   |
| <b>e</b>                                                                                                                            | Disabled access (Form 8826)*                                                                               | <b>1e</b>                                                        |                                   |
| <b>f</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>1f</b>                                                        |                                   |
| <b>g</b>                                                                                                                            | Indian employment (Form 8845)                                                                              | <b>1g</b>                                                        |                                   |
| <b>h</b>                                                                                                                            | Orphan drug (Form 8820)                                                                                    | <b>1h</b>                                                        |                                   |
| <b>i</b>                                                                                                                            | New markets (Form 8874)                                                                                    | <b>1i</b>                                                        |                                   |
| <b>j</b>                                                                                                                            | Small employer pension plan startup costs and auto-enrollment (Form 8881)                                  | <b>1j</b>                                                        |                                   |
| <b>k</b>                                                                                                                            | Employer-provided child care facilities and services (Form 8882)*                                          | <b>1k</b>                                                        |                                   |
| <b>l</b>                                                                                                                            | Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)                               | <b>1l</b>                                                        |                                   |
| <b>m</b>                                                                                                                            | Low sulfur diesel fuel production (Form 8896)                                                              | <b>1m</b>                                                        |                                   |
| <b>n</b>                                                                                                                            | Distilled spirits (Form 8906)                                                                              | <b>1n</b>                                                        |                                   |
| <b>o</b>                                                                                                                            | Nonconventional source fuel (carryforward only)                                                            | <b>1o</b>                                                        |                                   |
| <b>p</b>                                                                                                                            | Energy efficient home (Form 8908)                                                                          | <b>1p</b>                                                        |                                   |
| <b>q</b>                                                                                                                            | Energy efficient appliance (carryforward only)                                                             | <b>1q</b>                                                        |                                   |
| <b>r</b>                                                                                                                            | Alternative motor vehicle (Form 8910)                                                                      | <b>1r</b>                                                        |                                   |
| <b>s</b>                                                                                                                            | Alternative fuel vehicle refueling property (Form 8911)                                                    | <b>1s</b>                                                        |                                   |
| <b>t</b>                                                                                                                            | Enhanced oil recovery credit (Form 8830)                                                                   | <b>1t</b>                                                        |                                   |
| <b>u</b>                                                                                                                            | Mine rescue team training (Form 8923)                                                                      | <b>1u</b>                                                        |                                   |
| <b>v</b>                                                                                                                            | Agricultural chemicals security (carryforward only)                                                        | <b>1v</b>                                                        |                                   |
| <b>w</b>                                                                                                                            | Employer differential wage payments (Form 8932)                                                            | <b>1w</b>                                                        |                                   |
| <b>x</b>                                                                                                                            | Carbon oxide sequestration (Form 8933)                                                                     | <b>1x</b>                                                        |                                   |
| <b>y</b>                                                                                                                            | Qualified plug-in electric drive motor vehicle (Form 8936)                                                 | <b>1y</b>                                                        |                                   |
| <b>z</b>                                                                                                                            | Qualified plug-in electric vehicle (carryforward only)                                                     | <b>1z</b>                                                        |                                   |
| <b>aa</b>                                                                                                                           | Employee retention (Form 5884-A)                                                                           | <b>1aa</b>                                                       |                                   |
| <b>bb</b>                                                                                                                           | General credits from an electing large partnership (carryforward only)                                     | <b>1bb</b>                                                       |                                   |
| <b>zz</b>                                                                                                                           | Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) | <b>1zz</b>                                                       |                                   |
| <b>2</b>                                                                                                                            | Add lines 1a through 1zz and enter here and on the applicable line of Part I                               | <b>2</b>                                                         | 0                                 |
| <b>3</b>                                                                                                                            | Enter the amount from Form 8844 here and on the applicable line of Part II                                 | <b>3</b>                                                         |                                   |
| <b>4a</b>                                                                                                                           | Investment (Form 3468, Part III) (attach Form 3468)                                                        | <b>4a</b>                                                        |                                   |
| <b>b</b>                                                                                                                            | Work opportunity (Form 5884)                                                                               | <b>4b</b>                                                        |                                   |
| <b>c</b>                                                                                                                            | Biofuel producer (Form 6478)                                                                               | <b>4c</b>                                                        |                                   |
| <b>d</b>                                                                                                                            | Low-income housing (Form 8586)                                                                             | <b>4d</b>                                                        |                                   |
| <b>e</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>4e</b>                                                        |                                   |
| <b>f</b>                                                                                                                            | Employer social security and Medicare taxes paid on certain employee tips (Form 8846)                      | <b>4f</b>                                                        |                                   |
| <b>g</b>                                                                                                                            | Qualified railroad track maintenance (Form 8900)                                                           | <b>4g</b>                                                        |                                   |
| <b>h</b>                                                                                                                            | Small employer health insurance premiums (Form 8941)                                                       | <b>4h</b>                                                        |                                   |
| <b>i</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>4i</b>                                                        | 80-0915207 648                    |
| <b>j</b>                                                                                                                            | Employer credit for paid family and medical leave (Form 8994)                                              | <b>4j</b>                                                        |                                   |
| <b>z</b>                                                                                                                            | Other                                                                                                      | <b>4z</b>                                                        |                                   |
| <b>5</b>                                                                                                                            | Add lines 4a through 4z and enter here and on the applicable line of Part II                               | <b>5</b>                                                         | 648                               |
| <b>6</b>                                                                                                                            | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II                                 | <b>6</b>                                                         | 648                               |

\* See instructions for limitation on this credit.

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Name(s) shown on return

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**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A** ☐ General Business Credit From a Non-Passive Activity      **E** ☐ Reserved  
**B** ☒ General Business Credit From a Passive Activity      **F** ☐ Reserved  
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**D** ☐ General Business Credit Carrybacks      **H** ☐ Reserved  
**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

| (a) Description of credit                                                                                                           |                                                                                                            | (b) Enter EIN if claiming the credit from a pass-through entity. | (c) Enter the appropriate amount. |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------|
| <b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity. |                                                                                                            |                                                                  |                                   |
| <b>1a</b>                                                                                                                           | Investment (Form 3468, Part II only) (attach Form 3468)                                                    | <b>1a</b>                                                        |                                   |
| <b>b</b>                                                                                                                            | Advanced manufacturing production (Form 7207)                                                              | <b>1b</b>                                                        |                                   |
| <b>c</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>1c</b>                                                        |                                   |
| <b>d</b>                                                                                                                            | Low-income housing (carryforward only) (see instructions)                                                  | <b>1d</b>                                                        |                                   |
| <b>e</b>                                                                                                                            | Disabled access (Form 8826)*                                                                               | <b>1e</b>                                                        |                                   |
| <b>f</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>1f</b>                                                        |                                   |
| <b>g</b>                                                                                                                            | Indian employment (Form 8845)                                                                              | <b>1g</b>                                                        |                                   |
| <b>h</b>                                                                                                                            | Orphan drug (Form 8820)                                                                                    | <b>1h</b>                                                        |                                   |
| <b>i</b>                                                                                                                            | New markets (Form 8874)                                                                                    | <b>1i</b>                                                        |                                   |
| <b>j</b>                                                                                                                            | Small employer pension plan startup costs and auto-enrollment (Form 8881)                                  | <b>1j</b>                                                        |                                   |
| <b>k</b>                                                                                                                            | Employer-provided child care facilities and services (Form 8882)*                                          | <b>1k</b>                                                        |                                   |
| <b>l</b>                                                                                                                            | Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)                               | <b>1l</b>                                                        |                                   |
| <b>m</b>                                                                                                                            | Low sulfur diesel fuel production (Form 8896)                                                              | <b>1m</b>                                                        |                                   |
| <b>n</b>                                                                                                                            | Distilled spirits (Form 8906)                                                                              | <b>1n</b>                                                        |                                   |
| <b>o</b>                                                                                                                            | Nonconventional source fuel (carryforward only)                                                            | <b>1o</b>                                                        |                                   |
| <b>p</b>                                                                                                                            | Energy efficient home (Form 8908)                                                                          | <b>1p</b>                                                        |                                   |
| <b>q</b>                                                                                                                            | Energy efficient appliance (carryforward only)                                                             | <b>1q</b>                                                        |                                   |
| <b>r</b>                                                                                                                            | Alternative motor vehicle (Form 8910)                                                                      | <b>1r</b>                                                        |                                   |
| <b>s</b>                                                                                                                            | Alternative fuel vehicle refueling property (Form 8911)                                                    | <b>1s</b>                                                        |                                   |
| <b>t</b>                                                                                                                            | Enhanced oil recovery credit (Form 8830)                                                                   | <b>1t</b>                                                        |                                   |
| <b>u</b>                                                                                                                            | Mine rescue team training (Form 8923)                                                                      | <b>1u</b>                                                        |                                   |
| <b>v</b>                                                                                                                            | Agricultural chemicals security (carryforward only)                                                        | <b>1v</b>                                                        |                                   |
| <b>w</b>                                                                                                                            | Employer differential wage payments (Form 8932)                                                            | <b>1w</b>                                                        |                                   |
| <b>x</b>                                                                                                                            | Carbon oxide sequestration (Form 8933)                                                                     | <b>1x</b>                                                        |                                   |
| <b>y</b>                                                                                                                            | Qualified plug-in electric drive motor vehicle (Form 8936)                                                 | <b>1y</b>                                                        |                                   |
| <b>z</b>                                                                                                                            | Qualified plug-in electric vehicle (carryforward only)                                                     | <b>1z</b>                                                        |                                   |
| <b>aa</b>                                                                                                                           | Employee retention (Form 5884-A)                                                                           | <b>1aa</b>                                                       |                                   |
| <b>bb</b>                                                                                                                           | General credits from an electing large partnership (carryforward only)                                     | <b>1bb</b>                                                       |                                   |
| <b>zz</b>                                                                                                                           | Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) | <b>1zz</b>                                                       |                                   |
| <b>2</b>                                                                                                                            | Add lines 1a through 1zz and enter here and on the applicable line of Part I                               | <b>2</b>                                                         | 0                                 |
| <b>3</b>                                                                                                                            | Enter the amount from Form 8844 here and on the applicable line of Part II                                 | <b>3</b>                                                         |                                   |
| <b>4a</b>                                                                                                                           | Investment (Form 3468, Part III) (attach Form 3468)                                                        | <b>4a</b>                                                        |                                   |
| <b>b</b>                                                                                                                            | Work opportunity (Form 5884)                                                                               | <b>4b</b>                                                        |                                   |
| <b>c</b>                                                                                                                            | Biofuel producer (Form 6478)                                                                               | <b>4c</b>                                                        |                                   |
| <b>d</b>                                                                                                                            | Low-income housing (Form 8586)                                                                             | <b>4d</b>                                                        |                                   |
| <b>e</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>4e</b>                                                        |                                   |
| <b>f</b>                                                                                                                            | Employer social security and Medicare taxes paid on certain employee tips (Form 8846)                      | <b>4f</b>                                                        |                                   |
| <b>g</b>                                                                                                                            | Qualified railroad track maintenance (Form 8900)                                                           | <b>4g</b>                                                        |                                   |
| <b>h</b>                                                                                                                            | Small employer health insurance premiums (Form 8941)                                                       | <b>4h</b>                                                        |                                   |
| <b>i</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>4i</b>                                                        | 26-2293853 562                    |
| <b>j</b>                                                                                                                            | Employer credit for paid family and medical leave (Form 8994)                                              | <b>4j</b>                                                        | 26-2293853 109                    |
| <b>z</b>                                                                                                                            | Other                                                                                                      | <b>4z</b>                                                        |                                   |
| <b>5</b>                                                                                                                            | Add lines 4a through 4z and enter here and on the applicable line of Part II                               | <b>5</b>                                                         | 671                               |
| <b>6</b>                                                                                                                            | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II                                 | <b>6</b>                                                         | 671                               |

