# Form **990-T**

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

OMB No. 1545-0047

2021

For calendar year 2021 or other tax year beginning July 1 , 2021, and ending June 30 , 20 22

• Go to www.irs.gov/Form9907 for instructions and the latest information.

	ment of the Treasury Il Revenue Service	<b>▶</b> Do	► Go to www.irs.gov/Form990T for instructions and the latest information. not enter SSN numbers on this form as it may be made public if your organization is a 501	(c)(3	Ope	n to Public Inspection for 501(c)(3) Organizations Only
A 🗌	Check box if		Name of organization ( Check box if name changed and see instructions.)	D E	mployer	identification number
	address changed. Print University of Arkansas - Fayetteville Campus		71-6003252			
В Ехе	empt under section	or	Number, street, and room or suite no. If a P.O. box, see instructions.		•	emption number
$\checkmark$	501( <b>c</b> )( <b>3</b> )	Type	1001 E. Sain St.	(S	ee instru	ictions)
	408(e) 220(e)	',	City or town, state or province, country, and ZIP or foreign postal code			
	408A 530(a)		Fayetteville, AR 72703	F [	Chec	k box if
	529(a) 529A	C Boo	k value of all assets at end of year		an ar	mended return.
G C	heck organization	n type	▶ ✓ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust			
H C	heck if filing only	y to ▶	☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2	2439	)	
IC	heck if a 501(c)(	3) orga	nization filing a consolidated return with a 501(c)(2) titleholding corporation .			▶ □
J E	nter the number	of atta	ched Schedules A (Form 990-T)			<u></u> 5
K D	uring the tax yea	ır, was	the corporation a subsidiary in an affiliated group or a parent-subsidiary controlle			► Yes ✓ No
lf	"Yes," enter the	name	and identifying number of the parent corporation ▶	_		
	he books are in			<b></b>	4	79-575-4717
			ed Business Taxable Income			
1	Total of unrela	ated b	usiness taxable income computed from all unrelated trades or businesses (s	see		
	instructions)		·		1	65,468
2	Reserved .				2	33/100
3	Add lines 1 an	nd 2 .			3	65,468
4			ons (see instructions for limitation rules)		4	00/100
5			ess taxable income before net operating losses. Subtract line 4 from line 3.		5	65,468
6			erating loss. See instructions		6	00,400
7			usiness taxable income before specific deduction and section 199A deduction			
	Subtract line 6		·	•	7	65,468
8	Specific dedu	ction (c	generally \$1,000, but see instructions for exceptions)		8	1,000
9	•		A deduction. See instructions	•	9	1,000
10			dd lines 8 and 9	•	10	1,000
11			<b>taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line	. 7	10	1,000
•					11	64.460
Par				•	11	64,468
1			ole as corporations. Multiply Part I, line 11 by 21% (0.21)	<u> </u>	1	13,538
	=				H . H	13,330
2	Part I, line 11	from:	rust rates. See instructions for tax computation. Income tax on the amount  Tax rate schedule or  Schedule D (Form 1041)	<b>▶</b>	2	
3			ictions		3	
4	Other tax amo	unts. S	See instructions		4	
5	Alternative min	nimum	tax (trusts only)		5	
6	Tax on nonco	mplia	nt facility income. See instructions		6	
7	Total Add line	25 3 thi	rough 6 to line 1 or 2, whichever applies		7	12 520

