

# IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning 09/01, 2023, and ending 08/31, 2024

# 2023

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer UNIVERSITY OF HOUSTON SYSTEM EIN or SSN 74-6001399

Name and title of officer or person subject to tax KIMBERLY D ROBINSON - ASSIST CONTROLLER PAYROLL TAX

### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

- |   |   |                  |
|---|---|------------------|
| <b>1a</b> Form 990 check here . . . <input type="checkbox"/>              | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . | <b>1b</b> _____  |
| <b>2a</b> Form 990-EZ check here . . . <input type="checkbox"/>           | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . .                  | <b>2b</b> _____  |
| <b>3a</b> Form 1120-POL check here . . . <input type="checkbox"/>         | <b>b</b> Total tax (Form 1120-POL, line 22) . . . . .                           | <b>3b</b> _____  |
| <b>4a</b> Form 990-PF check here . . . <input type="checkbox"/>           | <b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) . . .     | <b>4b</b> _____  |
| <b>5a</b> Form 8868 check here . . . <input type="checkbox"/>             | <b>b</b> Balance due (Form 8868, line 3c) . . . . .                             | <b>5b</b> _____  |
| <b>6a</b> Form 990-T check here . . . <input checked="" type="checkbox"/> | <b>b</b> Total tax (Form 990-T, Part III, line 4) . . . . .                     | <b>6b</b> _____  |
| <b>7a</b> Form 4720 check here . . . <input type="checkbox"/>             | <b>b</b> Total tax (Form 4720, Part III, line 1) . . . . .                      | <b>7b</b> _____  |
| <b>8a</b> Form 5227 check here . . . <input type="checkbox"/>             | <b>b</b> FMV of assets at end of tax year (Form 5227, Item D) . . . . .         | <b>8b</b> _____  |
| <b>9a</b> Form 5330 check here . . . <input type="checkbox"/>             | <b>b</b> Tax due (Form 5330, Part II, line 19) . . . . .                        | <b>9b</b> _____  |
| <b>10a</b> Form 8038-CP check here . . . <input type="checkbox"/>         | <b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)   | <b>10b</b> _____ |

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

I authorize ABOVE ONLY ENTERPRISES LLC to enter my PIN 

1	1	3	9	9
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 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date 07/14/2025

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

7	5	5	8	0	7	1	1	3	9	9
---	---	---	---	---	---	---	---	---	---	---

  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ABOVE ONLY ENTERPRISES LLC Date 07/14/2025  
PAMELA TURNER

**ERO Must Retain This Form – See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

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

2023

For calendar year 2023 or other tax year beginning 09/01, 2023, and ending 08/31, 2024

Go to 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).

Department of the Treasury Internal Revenue Service

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

Form header section containing: A Check box if address changed; B Exempt under section; C Book value of all assets at end of year; D Employer identification number; E Group exemption number; F Check box if an amended return.

G Check organization type: 501(c) corporation, 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity.

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800.

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation.

J Enter the number of attached Schedules A (Form 990-T) 4

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

L The books are in care of TAX DEPARTMENT Telephone number (713) 743-8799

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Columns include description and amount.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Columns include description and amount.

Part III Tax and Payments

Table with 5 main rows for Part III: Tax and Payments. Sub-rows include foreign tax credit, other credits, total credits, amounts due from various forms, total tax, and current net 965 tax liability.

**Part III Tax and Payments** (continued)

<b>6a</b>	Payments: Preceding year's overpayment credited to the current year . . . . .	<b>6a</b>		
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies . . . . . <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868 . . . . .	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions). . . . .	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) . . . . .	<b>6f</b>		
<b>g</b>	Elective payment election amount from Form 3800 . . . . .	<b>6g</b>		
<b>h</b>	Payment from Form 2439 . . . . .	<b>6h</b>		
<b>i</b>	Credit from Form 4136 . . . . .	<b>6i</b>		
<b>j</b>	Other (see instructions) . . . . .	<b>6j</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j . . . . .	<b>7</b>		
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>	<b>8</b>		
<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>		
<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>		
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> <span style="float:right"><b>Refunded</b></span>	<b>11</b>		