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**B** ☒ General Business Credit From a Passive Activity      **F** ☐ Reserved  
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| (a) Description of credit                                                                                                           |                                                                                                            | (b) Enter EIN if claiming the credit from a pass-through entity. | (c) Enter the appropriate amount. |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------|
| <b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity. |                                                                                                            |                                                                  |                                   |
| <b>1a</b>                                                                                                                           | Investment (Form 3468, Part II only) (attach Form 3468)                                                    | <b>1a</b>                                                        |                                   |
| <b>b</b>                                                                                                                            | Advanced manufacturing production (Form 7207)                                                              | <b>1b</b>                                                        |                                   |
| <b>c</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>1c</b>                                                        |                                   |
| <b>d</b>                                                                                                                            | Low-income housing (carryforward only) (see instructions)                                                  | <b>1d</b>                                                        |                                   |
| <b>e</b>                                                                                                                            | Disabled access (Form 8826)*                                                                               | <b>1e</b>                                                        |                                   |
| <b>f</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>1f</b>                                                        |                                   |
| <b>g</b>                                                                                                                            | Indian employment (Form 8845)                                                                              | <b>1g</b>                                                        |                                   |
| <b>h</b>                                                                                                                            | Orphan drug (Form 8820)                                                                                    | <b>1h</b>                                                        |                                   |
| <b>i</b>                                                                                                                            | New markets (Form 8874)                                                                                    | <b>1i</b>                                                        |                                   |
| <b>j</b>                                                                                                                            | Small employer pension plan startup costs and auto-enrollment (Form 8881)                                  | <b>1j</b>                                                        |                                   |
| <b>k</b>                                                                                                                            | Employer-provided child care facilities and services (Form 8882)*                                          | <b>1k</b>                                                        |                                   |
| <b>l</b>                                                                                                                            | Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)                               | <b>1l</b>                                                        |                                   |
| <b>m</b>                                                                                                                            | Low sulfur diesel fuel production (Form 8896)                                                              | <b>1m</b>                                                        |                                   |
| <b>n</b>                                                                                                                            | Distilled spirits (Form 8906)                                                                              | <b>1n</b>                                                        |                                   |
| <b>o</b>                                                                                                                            | Nonconventional source fuel (carryforward only)                                                            | <b>1o</b>                                                        |                                   |
| <b>p</b>                                                                                                                            | Energy efficient home (Form 8908)                                                                          | <b>1p</b>                                                        |                                   |
| <b>q</b>                                                                                                                            | Energy efficient appliance (carryforward only)                                                             | <b>1q</b>                                                        |                                   |
| <b>r</b>                                                                                                                            | Alternative motor vehicle (Form 8910)                                                                      | <b>1r</b>                                                        |                                   |
| <b>s</b>                                                                                                                            | Alternative fuel vehicle refueling property (Form 8911)                                                    | <b>1s</b>                                                        |                                   |
| <b>t</b>                                                                                                                            | Enhanced oil recovery credit (Form 8830)                                                                   | <b>1t</b>                                                        |                                   |
| <b>u</b>                                                                                                                            | Mine rescue team training (Form 8923)                                                                      | <b>1u</b>                                                        |                                   |
| <b>v</b>                                                                                                                            | Agricultural chemicals security (carryforward only)                                                        | <b>1v</b>                                                        |                                   |
| <b>w</b>                                                                                                                            | Employer differential wage payments (Form 8932)                                                            | <b>1w</b>                                                        |                                   |
| <b>x</b>                                                                                                                            | Carbon oxide sequestration (Form 8933)                                                                     | <b>1x</b>                                                        |                                   |
| <b>y</b>                                                                                                                            | Qualified plug-in electric drive motor vehicle (Form 8936)                                                 | <b>1y</b>                                                        |                                   |
| <b>z</b>                                                                                                                            | Qualified plug-in electric vehicle (carryforward only)                                                     | <b>1z</b>                                                        |                                   |
| <b>aa</b>                                                                                                                           | Employee retention (Form 5884-A)                                                                           | <b>1aa</b>                                                       |                                   |
| <b>bb</b>                                                                                                                           | General credits from an electing large partnership (carryforward only)                                     | <b>1bb</b>                                                       |                                   |
| <b>zz</b>                                                                                                                           | Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) | <b>1zz</b>                                                       |                                   |
| <b>2</b>                                                                                                                            | Add lines 1a through 1zz and enter here and on the applicable line of Part I                               | <b>2</b>                                                         | 0                                 |
| <b>3</b>                                                                                                                            | Enter the amount from Form 8844 here and on the applicable line of Part II                                 | <b>3</b>                                                         |                                   |
| <b>4a</b>                                                                                                                           | Investment (Form 3468, Part III) (attach Form 3468)                                                        | <b>4a</b>                                                        |                                   |
| <b>b</b>                                                                                                                            | Work opportunity (Form 5884)                                                                               | <b>4b</b>                                                        |                                   |
| <b>c</b>                                                                                                                            | Biofuel producer (Form 6478)                                                                               | <b>4c</b>                                                        |                                   |
| <b>d</b>                                                                                                                            | Low-income housing (Form 8586)                                                                             | <b>4d</b>                                                        |                                   |
| <b>e</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>4e</b>                                                        |                                   |
| <b>f</b>                                                                                                                            | Employer social security and Medicare taxes paid on certain employee tips (Form 8846)                      | <b>4f</b>                                                        |                                   |
| <b>g</b>                                                                                                                            | Qualified railroad track maintenance (Form 8900)                                                           | <b>4g</b>                                                        |                                   |
| <b>h</b>                                                                                                                            | Small employer health insurance premiums (Form 8941)                                                       | <b>4h</b>                                                        |                                   |
| <b>i</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>4i</b>                                                        | 47-5481668 2,191                  |
| <b>j</b>                                                                                                                            | Employer credit for paid family and medical leave (Form 8994)                                              | <b>4j</b>                                                        |                                   |
| <b>z</b>                                                                                                                            | Other                                                                                                      | <b>4z</b>                                                        |                                   |
| <b>5</b>                                                                                                                            | Add lines 4a through 4z and enter here and on the applicable line of Part II                               | <b>5</b>                                                         | 2,191                             |
| <b>6</b>                                                                                                                            | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II                                 | <b>6</b>                                                         | 2,191                             |

\* See instructions for limitation on this credit.

Form **3800** (2022)

Name(s) shown on return

TEXAS A&amp;M UNIVERSITY SYSTEM

Identifying number

74-2648747

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A** ☐ General Business Credit From a Non-Passive Activity      **E** ☐ Reserved  
**B** ☒ General Business Credit From a Passive Activity      **F** ☐ Reserved  
**C** ☐ General Business Credit Carryforwards      **G** ☐ Eligible Small Business Credit Carryforwards  
**D** ☐ General Business Credit Carrybacks      **H** ☐ Reserved  
**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

| (a) Description of credit                                                                                                           |                                                                                                            | (b) Enter EIN if claiming the credit from a pass-through entity. | (c) Enter the appropriate amount. |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------|
| <b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity. |                                                                                                            |                                                                  |                                   |
| <b>1a</b>                                                                                                                           | Investment (Form 3468, Part II only) (attach Form 3468)                                                    | <b>1a</b>                                                        |                                   |
| <b>b</b>                                                                                                                            | Advanced manufacturing production (Form 7207)                                                              | <b>1b</b>                                                        |                                   |
| <b>c</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>1c</b>                                                        |                                   |
| <b>d</b>                                                                                                                            | Low-income housing (carryforward only) (see instructions)                                                  | <b>1d</b>                                                        |                                   |
| <b>e</b>                                                                                                                            | Disabled access (Form 8826)*                                                                               | <b>1e</b>                                                        |                                   |
| <b>f</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>1f</b>                                                        |                                   |
| <b>g</b>                                                                                                                            | Indian employment (Form 8845)                                                                              | <b>1g</b>                                                        |                                   |
| <b>h</b>                                                                                                                            | Orphan drug (Form 8820)                                                                                    | <b>1h</b>                                                        |                                   |
| <b>i</b>                                                                                                                            | New markets (Form 8874)                                                                                    | <b>1i</b>                                                        |                                   |
| <b>j</b>                                                                                                                            | Small employer pension plan startup costs and auto-enrollment (Form 8881)                                  | <b>1j</b>                                                        |                                   |
| <b>k</b>                                                                                                                            | Employer-provided child care facilities and services (Form 8882)*                                          | <b>1k</b>                                                        |                                   |
| <b>l</b>                                                                                                                            | Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)                               | <b>1l</b>                                                        |                                   |
| <b>m</b>                                                                                                                            | Low sulfur diesel fuel production (Form 8896)                                                              | <b>1m</b>                                                        |                                   |
| <b>n</b>                                                                                                                            | Distilled spirits (Form 8906)                                                                              | <b>1n</b>                                                        |                                   |
| <b>o</b>                                                                                                                            | Nonconventional source fuel (carryforward only)                                                            | <b>1o</b>                                                        |                                   |
| <b>p</b>                                                                                                                            | Energy efficient home (Form 8908)                                                                          | <b>1p</b>                                                        |                                   |
| <b>q</b>                                                                                                                            | Energy efficient appliance (carryforward only)                                                             | <b>1q</b>                                                        |                                   |
| <b>r</b>                                                                                                                            | Alternative motor vehicle (Form 8910)                                                                      | <b>1r</b>                                                        |                                   |
| <b>s</b>                                                                                                                            | Alternative fuel vehicle refueling property (Form 8911)                                                    | <b>1s</b>                                                        |                                   |
| <b>t</b>                                                                                                                            | Enhanced oil recovery credit (Form 8830)                                                                   | <b>1t</b>                                                        |                                   |
| <b>u</b>                                                                                                                            | Mine rescue team training (Form 8923)                                                                      | <b>1u</b>                                                        |                                   |
| <b>v</b>                                                                                                                            | Agricultural chemicals security (carryforward only)                                                        | <b>1v</b>                                                        |                                   |
| <b>w</b>                                                                                                                            | Employer differential wage payments (Form 8932)                                                            | <b>1w</b>                                                        |                                   |
| <b>x</b>                                                                                                                            | Carbon oxide sequestration (Form 8933)                                                                     | <b>1x</b>                                                        |                                   |
| <b>y</b>                                                                                                                            | Qualified plug-in electric drive motor vehicle (Form 8936)                                                 | <b>1y</b>                                                        |                                   |
| <b>z</b>                                                                                                                            | Qualified plug-in electric vehicle (carryforward only)                                                     | <b>1z</b>                                                        |                                   |
| <b>aa</b>                                                                                                                           | Employee retention (Form 5884-A)                                                                           | <b>1aa</b>                                                       |                                   |
| <b>bb</b>                                                                                                                           | General credits from an electing large partnership (carryforward only)                                     | <b>1bb</b>                                                       |                                   |
| <b>zz</b>                                                                                                                           | Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) | <b>1zz</b>                                                       |                                   |
| <b>2</b>                                                                                                                            | Add lines 1a through 1zz and enter here and on the applicable line of Part I                               | <b>2</b>                                                         | 0                                 |
| <b>3</b>                                                                                                                            | Enter the amount from Form 8844 here and on the applicable line of Part II                                 | <b>3</b>                                                         |                                   |
| <b>4a</b>                                                                                                                           | Investment (Form 3468, Part III) (attach Form 3468)                                                        | <b>4a</b>                                                        |                                   |
| <b>b</b>                                                                                                                            | Work opportunity (Form 5884)                                                                               | <b>4b</b>                                                        |                                   |
| <b>c</b>                                                                                                                            | Biofuel producer (Form 6478)                                                                               | <b>4c</b>                                                        |                                   |
| <b>d</b>                                                                                                                            | Low-income housing (Form 8586)                                                                             | <b>4d</b>                                                        |                                   |
| <b>e</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>4e</b>                                                        |                                   |
| <b>f</b>                                                                                                                            | Employer social security and Medicare taxes paid on certain employee tips (Form 8846)                      | <b>4f</b>                                                        |                                   |
| <b>g</b>                                                                                                                            | Qualified railroad track maintenance (Form 8900)                                                           | <b>4g</b>                                                        |                                   |
| <b>h</b>                                                                                                                            | Small employer health insurance premiums (Form 8941)                                                       | <b>4h</b>                                                        |                                   |
| <b>i</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>4i</b>                                                        | 47-1245315 10,926                 |
| <b>j</b>                                                                                                                            | Employer credit for paid family and medical leave (Form 8994)                                              | <b>4j</b>                                                        |                                   |
| <b>z</b>                                                                                                                            | Other                                                                                                      | <b>4z</b>                                                        |                                   |
| <b>5</b>                                                                                                                            | Add lines 4a through 4z and enter here and on the applicable line of Part II                               | <b>5</b>                                                         | 10,926                            |
| <b>6</b>                                                                                                                            | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II                                 | <b>6</b>                                                         | 10,926                            |

\* See instructions for limitation on this credit.

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Name(s) shown on return

TEXAS A&amp;M UNIVERSITY SYSTEM

Identifying number

74-2648747

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A** ☐ General Business Credit From a Non-Passive Activity      **E** ☐ Reserved  
**B** ☒ General Business Credit From a Passive Activity      **F** ☐ Reserved  
**C** ☐ General Business Credit Carryforwards      **G** ☐ Eligible Small Business Credit Carryforwards  
**D** ☐ General Business Credit Carrybacks      **H** ☐ Reserved  
**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