Part I	Та	ax and Payments			1 - 2 -	E W
		tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a				
		redits (see instructions)				
С	General	business credit. Attach Form 3800 (see instructions)		245		
d	Credit fo	or prior year minimum tax (attach Form 8801 or 8827)				
		redits. Add lines 1a through 1d		1e	2026	
		t line 1e from Part II, line 7		2		13,538
3	Other am	nounts due. Check if from: Porm 4255 Form 8611 Form 8697 Form 8866				
		Other (attach statement)		3		
		x. Add lines 2 and 3 (see instructions).   Check if includes tax previously deferred und				
		1294. Enter tax amount here		5		13,538
		net 965 tax liability paid from Form 965-A, Part II, column (k)	000	5		
	100		,684			
		timated tax payments. Check if section 643(g) election applies ► ☐ 6b				
		organizations: Tax paid or withheld at source (see instructions) . 6d withholding (see instructions) 6e				
		or small employer health insurance premiums (attach Form 8941) . 6f				
		redits, adjustments, and payments:  Form 2439				
		n 4136 ☐ Other ☐ Total ► 6g				
7	Total pa	ayments. Add lines 6a through 6g		7		64,684
8		ed tax penalty (see instructions). Check if Form 2220 is attached		8		.,,
9		e. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9		
10		yment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	m let pië	51,146
11		e amount of line 10 you want: Credited to 2022 estimated tax ▶ 51,146 Refunded		11	22	
Part I		atements Regarding Certain Activities and Other Information (see instructions)		51 16		13
		time during the 2021 calendar year, did the organization have an interest in or a signature		er autho	rity Yes	No
	over a fi	inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n may	have to	file	
	<b>FinCEN</b>	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	e forei	ign cour	ntry	
	here ▶					1
2	During th	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	to, a fo	reign tru	st?	1
		" see instructions for other forms the organization may have to file.				
3	Enter th	ne amount of tax-exempt interest received or accrued during the tax year > \$				
4	Enter av	vailable pre-2018 NOL carryovers here ►\$ . Do not include any post-2017 on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduc	NOL	carryov	er	
	shown o	on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduce	ction r	eported	on	
	Part I, li			1515 111	-DA	
5	Post-20	117 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers.	ers. Do	on't redu	ıce	
	the amo	ounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year.				
		Business Activity Code Available post-2017	NOL 0		999000	
	540000				417	
		<u>\$</u>				
•	D: 1.11	i ii la ii l			1000	1
6a b	Did the	organization change its method of accounting? (see instructions)	 m 112	 82 If "N	io "	
Б		in Part V				
Part		upplemental Information	20 2020 20	NO 6816 NOV		
		planation required by Part IV, line 6b. Also, provide any other additional information. See in	etruct	ions		
Flovid	e the ext	planation required by Fart IV, line ob. Also, provide any other additional information. See in	Struct	10110.		
(	Under pe	enalties of perjury, I declare that I have examined this return, including accompanying schedules and statements,	and to 1	the best of	my knowle	dge and
O:	belief, it	is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	oarer ha	s any knov	wledge.	
Sign		1 A Executive Vice Chancellor for	Г	May the IR	S discuss this	s return
Here		Finance and Administration	\	with the pr	eparer showr	n below
	Signa	ature of officer Date Title	_ L	see instruc	ctions)? TYe	s⊔No
Doid	P	Print/Type preparer's name Preparer's signature Date	Check	if	PTIN	
Paid				nployed		
Prep	I Ei	irm's name ▶	Firm's E	EIN►		
Use	Only $\vdash$	Firm's address ►	Phone	no.		

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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).

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

	ne of the organization sity of Arkansas - Fayetteville Campus	B Employer identification number 71-6003252					
	related business activity code (see instructions) ▶	4800	000	<b>D</b> Sequence:	1	of	5
E De	scribe the unrelated trade or business ► Bus Transit System						
Pai	_		(A) Income	(B) Expense	es	(C) N	et
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See						
	instructions	4b					
_C	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12	23,27				23,270
13	Total. Combine lines 3 through 12	13	23,27				23,270
Par	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business inco		limitations on de	eductions. Dec	uctions	s must b	е
1	Compensation of officers, directors, and trustees (Part X)				1		
1 2	Salaries and wages				2		0.700
3	Repairs and maintenance				3		9,790
4	Bad debts				4		
5	Interest (attach statement). See instructions				5		
6	Taxes and licenses				6		
7	Depreciation (attach Form 4562). See instructions						
8	Less depreciation claimed in Part III and elsewhere on return.				8b		
9	Depletion				9		
10	Contributions to deferred compensation plans				10		
11	Employee benefit programs				11		
12	Excess exempt expenses (Part VIII)				12		
13	Excess readership costs (Part IX)				13		
14	Other deductions (attach statement)				14		2,498
15	<b>Total deductions.</b> Add lines 1 through 14				15		12,288
16	Unrelated business income before net operating loss deductio						
	column (C)				16		10,982
17	Deduction for net operating loss. See instructions				17		· · ·
18	Unrelated business taxable income. Subtract line 17 from lin				18		10,982