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

<b>1</b>	At any time during the 2023 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.		X								
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . \$										
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ <u>3809172</u> . 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.										
<table border="1"> <thead> <tr> <th>Business Activity Code</th> <th>Available post-2017 NOL carryover</th> </tr> </thead> <tbody> <tr> <td>71</td> <td>\$ 1047899</td> </tr> <tr> <td>53200</td> <td>\$ 434215</td> </tr> <tr> <td>52300</td> <td>\$ 5416614</td> </tr> </tbody> </table>		Business Activity Code	Available post-2017 NOL carryover	71	\$ 1047899	53200	\$ 434215	52300	\$ 5416614		
Business Activity Code	Available post-2017 NOL carryover										
71	\$ 1047899										
53200	\$ 434215										
52300	\$ 5416614										
<b>6a</b>	Reserved for future use . . . . .										
<b>b</b>	Reserved for future use . . . . .										

**Part V Supplemental Information**

Provide any additional information. See instructions.

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.

**Sign Here** *Kimberly Robinson* 07/14/2025 Assistant Controller Payroll & Tax  
 Signature of officer Date Title

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

**Paid Preparer Use Only**

Print/Type preparer's name <b>PAMELA TURNER</b>	Preparer's signature <i>P Turner</i>	Date <b>07/14/2025</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P02088050</b>
Firm's name <b>ABOVE ONLY ENTERPRISES LLC</b>			Firm's EIN	
Firm's address <b>PO BOX 245, DESOTO, TX 75123-0245</b>			Phone no. <b>(214) 868-3282</b>	

Statements for Form 990-T:

Pre-2018 Net Operating Loss Statement:

Description	Amount
1. Pre-2018 NOLs Carried Forward from Prior Year	3809172
2. Pre-2018 NOLs Included in NOL Deduction	3809172
3. Total Pre-2018 NOLs Included on Schedule A	0
4. Total Pre-2018 NOLs Applied	3809172
5. Balance Remaining After Total Pre-2018 NOLs Applied	0
6. Pre-2018 NOLs Expiring This Year	0
7. Pre-2018 NOLs Carried Over to Subsequent Years	0

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

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

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

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).

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

<b>A</b> Name of the organization UNIVERSITY OF HOUSTON SYSTEM	<b>B</b> Employer identification number 74-6001399
<b>C</b> Unrelated business activity code (see instructions) . 71 . . . . .	<b>D</b> Sequence: 1 of 4

**E** Describe the unrelated trade or business THEATER COMPANIES AND

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <u>446227</u>			
<b>b</b>	Less returns and allowances <u>                    </u> <b>c</b> Balance	<b>1c</b> 446227		
<b>2</b>	Cost of goods sold (Part III, line 8) . . . . .	<b>2</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b> 446227		446227
<b>4a</b>	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . .	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797). See instructions . . . . .	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts . . . . .	<b>4c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement) . . . . .	<b>5</b>		
<b>6</b>	Rent income (Part IV) . . . . .	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Part V) . . . . .	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI) . . . . .	<b>8</b>		
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) . . . . .	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Part VIII) . . . . .	<b>10</b>		
<b>11</b>	Advertising income (Part IX) . . . . .	<b>11</b>		
<b>12</b>	Other income (see instructions; attach statement) . . . . .	<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b> 446227		446227

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>	
<b>2</b>	Salaries and wages . . . . .	<b>2</b>	142139
<b>3</b>	Repairs and maintenance . . . . .	<b>3</b>	
<b>4</b>	Bad debts . . . . .	<b>4</b>	
<b>5</b>	Interest (attach statement). See instructions . . . . .	<b>5</b>	
<b>6</b>	Taxes and licenses . . . . .	<b>6</b>	
<b>7</b>	Depreciation (attach Form 4562). See instructions . . . . .	<b>7</b>	
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return . . . . .	<b>8a</b>	
<b>9</b>	Depletion . . . . .	<b>9</b>	
<b>10</b>	Contributions to deferred compensation plans . . . . .	<b>10</b>	
<b>11</b>	Employee benefit programs . . . . .	<b>11</b>	
<b>12</b>	Excess exempt expenses (Part VIII) . . . . .	<b>12</b>	
<b>13</b>	Excess readership costs (Part IX) . . . . .	<b>13</b>	
<b>14</b>	Other deductions (attach statement) . . . . .	<b>14</b>	322503
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14 . . . . .	<b>15</b>	464642
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) . . . . .	<b>16</b>	-18415
<b>17</b>	Deduction for net operating loss. See instructions . . . . .	<b>17</b>	
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16 . . . . .	<b>18</b>	-18415

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a checkbox for section 263A rules.