| (a) Description of credit                                                                                                           |                                                                                                            | (b) Enter EIN if claiming the credit from a pass-through entity. | (c) Enter the appropriate amount. |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------|
| <b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity. |                                                                                                            |                                                                  |                                   |
| <b>1a</b>                                                                                                                           | Investment (Form 3468, Part II only) (attach Form 3468)                                                    | <b>1a</b>                                                        |                                   |
| <b>b</b>                                                                                                                            | Advanced manufacturing production (Form 7207)                                                              | <b>1b</b>                                                        |                                   |
| <b>c</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>1c</b>                                                        |                                   |
| <b>d</b>                                                                                                                            | Low-income housing (carryforward only) (see instructions)                                                  | <b>1d</b>                                                        |                                   |
| <b>e</b>                                                                                                                            | Disabled access (Form 8826)*                                                                               | <b>1e</b>                                                        |                                   |
| <b>f</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>1f</b>                                                        |                                   |
| <b>g</b>                                                                                                                            | Indian employment (Form 8845)                                                                              | <b>1g</b>                                                        |                                   |
| <b>h</b>                                                                                                                            | Orphan drug (Form 8820)                                                                                    | <b>1h</b>                                                        |                                   |
| <b>i</b>                                                                                                                            | New markets (Form 8874)                                                                                    | <b>1i</b>                                                        |                                   |
| <b>j</b>                                                                                                                            | Small employer pension plan startup costs and auto-enrollment (Form 8881)                                  | <b>1j</b>                                                        |                                   |
| <b>k</b>                                                                                                                            | Employer-provided child care facilities and services (Form 8882)*                                          | <b>1k</b>                                                        |                                   |
| <b>l</b>                                                                                                                            | Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)                               | <b>1l</b>                                                        |                                   |
| <b>m</b>                                                                                                                            | Low sulfur diesel fuel production (Form 8896)                                                              | <b>1m</b>                                                        |                                   |
| <b>n</b>                                                                                                                            | Distilled spirits (Form 8906)                                                                              | <b>1n</b>                                                        |                                   |
| <b>o</b>                                                                                                                            | Nonconventional source fuel (carryforward only)                                                            | <b>1o</b>                                                        |                                   |
| <b>p</b>                                                                                                                            | Energy efficient home (Form 8908)                                                                          | <b>1p</b>                                                        |                                   |
| <b>q</b>                                                                                                                            | Energy efficient appliance (carryforward only)                                                             | <b>1q</b>                                                        |                                   |
| <b>r</b>                                                                                                                            | Alternative motor vehicle (Form 8910)                                                                      | <b>1r</b>                                                        |                                   |
| <b>s</b>                                                                                                                            | Alternative fuel vehicle refueling property (Form 8911)                                                    | <b>1s</b>                                                        |                                   |
| <b>t</b>                                                                                                                            | Enhanced oil recovery credit (Form 8830)                                                                   | <b>1t</b>                                                        |                                   |
| <b>u</b>                                                                                                                            | Mine rescue team training (Form 8923)                                                                      | <b>1u</b>                                                        |                                   |
| <b>v</b>                                                                                                                            | Agricultural chemicals security (carryforward only)                                                        | <b>1v</b>                                                        |                                   |
| <b>w</b>                                                                                                                            | Employer differential wage payments (Form 8932)                                                            | <b>1w</b>                                                        |                                   |
| <b>x</b>                                                                                                                            | Carbon oxide sequestration (Form 8933)                                                                     | <b>1x</b>                                                        |                                   |
| <b>y</b>                                                                                                                            | Qualified plug-in electric drive motor vehicle (Form 8936)                                                 | <b>1y</b>                                                        |                                   |
| <b>z</b>                                                                                                                            | Qualified plug-in electric vehicle (carryforward only)                                                     | <b>1z</b>                                                        |                                   |
| <b>aa</b>                                                                                                                           | Employee retention (Form 5884-A)                                                                           | <b>1aa</b>                                                       |                                   |
| <b>bb</b>                                                                                                                           | General credits from an electing large partnership (carryforward only)                                     | <b>1bb</b>                                                       |                                   |
| <b>zz</b>                                                                                                                           | Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) | <b>1zz</b>                                                       |                                   |
| <b>2</b>                                                                                                                            | Add lines 1a through 1zz and enter here and on the applicable line of Part I                               | <b>2</b>                                                         | 0                                 |
| <b>3</b>                                                                                                                            | Enter the amount from Form 8844 here and on the applicable line of Part II                                 | <b>3</b>                                                         |                                   |
| <b>4a</b>                                                                                                                           | Investment (Form 3468, Part III) (attach Form 3468)                                                        | <b>4a</b>                                                        |                                   |
| <b>b</b>                                                                                                                            | Work opportunity (Form 5884)                                                                               | <b>4b</b>                                                        |                                   |
| <b>c</b>                                                                                                                            | Biofuel producer (Form 6478)                                                                               | <b>4c</b>                                                        |                                   |
| <b>d</b>                                                                                                                            | Low-income housing (Form 8586)                                                                             | <b>4d</b>                                                        |                                   |
| <b>e</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>4e</b>                                                        |                                   |
| <b>f</b>                                                                                                                            | Employer social security and Medicare taxes paid on certain employee tips (Form 8846)                      | <b>4f</b>                                                        |                                   |
| <b>g</b>                                                                                                                            | Qualified railroad track maintenance (Form 8900)                                                           | <b>4g</b>                                                        |                                   |
| <b>h</b>                                                                                                                            | Small employer health insurance premiums (Form 8941)                                                       | <b>4h</b>                                                        |                                   |
| <b>i</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>4i</b>                                                        | 82-1490225 7,150                  |
| <b>j</b>                                                                                                                            | Employer credit for paid family and medical leave (Form 8994)                                              | <b>4j</b>                                                        |                                   |
| <b>z</b>                                                                                                                            | Other                                                                                                      | <b>4z</b>                                                        |                                   |
| <b>5</b>                                                                                                                            | Add lines 4a through 4z and enter here and on the applicable line of Part II                               | <b>5</b>                                                         | 7,150                             |
| <b>6</b>                                                                                                                            | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II                                 | <b>6</b>                                                         | 7,150                             |

\* See instructions for limitation on this credit.

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- A** ☐ General Business Credit From a Non-Passive Activity      **E** ☐ Reserved  
**B** ☒ General Business Credit From a Passive Activity      **F** ☐ Reserved  
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**D** ☐ General Business Credit Carrybacks      **H** ☐ Reserved  
**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

| (a) Description of credit                                                                                                           |                                                                                                            | (b) Enter EIN if claiming the credit from a pass-through entity. | (c) Enter the appropriate amount. |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------|
| <b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity. |                                                                                                            |                                                                  |                                   |
| <b>1a</b>                                                                                                                           | Investment (Form 3468, Part II only) (attach Form 3468)                                                    | <b>1a</b>                                                        |                                   |
| <b>b</b>                                                                                                                            | Advanced manufacturing production (Form 7207)                                                              | <b>1b</b>                                                        |                                   |
| <b>c</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>1c</b>                                                        |                                   |
| <b>d</b>                                                                                                                            | Low-income housing (carryforward only) (see instructions)                                                  | <b>1d</b>                                                        |                                   |
| <b>e</b>                                                                                                                            | Disabled access (Form 8826)*                                                                               | <b>1e</b>                                                        |                                   |
| <b>f</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>1f</b>                                                        |                                   |
| <b>g</b>                                                                                                                            | Indian employment (Form 8845)                                                                              | <b>1g</b>                                                        |                                   |
| <b>h</b>                                                                                                                            | Orphan drug (Form 8820)                                                                                    | <b>1h</b>                                                        |                                   |
| <b>i</b>                                                                                                                            | New markets (Form 8874)                                                                                    | <b>1i</b>                                                        |                                   |
| <b>j</b>                                                                                                                            | Small employer pension plan startup costs and auto-enrollment (Form 8881)                                  | <b>1j</b>                                                        |                                   |
| <b>k</b>                                                                                                                            | Employer-provided child care facilities and services (Form 8882)*                                          | <b>1k</b>                                                        |                                   |
| <b>l</b>                                                                                                                            | Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)                               | <b>1l</b>                                                        |                                   |
| <b>m</b>                                                                                                                            | Low sulfur diesel fuel production (Form 8896)                                                              | <b>1m</b>                                                        |                                   |
| <b>n</b>                                                                                                                            | Distilled spirits (Form 8906)                                                                              | <b>1n</b>                                                        |                                   |
| <b>o</b>                                                                                                                            | Nonconventional source fuel (carryforward only)                                                            | <b>1o</b>                                                        |                                   |
| <b>p</b>                                                                                                                            | Energy efficient home (Form 8908)                                                                          | <b>1p</b>                                                        |                                   |
| <b>q</b>                                                                                                                            | Energy efficient appliance (carryforward only)                                                             | <b>1q</b>                                                        |                                   |
| <b>r</b>                                                                                                                            | Alternative motor vehicle (Form 8910)                                                                      | <b>1r</b>                                                        |                                   |
| <b>s</b>                                                                                                                            | Alternative fuel vehicle refueling property (Form 8911)                                                    | <b>1s</b>                                                        |                                   |
| <b>t</b>                                                                                                                            | Enhanced oil recovery credit (Form 8830)                                                                   | <b>1t</b>                                                        |                                   |
| <b>u</b>                                                                                                                            | Mine rescue team training (Form 8923)                                                                      | <b>1u</b>                                                        |                                   |
| <b>v</b>                                                                                                                            | Agricultural chemicals security (carryforward only)                                                        | <b>1v</b>                                                        |                                   |
| <b>w</b>                                                                                                                            | Employer differential wage payments (Form 8932)                                                            | <b>1w</b>                                                        |                                   |
| <b>x</b>                                                                                                                            | Carbon oxide sequestration (Form 8933)                                                                     | <b>1x</b>                                                        |                                   |
| <b>y</b>                                                                                                                            | Qualified plug-in electric drive motor vehicle (Form 8936)                                                 | <b>1y</b>                                                        |                                   |
| <b>z</b>                                                                                                                            | Qualified plug-in electric vehicle (carryforward only)                                                     | <b>1z</b>                                                        |                                   |
| <b>aa</b>                                                                                                                           | Employee retention (Form 5884-A)                                                                           | <b>1aa</b>                                                       |                                   |
| <b>bb</b>                                                                                                                           | General credits from an electing large partnership (carryforward only)                                     | <b>1bb</b>                                                       |                                   |
| <b>zz</b>                                                                                                                           | Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) | <b>1zz</b>                                                       |                                   |
| <b>2</b>                                                                                                                            | Add lines 1a through 1zz and enter here and on the applicable line of Part I                               | <b>2</b>                                                         | 0                                 |
| <b>3</b>                                                                                                                            | Enter the amount from Form 8844 here and on the applicable line of Part II                                 | <b>3</b>                                                         |                                   |
| <b>4a</b>                                                                                                                           | Investment (Form 3468, Part III) (attach Form 3468)                                                        | <b>4a</b>                                                        |                                   |
| <b>b</b>                                                                                                                            | Work opportunity (Form 5884)                                                                               | <b>4b</b>                                                        |                                   |
| <b>c</b>                                                                                                                            | Biofuel producer (Form 6478)                                                                               | <b>4c</b>                                                        |                                   |
| <b>d</b>                                                                                                                            | Low-income housing (Form 8586)                                                                             | <b>4d</b>                                                        |                                   |
| <b>e</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>4e</b>                                                        |                                   |
| <b>f</b>                                                                                                                            | Employer social security and Medicare taxes paid on certain employee tips (Form 8846)                      | <b>4f</b>                                                        |                                   |
| <b>g</b>                                                                                                                            | Qualified railroad track maintenance (Form 8900)                                                           | <b>4g</b>                                                        |                                   |
| <b>h</b>                                                                                                                            | Small employer health insurance premiums (Form 8941)                                                       | <b>4h</b>                                                        |                                   |
| <b>i</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>4i</b>                                                        | 98-1593567 1                      |
| <b>j</b>                                                                                                                            | Employer credit for paid family and medical leave (Form 8994)                                              | <b>4j</b>                                                        |                                   |
| <b>z</b>                                                                                                                            | Other                                                                                                      | <b>4z</b>                                                        |                                   |
| <b>5</b>                                                                                                                            | Add lines 4a through 4z and enter here and on the applicable line of Part II                               | <b>5</b>                                                         | 1                                 |
| <b>6</b>                                                                                                                            | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II                                 | <b>6</b>                                                         | 1                                 |

\* See instructions for limitation on this credit.

Form **3800** (2022)

Name(s) shown on return

TEXAS A&amp;M UNIVERSITY SYSTEM

Identifying number

74-2648747

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A** ☐ General Business Credit From a Non-Passive Activity      **E** ☐ Reserved  
**B** ☒ General Business Credit From a Passive Activity      **F** ☐ Reserved  
**C** ☐ General Business Credit Carryforwards      **G** ☐ Eligible Small Business Credit Carryforwards  
**D** ☐ General Business Credit Carrybacks      **H** ☐ Reserved  
**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

| (a) Description of credit                                                                                                           |                                                                                                            | (b) Enter EIN if claiming the credit from a pass-through entity. | (c) Enter the appropriate amount. |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------|
| <b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity. |                                                                                                            |                                                                  |                                   |
| <b>1a</b>                                                                                                                           | Investment (Form 3468, Part II only) (attach Form 3468)                                                    | <b>1a</b>                                                        |                                   |
| <b>b</b>                                                                                                                            | Advanced manufacturing production (Form 7207)                                                              | <b>1b</b>                                                        |                                   |
| <b>c</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>1c</b>                                                        |                                   |
| <b>d</b>                                                                                                                            | Low-income housing (carryforward only) (see instructions)                                                  | <b>1d</b>                                                        |                                   |
| <b>e</b>                                                                                                                            | Disabled access (Form 8826)*                                                                               | <b>1e</b>                                                        |                                   |
| <b>f</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>1f</b>                                                        |                                   |
| <b>g</b>                                                                                                                            | Indian employment (Form 8845)                                                                              | <b>1g</b>                                                        |                                   |
| <b>h</b>                                                                                                                            | Orphan drug (Form 8820)                                                                                    | <b>1h</b>                                                        |                                   |
| <b>i</b>                                                                                                                            | New markets (Form 8874)                                                                                    | <b>1i</b>                                                        |                                   |
| <b>j</b>                                                                                                                            | Small employer pension plan startup costs and auto-enrollment (Form 8881)                                  | <b>1j</b>                                                        |                                   |
| <b>k</b>                                                                                                                            | Employer-provided child care facilities and services (Form 8882)*                                          | <b>1k</b>                                                        |                                   |
| <b>l</b>                                                                                                                            | Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)                               | <b>1l</b>                                                        |                                   |
| <b>m</b>                                                                                                                            | Low sulfur diesel fuel production (Form 8896)                                                              | <b>1m</b>                                                        |                                   |
| <b>n</b>                                                                                                                            | Distilled spirits (Form 8906)                                                                              | <b>1n</b>                                                        |                                   |
| <b>o</b>                                                                                                                            | Nonconventional source fuel (carryforward only)                                                            | <b>1o</b>                                                        |                                   |
| <b>p</b>                                                                                                                            | Energy efficient home (Form 8908)                                                                          | <b>1p</b>                                                        |                                   |
| <b>q</b>                                                                                                                            | Energy efficient appliance (carryforward only)                                                             | <b>1q</b>                                                        |                                   |
| <b>r</b>                                                                                                                            | Alternative motor vehicle (Form 8910)                                                                      | <b>1r</b>                                                        |                                   |
| <b>s</b>                                                                                                                            | Alternative fuel vehicle refueling property (Form 8911)                                                    | <b>1s</b>                                                        |                                   |
| <b>t</b>                                                                                                                            | Enhanced oil recovery credit (Form 8830)                                                                   | <b>1t</b>                                                        |                                   |
| <b>u</b>                                                                                                                            | Mine rescue team training (Form 8923)                                                                      | <b>1u</b>                                                        |                                   |
| <b>v</b>                                                                                                                            | Agricultural chemicals security (carryforward only)                                                        | <b>1v</b>                                                        |                                   |
| <b>w</b>                                                                                                                            | Employer differential wage payments (Form 8932)                                                            | <b>1w</b>                                                        |                                   |
| <b>x</b>                                                                                                                            | Carbon oxide sequestration (Form 8933)                                                                     | <b>1x</b>                                                        |                                   |
| <b>y</b>                                                                                                                            | Qualified plug-in electric drive motor vehicle (Form 8936)                                                 | <b>1y</b>                                                        |                                   |
| <b>z</b>                                                                                                                            | Qualified plug-in electric vehicle (carryforward only)                                                     | <b>1z</b>                                                        |                                   |
| <b>aa</b>                                                                                                                           | Employee retention (Form 5884-A)                                                                           | <b>1aa</b>                                                       |                                   |
| <b>bb</b>                                                                                                                           | General credits from an electing large partnership (carryforward only)                                     | <b>1bb</b>                                                       |                                   |
| <b>zz</b>                                                                                                                           | Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) | <b>1zz</b>                                                       |                                   |
| <b>2</b>                                                                                                                            | Add lines 1a through 1zz and enter here and on the applicable line of Part I                               | <b>2</b>                                                         | 0                                 |
| <b>3</b>                                                                                                                            | Enter the amount from Form 8844 here and on the applicable line of Part II                                 | <b>3</b>                                                         |                                   |
| <b>4a</b>                                                                                                                           | Investment (Form 3468, Part III) (attach Form 3468)                                                        | <b>4a</b>                                                        |                                   |
| <b>b</b>                                                                                                                            | Work opportunity (Form 5884)                                                                               | <b>4b</b>                                                        |                                   |
| <b>c</b>                                                                                                                            | Biofuel producer (Form 6478)                                                                               | <b>4c</b>                                                        |                                   |
| <b>d</b>                                                                                                                            | Low-income housing (Form 8586)                                                                             | <b>4d</b>                                                        |                                   |
| <b>e</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>4e</b>                                                        |                                   |
| <b>f</b>                                                                                                                            | Employer social security and Medicare taxes paid on certain employee tips (Form 8846)                      | <b>4f</b>                                                        |                                   |
| <b>g</b>                                                                                                                            | Qualified railroad track maintenance (Form 8900)                                                           | <b>4g</b>                                                        |                                   |
| <b>h</b>                                                                                                                            | Small employer health insurance premiums (Form 8941)                                                       | <b>4h</b>                                                        |                                   |
| <b>i</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>4i</b>                                                        | 87-0981155 123                    |
| <b>j</b>                                                                                                                            | Employer credit for paid family and medical leave (Form 8994)                                              | <b>4j</b>                                                        |                                   |
| <b>z</b>                                                                                                                            | Other                                                                                                      | <b>4z</b>                                                        |                                   |
| <b>5</b>                                                                                                                            | Add lines 4a through 4z and enter here and on the applicable line of Part II                               | <b>5</b>                                                         | 123                               |
| <b>6</b>                                                                                                                            | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II                                 | <b>6</b>                                                         | 123                               |