Schedule A (Form 990-T) 2021 Page 2 Part III Cost of Goods Sold Enter method of inventory valuation ▶ Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . . . . . . 

9	Do the rules of section 263A (with respect to propose				☐ Yes ☐ No
Pain 1	Rent Income (From Real Property an Description of property (property street address,	<b>-</b>	_		
	<u>A</u>				
	B				
	D				
_		Α	В	С	D
2 a	Rent received or accrued From personal property (if the percentage of				
u	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) .				
С	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 column	ns A through D. Enter h	nere and on Part I, lin	e 6, column (A) ►	
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and or	Part I, line 6, colun	nn (B) ▶	
Par	tV Unrelated Debt-Financed Income (se	e instructions)			
	B				
	B				
2	B				
2	B				
	B ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
3 a	B ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
3	Gross income from or allocable to debt-financed property				
3 a b	Gross income from or allocable to debt-financed property				
3 a b c	Gross income from or allocable to debt-financed property				
3 a b c	Gross income from or allocable to debt-financed property				
3 a b c 4 5	Gross income from or allocable to debt-financed property	A	B %	C	D
3 a b c 4 5	Gross income from or allocable to debt-financed property	A	B %	C	D
3 a b c 4 5 6 7 8	Gross income from or allocable to debt-financed property	% ugh D). Enter here and	% on Part I, line 7, co	%	D
3 a b c 4 5 6 7 8	Gross income from or allocable to debt-financed property	A who will be a second of the	% on Part I, line 7, co	C % Dlumn (A) . ▶	D

	t VI Interest, Annuit	ties, Rovaltie	s, and Rents	s fro	m Controlled Org	anizations (see instru	ctions	3)
	,	T				ntrolled Organizations		,
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexemp	ot Coi	ntrolled Organization	าร		
	7. Taxable income	inco	t unrelated me (loss) astructions)	9	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota	ıls					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B)
Part	WI Investment Inc	ome of a Se	ction 501(c)(7	7), (9	), or (17) Organiza	ation (see instructions)		
	1. Description of income	<b>2.</b> Amou	ınt of income		3. Deductions directly connected attach statement)	<b>4.</b> Set-asides (attach statement)		Total deductions and set-asides d columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
Tota	ıls	Enter here	nts in column 2. and on Part I, column (A)				Ente	amounts in column 5. er here and on Part I, ine 9, column (B)
Part	VIII Exploited Exem	npt Activity I	ncome, Othe	r Th	an Advertising In	come (see instructions	5)	
1	Description of exploited		,		<u> </u>	,	ĺ	
2		· —	n trade or busii	ness.	Enter here and on P	art I, line 10, column (A)	2	
3	Expenses directly conn line 10, column (B)					Enter here and on Part I,	3	
4	Net income (loss) from	unrelated trad	de or business	. Sub	tract line 3 from line	e 2. If a gain, complete	4	
5	Gross income from act						5	
6	Expenses attributable t	-					6	
7	Excess exempt expens	ses. Subtract li				than the amount on line		
	4. Enter here and on Pa	art II, line 12					7	