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

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued breakdown by category (a, b, c) and columns A, B, C, D. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-7: Gross income, deductions (a, b, c), and average acquisition debt calculations. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends minus received deductions.

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

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

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Rows (1) through (4).

Totals

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

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Rows (1) through (4).

Totals

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

Table with 7 rows: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to income entered on line 5, 7. Excess exempt expenses. Includes a small table with columns 2-7.

**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
2 Gross advertising income . . . . .				
a Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .				
3 Direct advertising costs by periodical . . . . .				
a Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .				
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 -0- 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 -0- . . . . .				
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 -0- here and on Part II, line 13 . . . . .				

**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 . . . . .			

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

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UNIVERSITY OF HOUSTON SYSTEM  
74-6001399

Statements for Form 990-T Schedule A: Sequence 1 of 4  
Activity: 71 - THEATER COMPANIES AND DINNER THEATERS

Other Deductions Statement:

Description	Amount
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ADVERTISING	40908
ATHLETIC SPECIAL EVENT EXPENSES	98092
COMMUNICATION AND POSTAGE	624
ADMINISTRATIVE EXPENSES	3924
OPERATING EXPENSES	163551
PROFESSIONAL SERVICES	2020
SUPPLIES	12329
TRAVEL	1055
Total:	322503

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

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

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

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).

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

<b>A</b> Name of the organization UNIVERSITY OF HOUSTON SYSTEM	<b>B</b> Employer identification number 74-6001399
<b>C</b> Unrelated business activity code (see instructions) . 53200. . .	<b>D</b> Sequence: 2 of 4

**E** Describe the unrelated trade or business RENTAL AND LEASING SE

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <u>1727750</u>			
<b>b</b>	Less returns and allowances <u>                    </u> <b>c</b> Balance	<b>1c</b> 1727750		
<b>2</b>	Cost of goods sold (Part III, line 8) . . . . .	<b>2</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b> 1727750		1727750
<b>4a</b>	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . .	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797). See instructions . . . . .	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts . . . . .	<b>4c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement) . . . . .	<b>5</b>		
<b>6</b>	Rent income (Part IV) . . . . .	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Part V) . . . . .	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI) . . . . .	<b>8</b>		
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) . . . . .	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Part VIII) . . . . .	<b>10</b>		
<b>11</b>	Advertising income (Part IX) . . . . .	<b>11</b>		
<b>12</b>	Other income (see instructions; attach statement) . . . . .	<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b> 1727750		1727750

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>	
<b>2</b>	Salaries and wages . . . . .	<b>2</b>	268895
<b>3</b>	Repairs and maintenance . . . . .	<b>3</b>	81818
<b>4</b>	Bad debts . . . . .	<b>4</b>	
<b>5</b>	Interest (attach statement). See instructions . . . . .	<b>5</b>	40597
<b>6</b>	Taxes and licenses . . . . .	<b>6</b>	
<b>7</b>	Depreciation (attach Form 4562). See instructions . . . . .	<b>7</b>	458068
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return . . . . .	<b>8a</b>	
<b>9</b>	Depletion . . . . .	<b>9</b>	
<b>10</b>	Contributions to deferred compensation plans . . . . .	<b>10</b>	
<b>11</b>	Employee benefit programs . . . . .	<b>11</b>	56780
<b>12</b>	Excess exempt expenses (Part VIII) . . . . .	<b>12</b>	
<b>13</b>	Excess readership costs (Part IX) . . . . .	<b>13</b>	
<b>14</b>	Other deductions (attach statement) . . . . .	<b>14</b>	740321
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14 . . . . .	<b>15</b>	1646479
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) . . . . .	<b>16</b>	81271
<b>17</b>	Deduction for net operating loss. See instructions . . . . .	<b>17</b>	
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16 . . . . .	<b>18</b>	81271

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a checkbox for section 263A rules.

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

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal property, real and personal property, and total rents. Row 5: Total deductions. Includes columns A, B, C, D.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-7: Gross income, deductions (depreciation), average acquisition debt, average adjusted basis, and gross income reportable. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends - received deductions.