\* See instructions for limitation on this credit.

Form **3800** (2022)

Name(s) shown on return

TEXAS A&amp;M UNIVERSITY SYSTEM

Identifying number

74-2648747

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A** ☐ General Business Credit From a Non-Passive Activity      **E** ☐ Reserved  
**B** ☒ General Business Credit From a Passive Activity      **F** ☐ Reserved  
**C** ☐ General Business Credit Carryforwards      **G** ☐ Eligible Small Business Credit Carryforwards  
**D** ☐ General Business Credit Carrybacks      **H** ☐ Reserved  
**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

| (a) Description of credit                                                                                                           |                                                                                                            | (b) Enter EIN if claiming the credit from a pass-through entity. | (c) Enter the appropriate amount. |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------|
| <b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity. |                                                                                                            |                                                                  |                                   |
| <b>1a</b>                                                                                                                           | Investment (Form 3468, Part II only) (attach Form 3468)                                                    | <b>1a</b>                                                        |                                   |
| <b>b</b>                                                                                                                            | Advanced manufacturing production (Form 7207)                                                              | <b>1b</b>                                                        |                                   |
| <b>c</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>1c</b>                                                        |                                   |
| <b>d</b>                                                                                                                            | Low-income housing (carryforward only) (see instructions)                                                  | <b>1d</b>                                                        |                                   |
| <b>e</b>                                                                                                                            | Disabled access (Form 8826)*                                                                               | <b>1e</b>                                                        |                                   |
| <b>f</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>1f</b>                                                        |                                   |
| <b>g</b>                                                                                                                            | Indian employment (Form 8845)                                                                              | <b>1g</b>                                                        |                                   |
| <b>h</b>                                                                                                                            | Orphan drug (Form 8820)                                                                                    | <b>1h</b>                                                        |                                   |
| <b>i</b>                                                                                                                            | New markets (Form 8874)                                                                                    | <b>1i</b>                                                        |                                   |
| <b>j</b>                                                                                                                            | Small employer pension plan startup costs and auto-enrollment (Form 8881)                                  | <b>1j</b>                                                        |                                   |
| <b>k</b>                                                                                                                            | Employer-provided child care facilities and services (Form 8882)*                                          | <b>1k</b>                                                        |                                   |
| <b>l</b>                                                                                                                            | Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)                               | <b>1l</b>                                                        |                                   |
| <b>m</b>                                                                                                                            | Low sulfur diesel fuel production (Form 8896)                                                              | <b>1m</b>                                                        |                                   |
| <b>n</b>                                                                                                                            | Distilled spirits (Form 8906)                                                                              | <b>1n</b>                                                        |                                   |
| <b>o</b>                                                                                                                            | Nonconventional source fuel (carryforward only)                                                            | <b>1o</b>                                                        |                                   |
| <b>p</b>                                                                                                                            | Energy efficient home (Form 8908)                                                                          | <b>1p</b>                                                        |                                   |
| <b>q</b>                                                                                                                            | Energy efficient appliance (carryforward only)                                                             | <b>1q</b>                                                        |                                   |
| <b>r</b>                                                                                                                            | Alternative motor vehicle (Form 8910)                                                                      | <b>1r</b>                                                        |                                   |
| <b>s</b>                                                                                                                            | Alternative fuel vehicle refueling property (Form 8911)                                                    | <b>1s</b>                                                        |                                   |
| <b>t</b>                                                                                                                            | Enhanced oil recovery credit (Form 8830)                                                                   | <b>1t</b>                                                        |                                   |
| <b>u</b>                                                                                                                            | Mine rescue team training (Form 8923)                                                                      | <b>1u</b>                                                        |                                   |
| <b>v</b>                                                                                                                            | Agricultural chemicals security (carryforward only)                                                        | <b>1v</b>                                                        |                                   |
| <b>w</b>                                                                                                                            | Employer differential wage payments (Form 8932)                                                            | <b>1w</b>                                                        |                                   |
| <b>x</b>                                                                                                                            | Carbon oxide sequestration (Form 8933)                                                                     | <b>1x</b>                                                        |                                   |
| <b>y</b>                                                                                                                            | Qualified plug-in electric drive motor vehicle (Form 8936)                                                 | <b>1y</b>                                                        |                                   |
| <b>z</b>                                                                                                                            | Qualified plug-in electric vehicle (carryforward only)                                                     | <b>1z</b>                                                        |                                   |
| <b>aa</b>                                                                                                                           | Employee retention (Form 5884-A)                                                                           | <b>1aa</b>                                                       |                                   |
| <b>bb</b>                                                                                                                           | General credits from an electing large partnership (carryforward only)                                     | <b>1bb</b>                                                       |                                   |
| <b>zz</b>                                                                                                                           | Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) | <b>1zz</b>                                                       |                                   |
| <b>2</b>                                                                                                                            | Add lines 1a through 1zz and enter here and on the applicable line of Part I                               | <b>2</b>                                                         | 0                                 |
| <b>3</b>                                                                                                                            | Enter the amount from Form 8844 here and on the applicable line of Part II                                 | <b>3</b>                                                         |                                   |
| <b>4a</b>                                                                                                                           | Investment (Form 3468, Part III) (attach Form 3468)                                                        | <b>4a</b>                                                        |                                   |
| <b>b</b>                                                                                                                            | Work opportunity (Form 5884)                                                                               | <b>4b</b>                                                        |                                   |
| <b>c</b>                                                                                                                            | Biofuel producer (Form 6478)                                                                               | <b>4c</b>                                                        |                                   |
| <b>d</b>                                                                                                                            | Low-income housing (Form 8586)                                                                             | <b>4d</b>                                                        |                                   |
| <b>e</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>4e</b>                                                        |                                   |
| <b>f</b>                                                                                                                            | Employer social security and Medicare taxes paid on certain employee tips (Form 8846)                      | <b>4f</b>                                                        |                                   |
| <b>g</b>                                                                                                                            | Qualified railroad track maintenance (Form 8900)                                                           | <b>4g</b>                                                        |                                   |
| <b>h</b>                                                                                                                            | Small employer health insurance premiums (Form 8941)                                                       | <b>4h</b>                                                        |                                   |
| <b>i</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>4i</b>                                                        | 87-1031848 178                    |
| <b>j</b>                                                                                                                            | Employer credit for paid family and medical leave (Form 8994)                                              | <b>4j</b>                                                        |                                   |
| <b>z</b>                                                                                                                            | Other                                                                                                      | <b>4z</b>                                                        |                                   |
| <b>5</b>                                                                                                                            | Add lines 4a through 4z and enter here and on the applicable line of Part II                               | <b>5</b>                                                         | 178                               |
| <b>6</b>                                                                                                                            | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II                                 | <b>6</b>                                                         | 178                               |

\* See instructions for limitation on this credit.

Form **3800** (2022)

Name(s) shown on return

TEXAS A&amp;M UNIVERSITY SYSTEM

Identifying number

74-2648747

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A** ☐ General Business Credit From a Non-Passive Activity      **E** ☐ Reserved  
**B** ☐ General Business Credit From a Passive Activity      **F** ☐ Reserved  
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**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

| (a) Description of credit                                                                                                           |                                                                                                            | (b) Enter EIN if claiming the credit from a pass-through entity. | (c) Enter the appropriate amount. |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------|
| <b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity. |                                                                                                            |                                                                  |                                   |
| <b>1a</b>                                                                                                                           | Investment (Form 3468, Part II only) (attach Form 3468)                                                    | <b>1a</b>                                                        |                                   |
| <b>b</b>                                                                                                                            | Advanced manufacturing production (Form 7207)                                                              | <b>1b</b>                                                        |                                   |
| <b>c</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>1c</b>                                                        |                                   |
| <b>d</b>                                                                                                                            | Low-income housing (carryforward only) (see instructions)                                                  | <b>1d</b>                                                        |                                   |
| <b>e</b>                                                                                                                            | Disabled access (Form 8826)*                                                                               | <b>1e</b>                                                        |                                   |
| <b>f</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>1f</b>                                                        |                                   |
| <b>g</b>                                                                                                                            | Indian employment (Form 8845)                                                                              | <b>1g</b>                                                        |                                   |
| <b>h</b>                                                                                                                            | Orphan drug (Form 8820)                                                                                    | <b>1h</b>                                                        |                                   |
| <b>i</b>                                                                                                                            | New markets (Form 8874)                                                                                    | <b>1i</b>                                                        |                                   |
| <b>j</b>                                                                                                                            | Small employer pension plan startup costs and auto-enrollment (Form 8881)                                  | <b>1j</b>                                                        |                                   |
| <b>k</b>                                                                                                                            | Employer-provided child care facilities and services (Form 8882)*                                          | <b>1k</b>                                                        |                                   |
| <b>l</b>                                                                                                                            | Biodiesel, renewable diesel, or sustainable aviation fuel (attach Form 8864)                               | <b>1l</b>                                                        |                                   |
| <b>m</b>                                                                                                                            | Low sulfur diesel fuel production (Form 8896)                                                              | <b>1m</b>                                                        |                                   |
| <b>n</b>                                                                                                                            | Distilled spirits (Form 8906)                                                                              | <b>1n</b>                                                        |                                   |
| <b>o</b>                                                                                                                            | Nonconventional source fuel (carryforward only)                                                            | <b>1o</b>                                                        |                                   |
| <b>p</b>                                                                                                                            | Energy efficient home (Form 8908)                                                                          | <b>1p</b>                                                        |                                   |
| <b>q</b>                                                                                                                            | Energy efficient appliance (carryforward only)                                                             | <b>1q</b>                                                        |                                   |
| <b>r</b>                                                                                                                            | Alternative motor vehicle (Form 8910)                                                                      | <b>1r</b>                                                        |                                   |
| <b>s</b>                                                                                                                            | Alternative fuel vehicle refueling property (Form 8911)                                                    | <b>1s</b>                                                        |                                   |
| <b>t</b>                                                                                                                            | Enhanced oil recovery credit (Form 8830)                                                                   | <b>1t</b>                                                        |                                   |
| <b>u</b>                                                                                                                            | Mine rescue team training (Form 8923)                                                                      | <b>1u</b>                                                        |                                   |
| <b>v</b>                                                                                                                            | Agricultural chemicals security (carryforward only)                                                        | <b>1v</b>                                                        |                                   |
| <b>w</b>                                                                                                                            | Employer differential wage payments (Form 8932)                                                            | <b>1w</b>                                                        |                                   |
| <b>x</b>                                                                                                                            | Carbon oxide sequestration (Form 8933)                                                                     | <b>1x</b>                                                        |                                   |
| <b>y</b>                                                                                                                            | Qualified plug-in electric drive motor vehicle (Form 8936)                                                 | <b>1y</b>                                                        |                                   |
| <b>z</b>                                                                                                                            | Qualified plug-in electric vehicle (carryforward only)                                                     | <b>1z</b>                                                        |                                   |
| <b>aa</b>                                                                                                                           | Employee retention (Form 5884-A)                                                                           | <b>1aa</b>                                                       |                                   |
| <b>bb</b>                                                                                                                           | General credits from an electing large partnership (carryforward only)                                     | <b>1bb</b>                                                       |                                   |
| <b>zz</b>                                                                                                                           | Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) | <b>1zz</b>                                                       |                                   |
| <b>2</b>                                                                                                                            | Add lines 1a through 1zz and enter here and on the applicable line of Part I                               | <b>2</b>                                                         | 0                                 |
| <b>3</b>                                                                                                                            | Enter the amount from Form 8844 here and on the applicable line of Part II                                 | <b>3</b>                                                         |                                   |
| <b>4a</b>                                                                                                                           | Investment (Form 3468, Part III) (attach Form 3468)                                                        | <b>4a</b>                                                        |                                   |
| <b>b</b>                                                                                                                            | Work opportunity (Form 5884)                                                                               | <b>4b</b>                                                        |                                   |
| <b>c</b>                                                                                                                            | Biofuel producer (Form 6478)                                                                               | <b>4c</b>                                                        |                                   |
| <b>d</b>                                                                                                                            | Low-income housing (Form 8586)                                                                             | <b>4d</b>                                                        |                                   |
| <b>e</b>                                                                                                                            | Renewable electricity production (Form 8835)                                                               | <b>4e</b>                                                        |                                   |
| <b>f</b>                                                                                                                            | Employer social security and Medicare taxes paid on certain employee tips (Form 8846)                      | <b>4f</b>                                                        |                                   |
| <b>g</b>                                                                                                                            | Qualified railroad track maintenance (Form 8900)                                                           | <b>4g</b>                                                        |                                   |
| <b>h</b>                                                                                                                            | Small employer health insurance premiums (Form 8941)                                                       | <b>4h</b>                                                        |                                   |
| <b>i</b>                                                                                                                            | Increasing research activities (Form 6765)                                                                 | <b>4i</b>                                                        | 1,220                             |
| <b>j</b>                                                                                                                            | Employer credit for paid family and medical leave (Form 8994)                                              | <b>4j</b>                                                        |                                   |
| <b>z</b>                                                                                                                            | Other                                                                                                      | <b>4z</b>                                                        |                                   |
| <b>5</b>                                                                                                                            | Add lines 4a through 4z and enter here and on the applicable line of Part II                               | <b>5</b>                                                         | 1,220                             |
| <b>6</b>                                                                                                                            | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II                                 | <b>6</b>                                                         | 1,220                             |

\* See instructions for limitation on this credit.