Part IX Advertising Income				Page
Name(s) of periodical(s). Check box if re  A			ated basis.	
nter amounts for each periodical listed above	<u> </u>			
<b>2</b> Gross advertising income	<b>A</b>	В	С	D
a Add columns A through D. Enter here a	<u> </u>	(A)		<b>&gt;</b>
3 Direct advertising costs by periodical		T		<u> </u>
<ul><li>a Add columns A through D. Enter here all</li></ul>	nd on Part Lline 11, column	(D)		
4 Advertising gain (loss). Subtract line 3 fi 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter zero on line	from line a gain, olumn in complete			
<ul> <li>5 Readership costs</li> <li>6 Circulation income</li> <li>7 Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line than line 6, enter zero</li> </ul>	ess than 5 is less			
8 Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	ı gain on			
<ul><li>a Add line 8, columns A through D. Ent Part II, line 13</li><li>Part X Compensation of Officers, Di</li></ul>				on •
Part X Compensation of Officers, Di	2. Title	ee instructions)	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
)			%	
2)			%	
3)			%	
Fotal. Enter here and on Part II, line 1 . Part XI Supplemental Information (se	ee instructions)		▶	
	·	<b></b>	<b></b>	

# University of Arkansas, Fayetteville Campus FYE 06/30/2022

#### 71-6003252

### Additional Information - Schedule A: Bus Transit System - Sequence 1 of 5

Part I Line 12 - Other Income:	Bus advertising	Total	23,270 23,270
Part II Line 14 - Other Deduction	ons: Indirect expense	Total	2,498 2,498

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

OMB No. 1545-0047

B Employer identification number

Department of the Treasury Internal Revenue Service

A Name of the organization

► 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).

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

Univer	sity of Arkansas - Fayetteville Campus				71-60032	52	
<b>C</b> Un	related business activity code (see instructions) ▶	5300	000	<b>D</b> Sequence:	2	of	5
E De:	scribe the unrelated trade or business Personal Property Renta	nl					
Par			(A) Income	(B) Expens	ses	(C) Ne	et
1a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See						
-	instructions	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6	13,0	38			13,038
7	Unrelated debt-financed income (Part V)	7	,				
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	13,0	38			13,038
Par		s for	limitations on de	eductions. De	ductions	s must b	<del></del> e
	directly connected with the unrelated business inco	me					
1	Compensation of officers, directors, and trustees (Part X)				1		
2	Salaries and wages				2		17,024
3	Repairs and maintenance				3		4,303
4	Bad debts				4		
5	Interest (attach statement). See instructions				5		
6	Taxes and licenses				6		
7	Depreciation (attach Form 4562). See instructions						
8	Less depreciation claimed in Part III and elsewhere on return .		8a		8b		
9	Depletion				9		
10	Contributions to deferred compensation plans				10		
11	Employee benefit programs				11		
12	Excess exempt expenses (Part VIII)				12		
13	Excess readership costs (Part IX)				13		
14	Other deductions (attach statement)				14		5,900
15	Total deductions. Add lines 1 through 14				15		27,227
16	Unrelated business income before net operating loss deduction						
	column (C)				16		(14,189)
17	Deduction for net operating loss. See instructions				17		
18	Unrelated business taxable income. Subtract line 17 from lin	e 16			18		(14,189)

Schedule A (Form 990-T) 2021 Page 2 Enter method of inventory valuation ▶ Part III Cost of Goods Sold 1 2 2 3 3 4 5 5 6 6 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . . . . . . 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 

Yes No Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A Personal Prop. Rental of Media Equipment and Furniture on Univ. campus. 1 University of Arkansas, Fayetteville, AR 72701 В C  $\square$ Α В С D Rent received or accrued From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . . . . . . 13,038 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 . . . 13,038 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 2(a) and 2(b) (attach statement) . . . **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . 5 Part V Unrelated Debt-Financed Income (see instructions) Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A 🗌 В C  $\square$ Α В С D 2 Gross income from or allocable to debt -Deductions directly connected with or allocable 3 to debt-financed property Straight line depreciation (attach statement) . Other deductions (attach statement) . . . .