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

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

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Rows (1) through (4).

Totals

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

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Rows (1) through (4).

Totals

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

Table with 7 rows: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected, 4. Net income (loss), 5. Gross income from activity, 6. Expenses attributable, 7. Excess exempt expenses.

**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) . . . . .				
3 Direct advertising costs by periodical . . . . .				
a Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .				
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 -0- 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 -0- . . . . .				
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 -0- here and on Part II, line 13 . . . . .				

**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 . . . . .			

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

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UNIVERSITY OF HOUSTON SYSTEM  
74-6001399

Statements for Form 990-T Schedule A: Sequence 2 of 4  
Activity: 53200 - RENTAL AND LEASING SERVICES

Other Deductions Statement:

Description	Amount
-----	-----
ADVERTISING	1775
MEALS	127
TRAVEL	6398
SUPPLIES	7903
OPERATING EXPENSES	497360
ADMINISTRATIVE EXPENSES	75755
PROFESSIONAL SERVICES	151003
Total:	740321

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

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

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

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).

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

<b>A</b> Name of the organization UNIVERSITY OF HOUSTON SYSTEM	<b>B</b> Employer identification number 74-6001399
<b>C</b> Unrelated business activity code (see instructions) . 52300. . .	<b>D</b> Sequence: 3 of 4

**E** Describe the unrelated trade or business QUALIFIED PARTNERSHIP

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales _____			
<b>b</b> Less returns and allowances _____ <b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8) . . . . .	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . .	<b>4a</b> 226944		226944
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions . . . . .	<b>4b</b> 208408		208408
<b>c</b> Capital loss deduction for trusts . . . . .	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) . . . . .	<b>5</b> 3591662		3591662
<b>6</b> Rent income (Part IV) . . . . .	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V) . . . . .	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) . . . . .	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) . . . . .	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII) . . . . .	<b>10</b>		
<b>11</b> Advertising income (Part IX) . . . . .	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) . . . . .	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b> 4027014		4027014

<b>Part II</b> 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>	
<b>2</b> Salaries and wages . . . . .		<b>2</b>	
<b>3</b> Repairs and maintenance . . . . .		<b>3</b>	
<b>4</b> Bad debts . . . . .		<b>4</b>	
<b>5</b> Interest (attach statement). See instructions . . . . .		<b>5</b>	
<b>6</b> Taxes and licenses . . . . .		<b>6</b>	
<b>7</b> Depreciation (attach Form 4562). See instructions . . . . .	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return . . . . .	<b>8a</b>	<b>8b</b>	
<b>9</b> Depletion . . . . .		<b>9</b>	
<b>10</b> Contributions to deferred compensation plans . . . . .		<b>10</b>	
<b>11</b> Employee benefit programs . . . . .		<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII) . . . . .		<b>12</b>	
<b>13</b> Excess readership costs (Part IX) . . . . .		<b>13</b>	
<b>14</b> Other deductions (attach statement) . . . . .		<b>14</b>	
<b>15 Total deductions.</b> Add lines 1 through 14 . . . . .		<b>15</b>	
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) . . . . .		<b>16</b>	4027014
<b>17</b> Deduction for net operating loss. See instructions . . . . .		<b>17</b>	302841
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 . . . . .		<b>18</b>	3724173

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes checkboxes for Yes/No on line 9.

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

Table for Rent Income. Line 1: Description of property with checkboxes A, B, C, D. Lines 2-4: Grid for rent received or accrued (a, b, c) across columns A, B, C, D. Line 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Line 1: Description of debt-financed property with checkboxes A, B, C, D. Lines 2-7: Grid for gross income from or allocable to debt-financed property (a, b, c), amount of average acquisition debt, average adjusted basis, and percentage calculation. Lines 8-11: Total gross income, allocable deductions, total allocable deductions, and total dividends minus received deductions.



**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)				

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).

**Totals**

**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).

**Totals**

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

<b>1</b> Description of exploited activity: _____	
<b>2</b> Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	<b>2</b>
<b>3</b> Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	<b>3</b>
<b>4</b> Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	<b>4</b>
<b>5</b> Gross income from activity that is not unrelated business income	<b>5</b>
<b>6</b> Expenses attributable to income entered on line 5	<b>6</b>
<b>7</b> 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	<b>7</b>

**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) . . . . .				
3 Direct advertising costs by periodical . . . . .				
a Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .				
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 -0- 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 -0- . . . . .				
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 -0- here and on Part II, line 13 . . . . .				