Form **3800** (2022)

Texas A&M University System

EIN: 74-2648747

Fiscal Year Ending 8/31/2023

Form 3800, Carryforward Schedule

| GENERAL BUSINESS CREDIT CARRYFORWARD |                  |                               |                        |                                             |                                             |                             |                  |         |
|--------------------------------------|------------------|-------------------------------|------------------------|---------------------------------------------|---------------------------------------------|-----------------------------|------------------|---------|
| Year Generated                       | Amount Generated | Amount Used in Year Generated | Amount Carried Forward | Is there a change from the original amount? | Type of Credit                              | Amount Used in Current Year | Amount Remaining | Expires |
| 2021                                 | 4,406            | 3,186                         | 1,220                  | NO                                          | Increasing Research Activities              | 1,220                       | -                | 2041    |
| 2022                                 | 22,323           |                               | -                      | NO                                          | Increasing Research Activities              | 16,615                      | 5,708            | 2042    |
| 2022                                 | 109              | 109                           | -                      | NO                                          | Employer Social Security and Medicare Taxes | 109                         | -                | 2042    |
| <b>Total:</b>                        | <b>26,838</b>    | <b>3,295</b>                  | <b>1,220</b>           |                                             |                                             | <b>17,944</b>               | <b>5,708</b>     |         |

Form **4797**Department of the Treasury  
Internal Revenue Service**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))Attach to your tax return.  
Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2022**Attachment  
Sequence No. **27**

Name(s) shown on return

TEXAS A&amp;M UNIVERSITY SYSTEM

Identifying number

74-2648747

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . .
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets. . . . .
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets . . . . .

**1a****1b****1c****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (a) Description of property                                                                                                                                                                                                                                                                                                        | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss)<br>Subtract (f) from the sum of (d) and (e) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------|-----------------------|---------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FROM SCH K-1                                                                                                                                                                                                                                                                                                                       |                                   |                               | 1,052                 |                                                         |                                                                | 1,052                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                   |                               |                       |                                                         |                                                                |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                   |                               |                       |                                                         |                                                                |                                                                |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Gain, if any, from Form 4684, line 39 . . . . .                                                                                                                                                                                                                                                                                    |                                   |                               |                       |                                                         |                                                                |                                                                |
| <b>4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .                                                                                                                                                                                                                                                   |                                   |                               |                       |                                                         |                                                                |                                                                |
| <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Section 1231 gain or (loss) from like-kind exchanges from Form 8824. . . . .                                                                                                                                                                                                                                                       |                                   |                               |                       |                                                         |                                                                |                                                                |
| <b>6</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Gain, if any, from line 32, from other than casualty or theft . . . . .                                                                                                                                                                                                                                                            |                                   |                               |                       |                                                         |                                                                |                                                                |
| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows . . . . .                                                                                                                                                                                                                          |                                   |                               |                       |                                                         |                                                                | 1,052                                                          |
| <b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.<br><br><b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. |                                                                                                                                                                                                                                                                                                                                    |                                   |                               |                       |                                                         |                                                                |                                                                |
| <b>8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Nonrecaptured net section 1231 losses from prior years. See instructions . . . . .                                                                                                                                                                                                                                                 |                                   |                               |                       |                                                         |                                                                |                                                                |
| <b>9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions. . . . . |                                   |                               |                       |                                                         |                                                                |                                                                |

**Part II Ordinary Gains and Losses** (see instructions)

|           |                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |   |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|---|
| <b>10</b> | Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):                                                                                                                                                                                                                             |  |  |  |  |  |   |
|           |                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |   |
|           |                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |   |
|           |                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |   |
| <b>11</b> | Loss, if any, from line 7 . . . . .                                                                                                                                                                                                                                                                                               |  |  |  |  |  |   |
| <b>12</b> | Gain, if any, from line 7 or amount from line 8, if applicable . . . . .                                                                                                                                                                                                                                                          |  |  |  |  |  |   |
| <b>13</b> | Gain, if any, from line 31 . . . . .                                                                                                                                                                                                                                                                                              |  |  |  |  |  | 0 |
| <b>14</b> | Net gain or (loss) from Form 4684, lines 31 and 38a . . . . .                                                                                                                                                                                                                                                                     |  |  |  |  |  |   |
| <b>15</b> | Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .                                                                                                                                                                                                                                                      |  |  |  |  |  |   |
| <b>16</b> | Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .                                                                                                                                                                                                                                                         |  |  |  |  |  |   |
| <b>17</b> | Combine lines 10 through 16. . . . .                                                                                                                                                                                                                                                                                              |  |  |  |  |  | 0 |
| <b>18</b> | For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.                                                                                                                                       |  |  |  |  |  |   |
| <b>a</b>  | If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions . . . . . |  |  |  |  |  |   |
| <b>b</b>  | Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 . . . . .                                                                                                                                                                             |  |  |  |  |  |   |

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 130861

Form **4797** (2022)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
 (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: |  | (b) Date acquired<br>(mo., day, yr.) | (c) Date sold<br>(mo., day, yr.) |
|-------------------------------------------------------------------------|--|--------------------------------------|----------------------------------|
| A                                                                       |  |                                      |                                  |
| B                                                                       |  |                                      |                                  |
| C                                                                       |  |                                      |                                  |
| D                                                                       |  |                                      |                                  |

| These columns relate to the properties on lines 19A through 19D. |                                                                                                                                                                                  | Property A | Property B | Property C | Property D |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|
| 20                                                               | Gross sales price ( <b>Note:</b> See line 1a before completing.) . . . . .                                                                                                       | 20         |            |            |            |
| 21                                                               | Cost or other basis plus expense of sale . . . . .                                                                                                                               | 21         |            |            |            |
| 22                                                               | Depreciation (or depletion) allowed or allowable. . . . .                                                                                                                        | 22         |            |            |            |
| 23                                                               | Adjusted basis. Subtract line 22 from line 21. . . . .                                                                                                                           | 23         |            |            |            |
| 24                                                               | Total gain. Subtract line 23 from line 20 . . . . .                                                                                                                              | 24         |            |            |            |
| 25                                                               | <b>If section 1245 property:</b>                                                                                                                                                 |            |            |            |            |
| a                                                                | Depreciation allowed or allowable from line 22 . . . . .                                                                                                                         | 25a        |            |            |            |
| b                                                                | Enter the <b>smaller</b> of line 24 or 25a. . . . .                                                                                                                              | 25b        |            |            |            |
| 26                                                               | <b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.                                 |            |            |            |            |
| a                                                                | Additional depreciation after 1975. See instructions . . . . .                                                                                                                   | 26a        |            |            |            |
| b                                                                | Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions. . . . .                                                                         | 26b        |            |            |            |
| c                                                                | Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e . . . . .                                             | 26c        |            |            |            |
| d                                                                | Additional depreciation after 1969 and before 1976. . . . .                                                                                                                      | 26d        |            |            |            |
| e                                                                | Enter the <b>smaller</b> of line 26c or 26d . . . . .                                                                                                                            | 26e        |            |            |            |
| f                                                                | Section 291 amount (corporations only) . . . . .                                                                                                                                 | 26f        |            |            |            |
| g                                                                | Add lines 26b, 26e, and 26f . . . . .                                                                                                                                            | 26g        |            |            |            |
| 27                                                               | <b>If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.                                       |            |            |            |            |
| a                                                                | Soil, water, and land clearing expenses . . . . .                                                                                                                                | 27a        |            |            |            |
| b                                                                | Line 27a multiplied by applicable percentage. See instructions . . . . .                                                                                                         | 27b        |            |            |            |
| c                                                                | Enter the <b>smaller</b> of line 24 or 27b . . . . .                                                                                                                             | 27c        |            |            |            |
| 28                                                               | <b>If section 1254 property:</b>                                                                                                                                                 |            |            |            |            |
| a                                                                | Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions . . . . . | 28a        |            |            |            |
| b                                                                | Enter the <b>smaller</b> of line 24 or 28a. . . . .                                                                                                                              | 28b        |            |            |            |
| 29                                                               | <b>If section 1255 property:</b>                                                                                                                                                 |            |            |            |            |
| a                                                                | Applicable percentage of payments excluded from income under section 126. See instructions . . . . .                                                                             | 29a        |            |            |            |
| b                                                                | Enter the <b>smaller</b> of line 24 or 29a. See instructions . . . . .                                                                                                           | 29b        |            |            |            |

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

|    |                                                                                                                                                                                   |    |   |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 30 | Total gains for all properties. Add property columns A through D, line 24 . . . . .                                                                                               | 30 | 0 |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . . . . .                                                                          | 31 | 0 |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . . | 32 | 0 |

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
 (see instructions)

|    |                                                                                                     | (a) Section 179 | (b) Section 280F(b)(2) |
|----|-----------------------------------------------------------------------------------------------------|-----------------|------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years. . . . .                     | 33              |                        |
| 34 | Recomputed depreciation. See instructions . . . . .                                                 | 34              |                        |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report . . . . . | 35              | 0                      |

Form **4797**Department of the Treasury  
Internal Revenue Service**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2022**Attachment  
Sequence No. **27**

Name(s) shown on return

TEXAS A&amp;M UNIVERSITY SYSTEM

Identifying number

74-2648747

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . .
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets. . . . .
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets . . . . .

**1a****1b****1c****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|---|-----------------------------|-----------------------------------|-------------------------------|-----------------------|---------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------|
|   | FROM SCH K-1                |                                   |                               | 951,690               |                                                         |                                                                | 951,690                                                     |
|   |                             |                                   |                               |                       |                                                         |                                                                |                                                             |
|   |                             |                                   |                               |                       |                                                         |                                                                |                                                             |

- 3** Gain, if any, from Form 4684, line 39 . . . . .
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824. . . . .
- 6** Gain, if any, from line 32, from other than casualty or theft . . . . .
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows . . . . .

**3****4****5****6****7**

951,690

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions . . . . .
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions. . . . .

**8****9****Part II Ordinary Gains and Losses** (see instructions)

- 10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

- 11** Loss, if any, from line 7 . . . . .
- 12** Gain, if any, from line 7 or amount from line 8, if applicable . . . . .
- 13** Gain, if any, from line 31 . . . . .
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a . . . . .
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .
- 17** Combine lines 10 through 16. . . . .
- 18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

**11****12****13**

0

**14****15****16****17**

0

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions . . . . .

**18a**

- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 . . . . .