С	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	Total gross income (add line 7, columns A through	ugh D). Enter here ar	nd on Part I, line 7,	column (A) . 🕨	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	nere and on Part I, li	ne 7, column (B) ▶	
11	Total dividends - received deductions include	d in line 10			
				Sched	lule A (Form 990-T) 202

	t VI Interest, Annuit	ties, Rovaltie	s, and Rents	s fro	m Controlled Org	anizations (see instru	ctions	3)
	,	T				ntrolled Organizations		,
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexemp	ot Coi	ntrolled Organization	าร		
	7. Taxable income	inco	t unrelated me (loss) astructions)	9	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota	ıls					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B)
Part	WI Investment Inc	ome of a Se	ction 501(c)(7	7), (9	), or (17) Organiza	ation (see instructions)		
	1. Description of income	<b>2.</b> Amou	ınt of income		3. Deductions directly connected attach statement)	<b>4.</b> Set-asides (attach statement)		Total deductions and set-asides d columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
Tota	ıls	Enter here	nts in column 2. and on Part I, column (A)				Ente	amounts in column 5. er here and on Part I, ine 9, column (B)
Part	VIII Exploited Exem	npt Activity I	ncome, Othe	r Th	an Advertising In	come (see instructions	5)	
1	Description of exploited		,		<u> </u>	,	ĺ	
2		· —	n trade or busii	ness.	Enter here and on P	art I, line 10, column (A)	2	
3	Expenses directly conn line 10, column (B)					Enter here and on Part I,	3	
4	Net income (loss) from	unrelated trad	de or business	. Sub	tract line 3 from line	e 2. If a gain, complete	4	
5	Gross income from act						5	
6	Expenses attributable t	-					6	
7	Excess exempt expens	ses. Subtract li				than the amount on line		
	4. Enter here and on Pa	art II, line 12					7	

Part IX Advertising Income				Page
Name(s) of periodical(s). Check box if re  A			ated basis.	
nter amounts for each periodical listed above	<u> </u>			
<b>2</b> Gross advertising income	<b>A</b>	В	С	D
a Add columns A through D. Enter here a	<u> </u>	(A)		<b>&gt;</b>
3 Direct advertising costs by periodical		T		<u> </u>
<ul><li>a Add columns A through D. Enter here all</li></ul>	nd on Part Lline 11, column	(D)		
4 Advertising gain (loss). Subtract line 3 fi 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter zero on line	from line a gain, olumn in complete			
<ul> <li>5 Readership costs</li> <li>6 Circulation income</li> <li>7 Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line than line 6, enter zero</li> </ul>	ess than 5 is less			
8 Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	ı gain on			
<ul><li>a Add line 8, columns A through D. Ent Part II, line 13</li><li>Part X Compensation of Officers, Di</li></ul>				on •
Part X Compensation of Officers, Di	2. Title	ee instructions)	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
)			%	
2)			%	
3)			%	
Fotal. Enter here and on Part II, line 1 . Part XI Supplemental Information (se	ee instructions)		▶	
	·	<b></b>	<b></b>	

# University of Arkansas, Fayetteville Campus FYE 06/30/2022

#### 71-6003252

### Additional Information - Schedule A: Personal Property Rental - Sequence 2 of 5

### Part II Line 14 - Other Deductions:

Supplies		1,422
Miscellaneous		134
Indirect expense		4,344
	Total	5,900

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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).