**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 . . . . .			

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

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UNIVERSITY OF HOUSTON SYSTEM  
74-6001399

Statements for Form 990-T Schedule A: Sequence 3 of 4  
Activity: 52300 - QUALIFIED PARTNERSHIP INVESTMENTS

Other Income Statement:

Description	Amount
400 CAPITAL CREDIT OPP 26-4091106	479062
ADVENT INTERNATIONAL 81-1150648	-3718
ADVENT INTERNATIONAL 98-1635338	-42724
ADVENT INTERNATIONAL 98-1476221	140810
AI GPE X 98-1703817	-2471
ASF VIII B LP 98-1439310	-50757
BLACKSTONE REAL ESTATE 98-1273213	-9893
BLACKSTONE REAL ESTATE 98-1294553	-66952
BLACKSTONE REAL ESTATE 47-2277242	-340812
BLACKSTONE REAL ESTATE 84-4937908	-11195
BLACKSTONE REAL ESTATE 84-4930298	-252
BLACKSTONE REAL ESTATE 84-4938147	-2061
BLACKSTONE REAL ESTATE 84-4952241	-82492
BLACKSTONE REAL ESTATE 83-2211767	-532
BREP EUROPE VI 98-1535615	3874
BREP EUROPE VI 98-1482125	-64179
BLACKSTONE REAL ESTATE 98-1535497	61
BLACKSTONE REAL ESTATE 98-1238563	9
BLACKSTONE REAL ESTATE 98-1238556	-56991
BLACKSTONE REAL ESTATE 47-3716505	-141695
COMMONFUND CAPTIAL 20-8306306	8858
COMMONFUND CAPITAL 20-8306306	-6
COMMONFUND CAPITAL 11-3814030	-99
DENHAM COMMODITY 45-3212336	-84
ENCAP ENERGY CAPITAL 47-2732735	1426369
ENCAP ENERGY CAPITAL 81-4648210	1105545
ENCAP FLATROCK MIDSTREAM 82-2890021	425344
ENCAP FLATROCK MIDSTREAM 46-4943834	1002677
ENERGY SPECTRUM 35-2637262	-19995
FRANCISCO PARTNERS 98-1520367	-39730
FRANCISCO PARTNERS 98-1384738	1744
GCM GROSVENOR ADVANCE 84-2001566	-72579
GREAT HILL EQUITY 81-5105538	-41397
GREAT HILL EQUITY 84-1939008	-11151
GREAT HILL EQUITY 98-1775882	-3132
KIA X ARTIC 85-4334439	-2054
KIA X BREATHE 85-2765788	57141
KIA X HEIGHTS 83-3381101	-25797
KIA X IFS 84-3063451	456970
KIA X SAFFRON 87-2858726	-18891
KIA X WATCHTOWER 84-1961177	-40864
KIA X ARMADA 93-2979134	-59239
KLCP DOMESTIC FUND 86-3366452	58606
NEWLIN REALITY 20-5785327	745
PENZANCE DC REAL ESTATE 82-2247468	22448
PENZANCE DC REAL ESTATE 84-4285194	-449
TRACE ENERGY RESOURCES 47-3010122	-672228
TRIDENT VII LP 98-1321105	740
TRIDENT VIII LP 98-1455374	7195
TRUEBRIDGE KAUFFMAN 80-0917098	1628

UNIVERSITY OF HOUSTON SYSTEM  
74-6001399

Statements for Form 990-T Schedule A: Sequence 3 of 4  
Activity: 52300 - QUALIFIED PARTNERSHIP INVESTMENTS

Income(loss) from Partnerships and S Corporations Statement:

Name of Partnership or S Corporation	Gain/Loss
-----	
TRUEBRIDGE KAUFFMAN 47-4398785	6403
TRUEBRIDGE GE CAPITAL 82-2022562	1197
TRUEBRIDGE GE 84-1921100	2242
TRUEBRIDGE GE CAPITAL 86-2897191	9353
WINDROSE HEALTH 87-3421719	13616
ENERVEST XIV LP 47-2575103	47179
INSIGHT EQUITY 464143731	224942
LEXINGTON CAPITAL 82-4652122	-18673
LEXINGTON CAPITAL 98-1455224	-588
LCP VIII LP 47-2290521	-5095
LEXINGTON CAPITAL 46-3751020	-4321
Total:	3591662

Post-2017 Net Operation Loss Deduction Statement:

Post-2017 Net Operation Loss Carried Forward from Prior Year	5416614
Post-2017 Net Operating Loss Deduction Included on Schedule A	302841
Post-2017 Net Operation Loss Carried Over to Subsequent Years	5113773

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

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

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

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).