**18b**

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 130861

Form **4797** (2022)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
 (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: |  | (b) Date acquired<br>(mo., day, yr.) | (c) Date sold<br>(mo., day, yr.) |
|-------------------------------------------------------------------------|--|--------------------------------------|----------------------------------|
| A                                                                       |  |                                      |                                  |
| B                                                                       |  |                                      |                                  |
| C                                                                       |  |                                      |                                  |
| D                                                                       |  |                                      |                                  |

| These columns relate to the properties on lines 19A through 19D. |                                                                                                                                                                                  | Property A | Property B | Property C | Property D |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|
| 20                                                               | Gross sales price ( <b>Note:</b> See line 1a before completing.) . . . . .                                                                                                       | 20         |            |            |            |
| 21                                                               | Cost or other basis plus expense of sale . . . . .                                                                                                                               | 21         |            |            |            |
| 22                                                               | Depreciation (or depletion) allowed or allowable. . . . .                                                                                                                        | 22         |            |            |            |
| 23                                                               | Adjusted basis. Subtract line 22 from line 21. . . . .                                                                                                                           | 23         |            |            |            |
| 24                                                               | Total gain. Subtract line 23 from line 20 . . . . .                                                                                                                              | 24         |            |            |            |
| 25                                                               | <b>If section 1245 property:</b>                                                                                                                                                 |            |            |            |            |
| a                                                                | Depreciation allowed or allowable from line 22 . . . . .                                                                                                                         | 25a        |            |            |            |
| b                                                                | Enter the <b>smaller</b> of line 24 or 25a. . . . .                                                                                                                              | 25b        |            |            |            |
| 26                                                               | <b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.                                 |            |            |            |            |
| a                                                                | Additional depreciation after 1975. See instructions . . . . .                                                                                                                   | 26a        |            |            |            |
| b                                                                | Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions. . . . .                                                                         | 26b        |            |            |            |
| c                                                                | Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e . . . . .                                             | 26c        |            |            |            |
| d                                                                | Additional depreciation after 1969 and before 1976. . . . .                                                                                                                      | 26d        |            |            |            |
| e                                                                | Enter the <b>smaller</b> of line 26c or 26d . . . . .                                                                                                                            | 26e        |            |            |            |
| f                                                                | Section 291 amount (corporations only) . . . . .                                                                                                                                 | 26f        |            |            |            |
| g                                                                | Add lines 26b, 26e, and 26f . . . . .                                                                                                                                            | 26g        |            |            |            |
| 27                                                               | <b>If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.                                       |            |            |            |            |
| a                                                                | Soil, water, and land clearing expenses . . . . .                                                                                                                                | 27a        |            |            |            |
| b                                                                | Line 27a multiplied by applicable percentage. See instructions . . . . .                                                                                                         | 27b        |            |            |            |
| c                                                                | Enter the <b>smaller</b> of line 24 or 27b . . . . .                                                                                                                             | 27c        |            |            |            |
| 28                                                               | <b>If section 1254 property:</b>                                                                                                                                                 |            |            |            |            |
| a                                                                | Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions . . . . . | 28a        |            |            |            |
| b                                                                | Enter the <b>smaller</b> of line 24 or 28a. . . . .                                                                                                                              | 28b        |            |            |            |
| 29                                                               | <b>If section 1255 property:</b>                                                                                                                                                 |            |            |            |            |
| a                                                                | Applicable percentage of payments excluded from income under section 126. See instructions . . . . .                                                                             | 29a        |            |            |            |
| b                                                                | Enter the <b>smaller</b> of line 24 or 29a. See instructions . . . . .                                                                                                           | 29b        |            |            |            |

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

|    |                                                                                                                                                                                   |    |   |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 30 | Total gains for all properties. Add property columns A through D, line 24 . . . . .                                                                                               | 30 | 0 |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . . . . .                                                                          | 31 | 0 |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . . | 32 | 0 |

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
 (see instructions)

|    |                                                                                                     | (a) Section 179 | (b) Section 280F(b)(2) |
|----|-----------------------------------------------------------------------------------------------------|-----------------|------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years. . . . .                     | 33              |                        |
| 34 | Recomputed depreciation. See instructions . . . . .                                                 | 34              |                        |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report . . . . . | 35              | 0                      |

# Gains and Losses From Section 1256 Contracts and Straddles

Go to [www.irs.gov/Form6781](http://www.irs.gov/Form6781) for the latest information.  
Attach to your tax return.

OMB No. 1545-0644

**2022**  
Attachment  
Sequence No. **82**

Name(s) shown on tax return

TEXAS A&M UNIVERSITY SYSTEM

Identifying number

74-2648747

Check all applicable boxes.  
See instructions.

**A** ☐ Mixed straddle election

**C** ☐ Mixed straddle account election

**B** ☐ Straddle-by-straddle identification election

**D** ☐ Net section 1256 contracts loss election

## Part I Section 1256 Contracts Marked to Market

| (a) Identification of account                                                                                                         |                                                                                                                                                                                               | (b) (Loss) | (c) Gain |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>1</b>                                                                                                                              | SECTION 1256 CONTRACTS AND STRADDLES FROM INVESTMENTS                                                                                                                                         |            | 7,974    |
| <b>2</b>                                                                                                                              | Add the amounts on line 1 in columns (b) and (c)                                                                                                                                              | ( 0 )      | 7,974    |
| <b>3</b>                                                                                                                              | Net gain or (loss). Combine line 2, columns (b) and (c)                                                                                                                                       |            | 7,974    |
| <b>4</b>                                                                                                                              | Form 1099-B adjustments. See instructions and attach statement                                                                                                                                |            |          |
| <b>5</b>                                                                                                                              | Combine lines 3 and 4                                                                                                                                                                         |            | 7,974    |
| <b>Note:</b> If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions. |                                                                                                                                                                                               |            |          |
| <b>6</b>                                                                                                                              | If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number. If you didn't check box D, enter -0- |            | 0        |
| <b>7</b>                                                                                                                              | Combine lines 5 and 6                                                                                                                                                                         |            | 7,974    |
| <b>8</b>                                                                                                                              | <b>Short-term capital gain or (loss).</b> Multiply line 7 by 40% (0.40). Enter here and include on line 4 of Schedule D or on Form 8949. See instructions.                                    |            | 3,190    |
| <b>9</b>                                                                                                                              | <b>Long-term capital gain or (loss).</b> Multiply line 7 by 60% (0.60). Enter here and include on line 11 of Schedule D or on Form 8949. See instructions                                     |            | 4,784    |

## Part II Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components.

### Section A—Losses From Straddles

| (a) Description of property | (b) Date entered into or acquired                                                                                                           | (c) Date closed out or sold | (d) Gross sales price | (e) Cost or other basis plus expense of sale | (f) Loss. If column (e) is more than (d), enter difference. Otherwise, enter -0-. | (g) Unrecognized gain on offsetting positions | (h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0-. |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>10</b>                   |                                                                                                                                             |                             |                       |                                              |                                                                                   |                                               |                                                                                              |
| <b>11a</b>                  | Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule D or on Form 8949. See instructions |                             |                       |                                              |                                                                                   |                                               | <b>11a</b> ( )                                                                               |
| <b>b</b>                    | Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule D or on Form 8949. See instructions |                             |                       |                                              |                                                                                   |                                               | <b>11b</b> ( )                                                                               |

### Section B—Gains From Straddles

| (a) Description of property                                                                                                                              |  | (b) Date entered into or acquired | (c) Date closed out or sold | (d) Gross sales price | (e) Cost or other basis plus expense of sale | (f) Gain.<br>If column (d) is more than (e), enter difference. Otherwise, enter -0-. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|-----------------------------|-----------------------|----------------------------------------------|--------------------------------------------------------------------------------------|
| 12                                                                                                                                                       |  |                                   |                             |                       |                                              |                                                                                      |
|                                                                                                                                                          |  |                                   |                             |                       |                                              |                                                                                      |
| 13a Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D or on Form 8949. See instructions . . . . . |  |                                   |                             |                       | 13a                                          |                                                                                      |
| b Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on Form 8949. See instructions . . . . .   |  |                                   |                             |                       | 13b                                          |                                                                                      |

## Part III Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo entry only (see instructions)

| (a) Description of property | (b) Date acquired | (c) Fair market value on last business day of tax year | (d) Cost or other basis as adjusted | (e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0-. |
|-----------------------------|-------------------|--------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------|
| <b>14</b>                   |                   |                                                        |                                     |                                                                                                |

Depreciation and Amortization  
(Including Information on Listed Property)

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

2022

Attachment  
Sequence No. 179

Name(s) shown on return

TEXAS A&amp;M UNIVERSITY SYSTEM

Business or activity to which this form relates

710000

Identifying number

74-2648747

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

|    |                                                                                                                                         |                              |                  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| 1  | Maximum amount (see instructions)                                                                                                       | 1                            | 1,080,000        |
| 2  | Total cost of section 179 property placed in service (see instructions)                                                                 | 2                            | 0                |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)                                                | 3                            | 2,700,000        |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-                                                        | 4                            | 0                |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            | 1,080,000        |
| 6  | (a) Description of property                                                                                                             | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29                                                                                          | 7                            | 0                |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7                                                    | 8                            | 0                |
| 9  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8                                                                       | 9                            | 0                |
| 10 | Carryover of disallowed deduction from line 13 of your 2021 Form 4562                                                                   | 10                           | 0                |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       | 11                           | 0                |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11                                                    | 12                           | 0                |
| 13 | Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12                                                             | 13                           | 0                |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |                                                                                                                                            |    |   |
|----|--------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 | 0 |
| 15 | Property subject to section 168(f)(1) election                                                                                             | 15 | 0 |
| 16 | Other depreciation (including ACRS)                                                                                                        | 16 | 0 |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

|    |                                                                                                                                                            |    |       |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2022                                                                           | 17 | 8,357 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |       |

**Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |                                                                            |                     |                |            |                            |
| b 5-year property              |                                      |                                                                            |                     |                |            |                            |
| c 7-year property              |                                      |                                                                            |                     |                |            |                            |
| d 10-year property             |                                      |                                                                            |                     |                |            |                            |
| e 15-year property             |                                      |                                                                            |                     |                |            |                            |
| f 20-year property             |                                      |                                                                            |                     |                |            |                            |
| g 25-year property             |                                      |                                                                            | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
|                                |                                      |                                                                            | 39 yrs.             | MM             | S/L        |                            |
|                                |                                      |                                                                            |                     | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |    |     |  |
|----------------|--|--|---------|----|-----|--|
| 20a Class life |  |  |         |    | S/L |  |
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 30-year      |  |  | 30 yrs. | MM | S/L |  |
| d 40-year      |  |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |                                                                                                                                                                                                                   |    |       |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 21 | Listed property. Enter amount from line 28                                                                                                                                                                        | 21 | 0     |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 8,357 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs                                                                           | 23 | 0     |

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12906N

Form 4562 (2022)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

| <b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No                                            |                               |                                           |                            |                                                              |                        | <b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------|----------------------------|--------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------|--|
| (a)<br>Type of property (list vehicles first)                                                                                                                                       | (b)<br>Date placed in service | (c)<br>Business/investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period | (g)<br>Method/Convention                                                                               | (h)<br>Depreciation deduction | (i)<br>Elected section 179 cost |  |
| <b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . |                               |                                           |                            |                                                              |                        |                                                                                                        | <b>25</b>                     | 0                               |  |
| <b>26</b> Property used more than 50% in a qualified business use:                                                                                                                  |                               |                                           |                            |                                                              |                        |                                                                                                        |                               |                                 |  |
|                                                                                                                                                                                     |                               | %                                         |                            |                                                              |                        |                                                                                                        |                               |                                 |  |
|                                                                                                                                                                                     |                               | %                                         |                            |                                                              |                        |                                                                                                        |                               |                                 |  |
|                                                                                                                                                                                     |                               | %                                         |                            |                                                              |                        |                                                                                                        |                               |                                 |  |
| <b>27</b> Property used 50% or less in a qualified business use:                                                                                                                    |                               |                                           |                            |                                                              |                        |                                                                                                        |                               |                                 |  |
|                                                                                                                                                                                     |                               | %                                         |                            |                                                              |                        | S/L -                                                                                                  |                               |                                 |  |
|                                                                                                                                                                                     |                               | %                                         |                            |                                                              |                        | S/L -                                                                                                  |                               |                                 |  |
|                                                                                                                                                                                     |                               | %                                         |                            |                                                              |                        | S/L -                                                                                                  |                               |                                 |  |
| <b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .                                                                                       |                               |                                           |                            |                                                              |                        |                                                                                                        | <b>28</b>                     | 0                               |  |
| <b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .                                                                                                    |                               |                                           |                            |                                                              |                        |                                                                                                        | <b>29</b>                     | 0                               |  |

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

|                                                                                                            | (a)<br>Vehicle 1 | (b)<br>Vehicle 2 | (c)<br>Vehicle 3 | (d)<br>Vehicle 4 | (e)<br>Vehicle 5 | (f)<br>Vehicle 6 |
|------------------------------------------------------------------------------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| <b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) . |                  |                  |                  |                  |                  |                  |
| <b>31</b> Total commuting miles driven during the year                                                     |                  |                  |                  |                  |                  |                  |
| <b>32</b> Total other personal (noncommuting) miles driven . . . . .                                       |                  |                  |                  |                  |                  |                  |
| <b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .                            | 0                | 0                | 0                | 0                | 0                | 0                |
| <b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .                      | Yes No           | Yes No           | Yes No           | Yes No           | Yes No           | Yes No           |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .              |                  |                  |                  |                  |                  |                  |
| <b>36</b> Is another vehicle available for personal use?                                                   |                  |                  |                  |                  |                  |                  |

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

|                                                                                                                                                                                                                                            |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .                                                                                        | Yes | No |
| <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . . |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .                                                                                                                                                         |     |    |
| <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .                                                   |     |    |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions . . . . .                                                                                                                       |     |    |

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

| (a)<br>Description of costs                                                                           | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|-------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------|---------------------|------------------------------------------|-----------------------------------|
| <b>42</b> Amortization of costs that begins during your 2022 tax year (see instructions):             |                                 |                           |                     |                                          |                                   |
|                                                                                                       |                                 |                           |                     |                                          |                                   |
| <b>43</b> Amortization of costs that began before your 2022 tax year . . . . .                        |                                 |                           |                     |                                          | 0                                 |
| <b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report . . . . . |                                 |                           |                     |                                          | 0                                 |

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2022**Attachment  
Sequence No. **179**

Name(s) shown on return

TEXAS A&amp;M UNIVERSITY SYSTEM

Business or activity to which this form relates

810000

Identifying number

74-2648747

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

|    |                                                                                                                                         |                              |                  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| 1  | Maximum amount (see instructions)                                                                                                       | 1                            | 1,080,000        |
| 2  | Total cost of section 179 property placed in service (see instructions)                                                                 | 2                            | 0                |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)                                                | 3                            | 2,700,000        |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-                                                        | 4                            | 0                |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            | 1,080,000        |
| 6  | (a) Description of property                                                                                                             | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29                                                                                          | 7                            | 0                |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7                                                    | 8                            | 0                |
| 9  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8                                                                       | 9                            | 0                |
| 10 | Carryover of disallowed deduction from line 13 of your 2021 Form 4562                                                                   | 10                           | 0                |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       | 11                           | 0                |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11                                                    | 12                           | 0                |
| 13 | Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12                                                             | 13                           | 0                |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |                                                                                                                                            |    |   |
|----|--------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 | 0 |
| 15 | Property subject to section 168(f)(1) election                                                                                             | 15 | 0 |
| 16 | Other depreciation (including ACRS)                                                                                                        | 16 | 0 |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

|    |                                                                                                                                                            |    |         |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2022                                                                           | 17 | 579,609 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |         |

**Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |                                                                            |                     |                |            |                            |
| b 5-year property              |                                      |                                                                            |                     |                |            |                            |
| c 7-year property              |                                      |                                                                            |                     |                |            |                            |
| d 10-year property             |                                      |                                                                            |                     |                |            |                            |
| e 15-year property             |                                      |                                                                            |                     |                |            |                            |
| f 20-year property             |                                      |                                                                            |                     |                |            |                            |
| g 25-year property             |                                      |                                                                            | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
|                                |                                      |                                                                            | 39 yrs.             | MM             | S/L        |                            |
|                                |                                      |                                                                            |                     | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |    |     |  |
|----------------|--|--|---------|----|-----|--|
| 20a Class life |  |  |         |    | S/L |  |
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 30-year      |  |  | 30 yrs. | MM | S/L |  |
| d 40-year      |  |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |                                                                                                                                                                                                                   |    |         |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 21 | Listed property. Enter amount from line 28                                                                                                                                                                        | 21 | 0       |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 579,609 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs                                                                           | 23 | 0       |

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12906N

Form 4562 (2022)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

| <b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No                                            |                               |                                           |                            |                                                              |                        | <b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------|----------------------------|--------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------|--|
| (a)<br>Type of property (list vehicles first)                                                                                                                                       | (b)<br>Date placed in service | (c)<br>Business/investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period | (g)<br>Method/Convention                                                                               | (h)<br>Depreciation deduction | (i)<br>Elected section 179 cost |  |
| <b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . |                               |                                           |                            |                                                              |                        |                                                                                                        | <b>25</b>                     | 0                               |  |
| <b>26</b> Property used more than 50% in a qualified business use:                                                                                                                  |                               |                                           |                            |                                                              |                        |                                                                                                        |                               |                                 |  |
|                                                                                                                                                                                     |                               | %                                         |                            |                                                              |                        |                                                                                                        |                               |                                 |  |
|                                                                                                                                                                                     |                               | %                                         |                            |                                                              |                        |                                                                                                        |                               |                                 |  |
|                                                                                                                                                                                     |                               | %                                         |                            |                                                              |                        |                                                                                                        |                               |                                 |  |
| <b>27</b> Property used 50% or less in a qualified business use:                                                                                                                    |                               |                                           |                            |                                                              |                        |                                                                                                        |                               |                                 |  |
|                                                                                                                                                                                     |                               | %                                         |                            |                                                              |                        | S/L -                                                                                                  |                               |                                 |  |
|                                                                                                                                                                                     |                               | %                                         |                            |                                                              |                        | S/L -                                                                                                  |                               |                                 |  |
|                                                                                                                                                                                     |                               | %                                         |                            |                                                              |                        | S/L -                                                                                                  |                               |                                 |  |
| <b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .                                                                                       |                               |                                           |                            |                                                              |                        |                                                                                                        | <b>28</b>                     | 0                               |  |
| <b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .                                                                                                    |                               |                                           |                            |                                                              |                        |                                                                                                        | <b>29</b>                     | 0                               |  |

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

|                                                                                                            | (a)<br>Vehicle 1 | (b)<br>Vehicle 2 | (c)<br>Vehicle 3 | (d)<br>Vehicle 4 | (e)<br>Vehicle 5 | (f)<br>Vehicle 6 |
|------------------------------------------------------------------------------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| <b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) . |                  |                  |                  |                  |                  |                  |
| <b>31</b> Total commuting miles driven during the year                                                     |                  |                  |                  |                  |                  |                  |
| <b>32</b> Total other personal (noncommuting) miles driven . . . . .                                       |                  |                  |                  |                  |                  |                  |
| <b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .                            | 0                | 0                | 0                | 0                | 0                | 0                |
| <b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .                      | Yes No           | Yes No           | Yes No           | Yes No           | Yes No           | Yes No           |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .              |                  |                  |                  |                  |                  |                  |
| <b>36</b> Is another vehicle available for personal use?                                                   |                  |                  |                  |                  |                  |                  |

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

|                                                                                                                                                                                                                                            |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .                                                                                        | Yes | No |
| <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . . |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .                                                                                                                                                         |     |    |
| <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .                                                   |     |    |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions . . . . .                                                                                                                       |     |    |

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

| (a)<br>Description of costs                                                                           | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|-------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------|---------------------|------------------------------------------|-----------------------------------|
| <b>42</b> Amortization of costs that begins during your 2022 tax year (see instructions):             |                                 |                           |                     |                                          |                                   |
|                                                                                                       |                                 |                           |                     |                                          |                                   |
| <b>43</b> Amortization of costs that began before your 2022 tax year . . . . .                        |                                 |                           |                     |                                          | 0                                 |
| <b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report . . . . . |                                 |                           |                     |                                          | 0                                 |

Depreciation and Amortization  
(Including Information on Listed Property)

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

2022

Attachment  
Sequence No. 179

Name(s) shown on return

TEXAS A&amp;M UNIVERSITY SYSTEM

Business or activity to which this form relates

450000

Identifying number

74-2648747

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

|    |                                                                                                                                         |                              |                  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| 1  | Maximum amount (see instructions)                                                                                                       | 1                            | 1,080,000        |
| 2  | Total cost of section 179 property placed in service (see instructions)                                                                 | 2                            | 0                |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)                                                | 3                            | 2,700,000        |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-                                                        | 4                            | 0                |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            | 1,080,000        |
| 6  | (a) Description of property                                                                                                             | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29                                                                                          | 7                            | 0                |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7                                                    | 8                            | 0                |
| 9  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8                                                                       | 9                            | 0                |
| 10 | Carryover of disallowed deduction from line 13 of your 2021 Form 4562                                                                   | 10                           | 0                |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       | 11                           | 0                |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11                                                    | 12                           | 0                |
| 13 | Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12                                                             | 13                           | 0                |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |                                                                                                                                            |    |   |
|----|--------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 | 0 |
| 15 | Property subject to section 168(f)(1) election                                                                                             | 15 | 0 |
| 16 | Other depreciation (including ACRS)                                                                                                        | 16 | 0 |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

|    |                                                                                                                                                            |    |       |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2022                                                                           | 17 | 4,402 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |       |

**Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |                                                                            |                     |                |            |                            |
| b 5-year property              |                                      |                                                                            |                     |                |            |                            |
| c 7-year property              |                                      |                                                                            |                     |                |            |                            |
| d 10-year property             |                                      |                                                                            |                     |                |            |                            |
| e 15-year property             |                                      |                                                                            |                     |                |            |                            |
| f 20-year property             |                                      |                                                                            |                     |                |            |                            |
| g 25-year property             |                                      |                                                                            | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
|                                |                                      |                                                                            | 39 yrs.             | MM             | S/L        |                            |
|                                |                                      |                                                                            |                     | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |    |     |  |
|----------------|--|--|---------|----|-----|--|
| 20a Class life |  |  |         |    | S/L |  |
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 30-year      |  |  | 30 yrs. | MM | S/L |  |
| d 40-year      |  |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |                                                                                                                                                                                                                   |    |       |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 21 | Listed property. Enter amount from line 28                                                                                                                                                                        | 21 | 0     |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 4,402 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs                                                                           | 23 | 0     |

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12906N

Form 4562 (2022)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

| <b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No                                            |                               |                                           |                            |                                                              |                        | <b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------|----------------------------|--------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------|--|
| (a)<br>Type of property (list vehicles first)                                                                                                                                       | (b)<br>Date placed in service | (c)<br>Business/investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period | (g)<br>Method/Convention                                                                               | (h)<br>Depreciation deduction | (i)<br>Elected section 179 cost |  |
| <b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . |                               |                                           |                            |                                                              |                        |                                                                                                        | <b>25</b>                     | 0                               |  |
| <b>26</b> Property used more than 50% in a qualified business use:                                                                                                                  |                               |                                           |                            |                                                              |                        |                                                                                                        |                               |                                 |  |
|                                                                                                                                                                                     |                               | %                                         |                            |                                                              |                        |                                                                                                        |                               |                                 |  |
|                                                                                                                                                                                     |                               | %                                         |                            |                                                              |                        |                                                                                                        |                               |                                 |  |
|                                                                                                                                                                                     |                               | %                                         |                            |                                                              |                        |                                                                                                        |                               |                                 |  |
| <b>27</b> Property used 50% or less in a qualified business use:                                                                                                                    |                               |                                           |                            |                                                              |                        |                                                                                                        |                               |                                 |  |
|                                                                                                                                                                                     |                               | %                                         |                            |                                                              |                        | S/L -                                                                                                  |                               |                                 |  |
|                                                                                                                                                                                     |                               | %                                         |                            |                                                              |                        | S/L -                                                                                                  |                               |                                 |  |
|                                                                                                                                                                                     |                               | %                                         |                            |                                                              |                        | S/L -                                                                                                  |                               |                                 |  |
| <b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .                                                                                       |                               |                                           |                            |                                                              |                        |                                                                                                        | <b>28</b>                     | 0                               |  |
| <b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .                                                                                                    |                               |                                           |                            |                                                              |                        |                                                                                                        | <b>29</b>                     | 0                               |  |

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

|                                                                                                            | (a)<br>Vehicle 1 | (b)<br>Vehicle 2 | (c)<br>Vehicle 3 | (d)<br>Vehicle 4 | (e)<br>Vehicle 5 | (f)<br>Vehicle 6 |
|------------------------------------------------------------------------------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| <b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) . |                  |                  |                  |                  |                  |                  |
| <b>31</b> Total commuting miles driven during the year                                                     |                  |                  |                  |                  |                  |                  |
| <b>32</b> Total other personal (noncommuting) miles driven . . . . .                                       |                  |                  |                  |                  |                  |                  |
| <b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .                            | 0                | 0                | 0                | 0                | 0                | 0                |
| <b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .                      | Yes No           | Yes No           | Yes No           | Yes No           | Yes No           | Yes No           |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .              |                  |                  |                  |                  |                  |                  |
| <b>36</b> Is another vehicle available for personal use?                                                   |                  |                  |                  |                  |                  |                  |

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

|                                                                                                                                                                                                                                            |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .                                                                                        | Yes | No |
| <b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . . |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .                                                                                                                                                         |     |    |
| <b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .                                                   |     |    |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions . . . . .                                                                                                                       |     |    |
| <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.                                                                                                                          |     |    |

**Part VI Amortization**

| (a)<br>Description of costs                                                                    | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|------------------------------------------------------------------------------------------------|---------------------------------|---------------------------|---------------------|------------------------------------------|-----------------------------------|
| <b>42</b> Amortization of costs that begins during your 2022 tax year (see instructions):      |                                 |                           |                     |                                          |                                   |
|                                                                                                |                                 |                           |                     |                                          |                                   |
| <b>43</b> Amortization of costs that began before your 2022 tax year . . . . .                 |                                 |                           |                     |                                          | 0                                 |
| <b>44 Total.</b> Add amounts in column (f). See the instructions for where to report . . . . . |                                 |                           |                     |                                          | 0                                 |

# Limitation on Business Interest Expense Under Section 163(j)

OMB No. 1545-0123

Attach to your tax return.

Go to [www.irs.gov/Form8990](http://www.irs.gov/Form8990) for instructions and the latest information.

Taxpayer name(s) shown on tax return

Identification number

**TEXAS A&M UNIVERSITY SYSTEM**

**74-2648747**

**A** If Form 8990 relates to an information return for a foreign entity (for example, Form 5471), enter:

Name of foreign entity \_\_\_\_\_

Employer identification number, if any \_\_\_\_\_

Reference ID number \_\_\_\_\_

**B** Is the foreign entity a CFC group member? See instructions . . . . . ☐ **Yes** ☐ **No**

**C** Is this Form 8990 filed by the specified group parent for an entire CFC group? See instructions . . . . . ☐ **Yes** ☐ **No**

**D** Has a CFC or a CFC group made a safe harbor election? If yes, see instructions for which lines of Form 8990 to complete . . . . . ☐ **Yes** ☐ **No**

## Part I Computation of Allowable Business Interest Expense

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to section 163(j).