A Nar	me of the organization			B En	nployer ide	entificatio	n numbe	er
Univer	rsity of Arkansas - Fayetteville Campus	71-6003252						
<b>C</b> Uni	related business activity code (see instructions) ▶	5400	000	<b>D</b> Se	equence:	3	of	5
E Des	scribe the unrelated trade or business Professional, Scientific	and Te	chnical Services					
Par	Unrelated Trade or Business Income		(A) Income		(B) Expense	es	(C) N	et
1a b 2 3 4a	Gross receipts or sales Less returns and allowances  Cost of goods sold (Part III, line 8)	1c 2 3						
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b						
с 5	Capital loss deduction for trusts	4c 5						
6 7 8	Rent income (Part IV)	6 7 8						
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9						
10 11 12	Exploited exempt activity income (Part VIII)	10 11 12		0				0
13 Par			limitations on d	0 educti	ons. Dec	luctions	must b	<u>о</u> е
1 2 3 4 5 6 7 8 9 10 11 12 13 14	directly connected with the unrelated business inco Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement)		7   8a		· · · · · · · · · · · · · · · · · · ·	1 2 3 4 5 6 8b 9 10 11 12 13 14 15		0
15 16	<b>Total deductions.</b> Add lines 1 through 14	n. Sub	stract line 15 from	Part I,	line 13,	16		0
17 18	Deduction for net operating loss. See instructions					17 18		0

Schedule A (Form 990-T) 2021 Page 2 Part III Cost of Goods Sold Enter method of inventory valuation ▶ 

8 9	Cost of goods sold. Subtract line 7 from line 6. In Do the rules of section 263A (with respect to proper				☐ Yes ☐ No
	IV Rent Income (From Real Property and	d Personal Proper	ty Leased with F	Real Property)	res No
1	Description of property (property street address,  A  B  C	,			
	D 🗆		В		
2 a	Rent received or accrued From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	Α	В	C	<u>D</u>
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) .				
С	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 column	ns A through D. Enter h	nere and on Part I, lin	e 6, column (A) ►	
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and or	n Part I, line 6, colun	nn (B) ▶	
Par	t V Unrelated Debt-Financed Income (se	e instructions)			
	A				
_		Α	В	С	D
2	Gross income from or allocable to debt - financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a b c	Straight line depreciation (attach statement) . Other deductions (attach statement) 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 7	Divide line 4 by line 5	%	%	%	%
8	Total gross income (add line 7, columns A throu	ugh D). Enter here and	d on Part I, line 7, co	olumn (A) . ▶	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter he	ere and on Part I, line		
11	Total dividends - received deductions included	-			
				Schedule A	A (Form 990-T) 2021

	t VI Interest, Annuit	ties, Rovaltie	s, and Rents	s fro	m Controlled Org	anizations (see instru	ctions	3)
	,	T				ntrolled Organizations		,
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexemp	ot Coi	ntrolled Organization	าร		
	7. Taxable income	inco	t unrelated me (loss) astructions)	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)								
Tota	ıls					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B)
Part	WI Investment Inc	ome of a Se	ction 501(c)(7	7), (9	), or (17) Organiza	ation (see instructions)		
	1. Description of income	<b>2.</b> Amou	ınt of income		3. Deductions directly connected attach statement)	<b>4.</b> Set-asides (attach statement)		Total deductions and set-asides d columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
Tota	ıls	Enter here	nts in column 2. and on Part I, column (A)				Ente	amounts in column 5. er here and on Part I, ine 9, column (B)
Part	VIII Exploited Exem	npt Activity I	ncome, Othe	r Th	an Advertising In	come (see instructions	5)	
1	Description of exploited		,		<u> </u>	,	ĺ	
2		· —	n trade or busii	ness.	Enter here and on P	art I, line 10, column (A)	2	
3	Expenses directly conn line 10, column (B)					Enter here and on Part I,	3	
4	Net income (loss) from	unrelated trad	de or business	. Sub	tract line 3 from line	e 2. If a gain, complete	4	
5	Gross income from act						5	
6	Expenses attributable t	-					6	
7	Excess exempt expens	ses. Subtract li				than the amount on line		
	4. Enter here and on Pa	art II, line 12					7	