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

<b>A</b> Name of the organization UNIVERSITY OF HOUSTON SYSTEM	<b>B</b> Employer identification number 74-6001399
<b>C</b> Unrelated business activity code (see instructions) . 72100. . .	<b>D</b> Sequence: 4 of 4

**E** Describe the unrelated trade or business ACCOMODATION AND FOOD

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <u>45520</u>			
<b>b</b>	Less returns and allowances <u>                    </u> <b>c</b> Balance	<b>1c</b> 45520		
<b>2</b>	Cost of goods sold (Part III, line 8) . . . . .	<b>2</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b> 45520		45520
<b>4a</b>	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . .	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797). See instructions . . . . .	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts . . . . .	<b>4c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement) . . . . .	<b>5</b>		
<b>6</b>	Rent income (Part IV) . . . . .	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Part V) . . . . .	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI) . . . . .	<b>8</b>		
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) . . . . .	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Part VIII) . . . . .	<b>10</b>		
<b>11</b>	Advertising income (Part IX) . . . . .	<b>11</b>		
<b>12</b>	Other income (see instructions; attach statement) . . . . .	<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b> 45520		45520

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>	
<b>2</b>	Salaries and wages . . . . .	<b>2</b>	17116
<b>3</b>	Repairs and maintenance . . . . .	<b>3</b>	2683
<b>4</b>	Bad debts . . . . .	<b>4</b>	
<b>5</b>	Interest (attach statement). See instructions . . . . .	<b>5</b>	
<b>6</b>	Taxes and licenses . . . . .	<b>6</b>	
<b>7</b>	Depreciation (attach Form 4562). See instructions . . . . .	<b>7</b>	
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return . . . . .	<b>8a</b>	
<b>9</b>	Depletion . . . . .	<b>9</b>	
<b>10</b>	Contributions to deferred compensation plans . . . . .	<b>10</b>	
<b>11</b>	Employee benefit programs . . . . .	<b>11</b>	5101
<b>12</b>	Excess exempt expenses (Part VIII) . . . . .	<b>12</b>	
<b>13</b>	Excess readership costs (Part IX) . . . . .	<b>13</b>	
<b>14</b>	Other deductions (attach statement) . . . . .	<b>14</b>	16892
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14 . . . . .	<b>15</b>	41792
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) . . . . .	<b>16</b>	3728
<b>17</b>	Deduction for net operating loss. See instructions . . . . .	<b>17</b>	
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16 . . . . .	<b>18</b>	3728

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

1	Inventory at beginning of year	1
2	Purchases	2
3	Cost of labor	3
4	Additional section 263A costs (attach statement)	4
5	Other costs (attach statement)	5
6	<b>Total.</b> Add lines 1 through 5	6
7	Inventory at end of year	7
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input 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  \_\_\_\_\_

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

**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  \_\_\_\_\_

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

**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)				

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).

**Totals**

**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).

**Totals**

**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
2 Gross advertising income . . . . .				
a Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .				
3 Direct advertising costs by periodical . . . . .				
a Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .				
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 -0- 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 -0- . . . . .				
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 -0- here and on Part II, line 13 . . . . .				

**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 . . . . .

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

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UNIVERSITY OF HOUSTON SYSTEM

74-6001399

Statements for Form 990-T Schedule A: Sequence 4 of 4

Activity: 72100 - ACCOMODATION AND FOOD SERVICES

Other Deductions Statement:

Description	Amount
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OPERATING EXPENSES

16892

Total:

16892

**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

**2023**

Name: UNIVERSITY OF HOUSTON SYSTEM  
Employer identification number: 74-6001399

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. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) 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 . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	6740	5329		1411
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) . . . . .			<b>6</b> ( )	
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .			<b>7</b>	1411

**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. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) 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 . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	242384	16851		225533
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>13</b>	
<b>14</b> Capital gain distributions (see instructions) . . . . .			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .			<b>15</b>	225533

**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>	1411
<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>	225533
<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>	226944

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





Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: UNIVERSITY OF HOUSTON SYSTEM, FORM 990-T, 74-6001399

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.