### Section I—Business Interest Expense

|          |                                                                                                                                              |          |                |                |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------|----------------|
| <b>1</b> | Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation . . . . . | <b>1</b> | <b>164,844</b> |                |
| <b>2</b> | Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership) . . . . .                             | <b>2</b> |                |                |
| <b>3</b> | Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h)) . . . . .            | <b>3</b> | <b>15</b>      |                |
| <b>4</b> | Floor plan financing interest expense. See instructions . . . . .                                                                            | <b>4</b> |                |                |
| <b>5</b> | <b>Total business interest expense.</b> Add lines 1 through 4 . . . . .                                                                      | <b>5</b> |                | <b>164,859</b> |

### Section II—Adjusted Taxable Income

#### Tentative Taxable Income

|          |                                                             |          |               |
|----------|-------------------------------------------------------------|----------|---------------|
| <b>6</b> | <b>Tentative taxable income.</b> See instructions . . . . . | <b>6</b> | <b>85,447</b> |
|----------|-------------------------------------------------------------|----------|---------------|

#### Additions (adjustments to be made if amounts are taken into account on line 6)

|           |                                                                                                                                 |           |                  |                  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------|-----------|------------------|------------------|
| <b>7</b>  | Any item of loss or deduction that is not properly allocable to a trade or business of the taxpayer. See instructions . . . . . | <b>7</b>  |                  |                  |
| <b>8</b>  | Any business interest expense not from a pass-through entity. See instructions . . . . .                                        | <b>8</b>  |                  |                  |
| <b>9</b>  | Amount of any net operating loss deduction under section 172 . . . . .                                                          | <b>9</b>  | <b>1,375,230</b> |                  |
| <b>10</b> | Amount of any qualified business income deduction allowed under section 199A . . . . .                                          | <b>10</b> |                  |                  |
| <b>11</b> | Reserved for future use . . . . .                                                                                               | <b>11</b> |                  |                  |
| <b>12</b> | Amount of any loss or deduction items from a pass-through entity. See instructions . . . . .                                    | <b>12</b> |                  |                  |
| <b>13</b> | Other additions. See instructions . . . . .                                                                                     | <b>13</b> |                  |                  |
| <b>14</b> | Total current year partner's excess taxable income (Schedule A, line 44, column (f)) . . . . .                                  | <b>14</b> | <b>5,578,731</b> |                  |
| <b>15</b> | Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c)) . . . . .                | <b>15</b> |                  |                  |
| <b>16</b> | <b>Total.</b> Add lines 7 through 15 . . . . .                                                                                  | <b>16</b> |                  | <b>6,953,961</b> |

#### Reductions (adjustments to be made if amounts are taken into account on line 6)

|           |                                                                                                                              |           |                    |                  |
|-----------|------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------|------------------|
| <b>17</b> | Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions . . . . . | <b>17</b> | ( )                |                  |
| <b>18</b> | Any business interest income not from a pass-through entity. See instructions . . . . .                                      | <b>18</b> | ( )                |                  |
| <b>19</b> | Amount of any income or gain items from a pass-through entity. See instructions . . . . .                                    | <b>19</b> | <b>612,990</b>     |                  |
| <b>20</b> | Other reductions. See instructions . . . . .                                                                                 | <b>20</b> | ( )                |                  |
| <b>21</b> | <b>Total.</b> Combine lines 17 through 20 . . . . .                                                                          | <b>21</b> | ( <b>612,990</b> ) |                  |
| <b>22</b> | <b>Adjusted taxable income.</b> Combine lines 6, 16, and 21. See instructions . . . . .                                      | <b>22</b> |                    | <b>7,652,398</b> |

**Section III—Business Interest Income**

|           |                                                                                                                                                      |           |                |                |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|----------------|--|
| <b>23</b> | Current year business interest income. See instructions . . . . .                                                                                    | <b>23</b> |                |                |  |
| <b>24</b> | Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d)) . . . . . | <b>24</b> | <b>466,455</b> |                |  |
| <b>25</b> | <b>Total.</b> Add lines 23 and 24 . . . . .                                                                                                          | <b>25</b> |                | <b>466,455</b> |  |

**Section IV—163(j) Limitation Calculations****Limitation on Business Interest Expense**

|           |                                                                                                            |           |                  |                  |  |
|-----------|------------------------------------------------------------------------------------------------------------|-----------|------------------|------------------|--|
| <b>26</b> | Multiply the adjusted taxable income from line 22 by the applicable percentage. See instructions . . . . . | <b>26</b> | <b>2,295,719</b> |                  |  |
| <b>27</b> | Business interest income (line 25) . . . . .                                                               | <b>27</b> | <b>466,455</b>   |                  |  |
| <b>28</b> | Floor plan financing interest expense (line 4) . . . . .                                                   | <b>28</b> |                  |                  |  |
| <b>29</b> | <b>Total.</b> Add lines 26, 27, and 28 . . . . .                                                           | <b>29</b> |                  | <b>2,762,175</b> |  |

**Allowable Business Interest Expense**

|           |                                                                                           |           |  |                |  |
|-----------|-------------------------------------------------------------------------------------------|-----------|--|----------------|--|
| <b>30</b> | <b>Total current year business interest expense deduction.</b> See instructions . . . . . | <b>30</b> |  | <b>164,859</b> |  |
|-----------|-------------------------------------------------------------------------------------------|-----------|--|----------------|--|

**Carryforward**

|           |                                                                                                                |           |  |  |  |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|--|--|--|
| <b>31</b> | <b>Disallowed business interest expense.</b> Subtract line 29 from line 5. (If zero or less, enter -0-.) . . . | <b>31</b> |  |  |  |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|--|--|--|

**Part II Partnership Pass-Through Items**

*Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.*

**Excess Business Interest Expense**

|           |                                                                              |           |  |  |  |
|-----------|------------------------------------------------------------------------------|-----------|--|--|--|
| <b>32</b> | <b>Excess business interest expense.</b> Enter amount from line 31 . . . . . | <b>32</b> |  |  |  |
|-----------|------------------------------------------------------------------------------|-----------|--|--|--|

**Excess Taxable Income** (If you entered an amount on line 32, skip lines 33 through 37.)

|           |                                                                                                      |           |  |  |  |
|-----------|------------------------------------------------------------------------------------------------------|-----------|--|--|--|
| <b>33</b> | Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.) . . . . .              | <b>33</b> |  |  |  |
| <b>34</b> | Subtract line 33 from line 26. (If zero or less, enter -0-.) . . . . .                               | <b>34</b> |  |  |  |
| <b>35</b> | Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.) . . . . . | <b>35</b> |  |  |  |
| <b>36</b> | <b>Excess taxable income.</b> Multiply line 35 by line 22 . . . . .                                  | <b>36</b> |  |  |  |

**Excess Business Interest Income**

|           |                                                                                                                                     |           |  |  |  |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|--|
| <b>37</b> | <b>Excess business interest income.</b> Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.) . . . . . | <b>37</b> |  |  |  |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|--|

**Part III S Corporation Pass-Through Items**

*Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.*

**Excess Taxable Income**

|           |                                                                                                      |           |  |  |  |
|-----------|------------------------------------------------------------------------------------------------------|-----------|--|--|--|
| <b>38</b> | Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.) . . . . .              | <b>38</b> |  |  |  |
| <b>39</b> | Subtract line 38 from line 26. (If zero or less, enter -0-.) . . . . .                               | <b>39</b> |  |  |  |
| <b>40</b> | Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.) . . . . . | <b>40</b> |  |  |  |
| <b>41</b> | <b>Excess taxable income.</b> Multiply line 40 by line 22 . . . . .                                  | <b>41</b> |  |  |  |

**Excess Business Interest Income**

|           |                                                                                                                                     |           |  |  |  |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|--|
| <b>42</b> | <b>Excess business interest income.</b> Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.) . . . . . | <b>42</b> |  |  |  |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|--|

**SCHEDULE A Summary of Partner's Section 163(j) Excess Items**

Any taxpayer that owns an interest in a partnership subject to section 163(j) should complete Schedule A before completing Part I.

| (a) Name of partnership   | (b) EIN | Excess Business Interest Expense    |                                                |                          | (f) Current year excess taxable income | (g) Current year excess business interest income | (h) Excess business interest expense treated as paid or accrued (see instructions) | (i) Current year excess business interest expense carryforward (see instructions) |
|---------------------------|---------|-------------------------------------|------------------------------------------------|--------------------------|----------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|                           |         | (c) Current year (see instructions) | (d) Prior year carryforward (see instructions) | (e) Total ((c) plus (d)) |                                        |                                                  |                                                                                    |                                                                                   |
| <b>43</b> SEE STATEMENT   |         |                                     |                                                |                          |                                        |                                                  |                                                                                    |                                                                                   |
|                           |         |                                     |                                                |                          |                                        |                                                  |                                                                                    |                                                                                   |
|                           |         |                                     |                                                |                          |                                        |                                                  |                                                                                    |                                                                                   |
|                           |         |                                     |                                                |                          |                                        |                                                  |                                                                                    |                                                                                   |
|                           |         |                                     |                                                |                          |                                        |                                                  |                                                                                    |                                                                                   |
|                           |         |                                     |                                                |                          |                                        |                                                  |                                                                                    |                                                                                   |
| <b>44</b> Total . . . . . |         |                                     |                                                |                          |                                        |                                                  |                                                                                    |                                                                                   |

**SCHEDULE B Summary of S Corporation Shareholder's Excess Taxable Income and Excess Business Interest Income**

Any taxpayer that is required to complete Part I and is a shareholder in an S corporation that has excess taxable income or excess business interest income should complete Schedule B before completing Part I.

| (a) Name of S corporation | (b) EIN | (c) Current year excess taxable income | (d) Current year excess business interest income |
|---------------------------|---------|----------------------------------------|--------------------------------------------------|
| <b>45</b>                 |         |                                        |                                                  |
|                           |         |                                        |                                                  |
|                           |         |                                        |                                                  |
|                           |         |                                        |                                                  |
|                           |         |                                        |                                                  |
| <b>46</b> Total . . . . . |         |                                        |                                                  |

TEXAS A&M UNIVERSITY SYSTEM

EIN: 74-2648747

FISCAL YEAR ENDING: 8/31/2023

Form 9990 - Schedule A - Summary of Partner's Section 163(j) Excess Items

| (a) NAME OF PARTNERSHIP                      | (b) EIN    | EXCESS BUSINESS INTEREST EXPENSE |                             |           | (f) CY ETI | (g) CY EBII | (h) EBIE TREATED AS PAID OR ACCRUED | (i) CY EBIE CARRYFORWARD |
|----------------------------------------------|------------|----------------------------------|-----------------------------|-----------|------------|-------------|-------------------------------------|--------------------------|
|                                              |            | (c) CURRENT YEAR                 | (d) PRIOR YEAR CARRYFORWARD | (e) TOTAL |            |             |                                     |                          |
| 140 SUMMER PARTNERS ONSHORE LP               | 84-4755921 | -                                | -                           | -         | -          | 46,444      | -                                   | -                        |
| ABBOTT CAPITAL PRIVATE EQUITY FUND VI, L.P.  | 26-2293853 | 15                               | -                           | 15        | 373,299    | 31          | 15                                  | -                        |
| ABBOTT CAPITAL PRIVATE EQUITY FUND VII, L.P. | 80-0915207 | -                                | -                           | -         | 50,846     | 70          | -                                   | -                        |
| ARCLIGHT ENERGY PARTNERS FUND VI, L.P.       | 61-1736207 | -                                | -                           | -         | 959,332    | -           | -                                   | -                        |
| Camber Capital Fund, LP                      | 42-1693592 | -                                | -                           | -         | 1,108,963  | -           | -                                   | -                        |
| CANDLESTICK US FEEDER LP                     | 84-1972981 | -                                | -                           | -         | -          | 19,522      | -                                   | -                        |
| DRAWBRIDGE SPECIAL OPPORTUNITIES FUND LP     | 37-1428465 | -                                | -                           | -         | -          | 41,594      | -                                   | -                        |
| ENERGY DYNAMICS FUND LP                      | 98-1287253 | -                                | -                           | -         | 3,026      | 400         | -                                   | -                        |
| KAYNE ANDERSON ENERGY FUND VI, L.P.          | 38-3865939 | -                                | -                           | -         | 6,200      | -           | -                                   | -                        |
| KAYNE ANDERSON ENERGY FUND VII, L.P.         | 61-1756259 | -                                | -                           | -         | -          | 2           | -                                   | -                        |
| KAYNE ANDERSON ENERGY FUND VIII, L.P.        | 82-2313146 | -                                | -                           | -         | 284,594    | -           | -                                   | -                        |
| LONG POND CAPITAL QP FUND, LP                | 27-3090263 | -                                | -                           | -         | 32,686     | 1,178       | -                                   | -                        |
| MOUNTAIN CAPITAL PARTNERS II, LP             | 84-1987376 | -                                | -                           | -         | 135        | -           | -                                   | -                        |
| NGP NATURAL RESOURCES X, LP                  | 45-4110691 | -                                | -                           | -         | 78,166     | -           | -                                   | -                        |
| NGP NATURAL RESOURCES XI, LP                 | 47-1245315 | -                                | -                           | -         | 461,687    | 1,939       | -                                   | -                        |
| PAINE SCHWARTZ FOOD CHAIN FUND VI, L.P.      | 98-1663129 | -                                | -                           | -         | -          | 14          | -                                   | -                        |
| ROCKLAND POWER PARTNERS II, LP               | 32-0412214 | -                                | -                           | -         | 96,808     | -           | -                                   | -                        |
| ROCKLAND POWER PARTNERS, LP                  | 26-2609423 | -                                | -                           | -         | 812,336    | -           | -                                   | -                        |
| SELIGMAN TECH SPECTRUM FUND LLC              | 13-4200169 | -                                | -                           | -         | 243,532    | 4,541       | -                                   | -                        |
| SUMMIT PARTNERS GROWTH EQUITY FUND X-A, L.P. | 98-1450383 | -                                | -                           | -         | 295,398    | 8,204       | -                                   | -                        |
| TAMUS ARS FUND, L.P.                         | 74-2648747 | -                                | -                           | -         | 183,634    | 30,671      | -                                   | -                        |
| The Energy & Minerals Group Fund II, LP      | 45-1962496 | -                                | -                           | -         | 24,051     | 29          | -                                   | -                        |
| The Varde Fund X (B) (Feeder), L.P.          | 27-1015088 | -                                | -                           | -         | -          | 30          | -                                   | -                        |
| The Varde Fund XI (B) (Feeder), L.P.         | 46-2022036 | -                                | -                           | -         | 16,627     | 1,340       | -                                   | -                        |
| The Varde Fund XII (C), L.P.                 | 81-1026412 | -                                | -                           | -         | 547,411    | 308,900     | -                                   | -                        |
| TOWER HOUSE FUND LP                          | 81-0758257 | -                                | -                           | -         | -          | 1,546       | -                                   | -                        |
|                                              |            | 15                               | -                           | 15        | 5,578,731  | 466,455     | 15                                  | -                        |

Texas A&M University System  
EIN: 74-2648747  
Fiscal Year Ending: 8/31/2023  
Section 704(d) Loss Limitation Carryforward

| Partnership Name                            | Silo   | EIN        | TAX YEAR<br>GENERATED | AMOUNT<br>OF UBTI | CY AMOUNT<br>OF UBTI<br>REPORTED | AMOUNT OF UBTI<br>PREVIOUSLY<br>REPORTED | AMOUNT OF UBTI<br>CARRYFORWARD |
|---------------------------------------------|--------|------------|-----------------------|-------------------|----------------------------------|------------------------------------------|--------------------------------|
| VOLITION VETERINARY DIAGNOSTICS DEVELOPMENT | 901101 | 84-5082240 | 2022                  | (307,313)         | (42,756)                         |                                          | (264,557)                      |
| TAMUS ARS FUND, L.P.                        | 520000 | 74-2648747 | 2021                  | (31,329)          | (27,833)                         | (3,496)                                  | -                              |