Part IX Advertising Income				Page
Name(s) of periodical(s). Check box if re  A			ated basis.	
nter amounts for each periodical listed above	<u> </u>			
<b>2</b> Gross advertising income	<b>A</b>	В	С	D
a Add columns A through D. Enter here a	<u> </u>	(A)		<b>&gt;</b>
3 Direct advertising costs by periodical		T		<u> </u>
<ul><li>a Add columns A through D. Enter here all</li></ul>	nd on Part Lline 11, column	(D)		
4 Advertising gain (loss). Subtract line 3 fi 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter zero on line	from line a gain, olumn in complete			
<ul> <li>5 Readership costs</li> <li>6 Circulation income</li> <li>7 Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line than line 6, enter zero</li> </ul>	ess than 5 is less			
8 Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	ı gain on			
<ul><li>a Add line 8, columns A through D. Ent Part II, line 13</li><li>Part X Compensation of Officers, Di</li></ul>				on •
Part X Compensation of Officers, Di	2. Title	ee instructions)	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
)			%	
2)			%	
3)			%	
Fotal. Enter here and on Part II, line 1 . Part XI Supplemental Information (se	ee instructions)		▶	
	·	<b></b>	<b></b>	

# University of Arkansas, Fayetteville Campus FYE 06/30/2022

71-6003252

Additional Information - Schedule A: Professional, Scientific and Technical Services - Sequence 3 of 5

Part I Line 12 -	Other Income:	HR Services	Total	<u> </u>				
Part II Line 14 -	Other Deductions:	Indirect expense	Total	<u>.</u>				
*NOTE: NO ACT	*NOTE: NO ACTIVITY IN FY 2022							
NOL Carryfo	rward Schedule: Pr	ofessional, Scientific	and Technical Services - S	Sequence 3 of 5				
<u>Year</u> FY 2021 FY 2022	NOL Generated 417 -		zed <u>NOL Carry</u> i	forward Available 417 417				
		Total NOL C	Carryforward Available	417				

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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).

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

	me of the organization rsity of Arkansas - Fayetteville Campus		71-6003252				
<b>C</b> Ur	related business activity code (see instructions) ▶	7100	000	<b>D</b> Sequence:	4	of	5
<b>E</b> De	scribe the unrelated trade or business   Botanical Garden/Theate	er					
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) N	let
1a	Gross receipts or sales 253,514						
b	Less returns and allowances c Balance ▶	1c	253,51	4			
2	Cost of goods sold (Part III, line 8)	2	115,24	2			
3	Gross profit. Subtract line 2 from line 1c	3	138,27	2			138,272
4a	Capital gain net income (attach Sch D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See						
	instructions	4b					
C	Capital loss deduction for trusts	4c					
5	statement)	_					
•		5					
6	Rent income (Part IV)	6 7					
7 8	Interest, annuities, royalties, and rents from a controlled						
Ŭ	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)	-					
•	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12	6,49	12			6,493
13	<b>Total.</b> Combine lines 3 through 12	13	144,76				144,765
Pa	Till Deductions Not Taken Elsewhere See instruction			<u> </u>	ductions	s must b	
	directly connected with the unrelated business inco						
1	Compensation of officers, directors, and trustees (Part X)				1		
2	Salaries and wages				2		70,031
3	Repairs and maintenance				3		
4	Bad debts				4		
5	Interest (attach statement). See instructions				5		
6	Taxes and licenses				6		
7	Depreciation (attach Form 4562). See instructions		7				
8	Less depreciation claimed in Part III and elsewhere on return .				8b		
9	Depletion				9		
10	Contributions to deferred compensation plans				10		
11	Employee benefit programs				11		
12	Excess exempt expenses (Part VIII)				12		
13	Excess readership costs (Part IX)				13		
14	Other deductions (attach statement)				14		20,248
15 16	<b>Total deductions.</b> Add lines 1 through 14				15		90,279
16	Unrelated business income before net operating loss deduction column (C)						
4-					16		54,486
17	Deduction for net operating loss. See instructions				17		
18	Unrelated business taxable income. Subtract line 17 from lin	e 16			18		54,486