Table with 5 columns for lines 1-13. Lines 1-5 are input fields. Lines 6-13 are calculation fields. Line 13 has value 13.

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.)

Table with 3 columns for lines 14-16. Line 16 has value 458068.

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

Section A

Table with 3 columns for lines 17-18. Line 18 has a checkbox.

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-g, h, i.

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method. Rows 20a-d.

Part IV Summary (See instructions.)

Table with 3 columns for lines 21-23. Line 22 has value 458068. Line 23 has value 23.

**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.

Name(s) shown on return UNIVERSITY OF HOUSTON SYSTEM	Identifying number 74-6001399
<b>1a</b> Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . .	<b>1a</b>
<b>b</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 . . . . .	<b>1b</b>
<b>c</b> Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets . . . . .	<b>1c</b>

**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)
<b>3</b>	Gain, if any, from Form 4684, line 39 . . . . .						<b>3</b>
<b>4</b>	Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .						<b>4</b>
<b>5</b>	Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .						<b>5</b>
<b>6</b>	Gain, if any, from line 32, from other than casualty or theft . . . . .						<b>6</b>
<b>7</b>	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows . . . . .						<b>7</b>
<p><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.</p> <p><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.</p>							
<b>8</b>	Nonrecaptured net section 1231 losses from prior years. See instructions . . . . .						<b>8</b>
<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 . . . . .						<b>9</b>

**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):						
	Attached Statement						
<b>11</b>	Loss, if any, from line 7 . . . . .						<b>11</b> ( )
<b>12</b>	Gain, if any, from line 7 or amount from line 8, if applicable . . . . .						<b>12</b>
<b>13</b>	Gain, if any, from line 31 . . . . .						<b>13</b>
<b>14</b>	Net gain or (loss) from Form 4684, lines 31 and 38a . . . . .						<b>14</b>
<b>15</b>	Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .						<b>15</b>
<b>16</b>	Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .						<b>16</b>
<b>17</b>	Combine lines 10 through 16 . . . . .						<b>17</b> 208408
<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>18a</b>
<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 . . . . .						<b>18b</b>

For Paperwork Reduction Act Notice, see separate instructions.

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

(Rev. January 2024)

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

## Part I — Identification

Type or Print  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. UNIVERSITY OF HOUSTON SYSTEM	Taxpayer identification number (TIN) 74-6001399
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O TAX DEPT 5000 GULF FWY 202	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HOUSTON, TX 77204-0907	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

## Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of UNIVERSITY OF HOUSTON  
 Telephone No. (713) 743-8799 Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 07/15, 2025, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:  
 calendar year 20 \_\_\_\_ or  
 tax year beginning 09/01, 2023, and ending 08/31, 2024.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by QNA using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

## Part II

Description	Date Acquired	Date Sold	Sales Price	Depr Allowed	Cost or Basis	Gain/Loss
ASF AZTEC GROUP	VARIOUS	VARIOUS	2231	0	0	2231
BLACKSTONE REAL E	VARIOUS	VARIOUS	109541	0	32013	77528
COMMONFUND CAPITA	VARIOUS	VARIOUS	0	0	2607	-2607
ENCAP FLATROCK	VARIOUS	VARIOUS	140851	0	0	140851
FRANCISCO PARTNER	VARIOUS	VARIOUS	16	0	0	16
GCM GROSVENOR ADV	VARIOUS	VARIOUS	0	0	2211	-2211
GREAT HILL EQUITY	VARIOUS	VARIOUS	0	0	2918	-2918
KIA X LP	VARIOUS	VARIOUS	0	0	41	-41
TRACE ENERGY RESO	VARIOUS	VARIOUS	7	0	0	7
INSIGHT EQUITY	VARIOUS	VARIOUS	1732	0	0	1732
LEXINGTON CAPITAL	VARIOUS	VARIOUS	0	0	6180	-6180
TOTALS			254378	0	45970	208408