Part	Cost of Goods Sold Enter me	thod of inventory va	uation ▶	Cost	
1	Inventory at beginning of year	<b>-</b>			10,917
2	Purchases				126,631
3	Cost of labor				120,00
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	<b>Total.</b> Add lines 1 through 5			<del></del>	127 540
7	Inventory at end of year				137,548
8	Cost of goods sold. Subtract line 7 from line 6.			1 1	22,306 115,242
9	Do the rules of section 263A (with respect to prope				
	IV Rent Income (From Real Property an				
1	Description of property (property street address,				
•	• -	•	•	oc. occ monactions.	
	<u> </u>				
	D 🗆	Α	В	С	D
2	Rent received or accrued	^	ь	-	<u> </u>
a	From personal property (if the percentage of				
а	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
D	percentage of rent for personal property (ii the				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
	, rad iiiloo za arid zb, oolariiilo / tililoagii b				
3	Total rents received or accrued. Add line 2c column	ns A through D. Enter	here and on Part I, li	ne 6, column (A) 🕨 _	
4	Deductions directly connected with the income				
_	in lines 2(a) and 2(b) (attach statement)				
	in mico z(a) and z(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and c	n Part I, line 6, colu	mn (B) . . ▶ _	
Par	Unrelated Debt-Financed Income (se	e instructions)			
1	Description of debt-financed property (street add	,	code) Check if a d	ual-use. See instruct	ions
•	A 🗆			da. door ood mondo	
	B				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	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	/0	70	70	/0
•					
8	Total gross income (add line 7, columns A throu	ugh D). Enter here ar	nd on Part I, line 7, o	column (A) . 🕨 _	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I lir	ne 7 column (R)	
		-		_	
11	Total dividends - received deductions included			🟲	

	t VI Interest, Annuit	ties, Rovaltie	s, and Rents	s fro	m Controlled Org	anizations (see instru	ctions	3)
	,	T				ntrolled Organizations		,
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexemp	ot Coi	ntrolled Organization	าร		
	7. Taxable income	inco	t unrelated me (loss) astructions)	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)								
Tota	ıls					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B)
Part	WI Investment Inc	ome of a Se	ction 501(c)(7	7), (9	), or (17) Organiza	ation (see instructions)		
	1. Description of income	<b>2.</b> Amou	ınt of income		3. Deductions directly connected attach statement)	<b>4.</b> Set-asides (attach statement)		Total deductions and set-asides d columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
Tota	ıls	Enter here	nts in column 2. and on Part I, column (A)				Ente	amounts in column 5. er here and on Part I, ine 9, column (B)
Part	VIII Exploited Exem	npt Activity I	ncome, Othe	r Th	an Advertising In	come (see instructions	5)	
1	Description of exploited		,		<u> </u>	,	ĺ	
2		· —	n trade or busii	ness.	Enter here and on P	art I, line 10, column (A)	2	
3	Expenses directly conn line 10, column (B)					Enter here and on Part I,	3	
4	Net income (loss) from	unrelated trad	de or business	. Sub	tract line 3 from line	e 2. If a gain, complete	4	
5	Gross income from act						5	
6	Expenses attributable t	-					6	
7	Excess exempt expens	ses. Subtract li				than the amount on line		
	4. Enter here and on Pa	art II, line 12					7	

Part IX Advertising Income				Page
Name(s) of periodical(s). Check box if re  A			ated basis.	
nter amounts for each periodical listed above	<u> </u>			
<b>2</b> Gross advertising income	<b>A</b>	В	С	D
a Add columns A through D. Enter here a	<u> </u>	(A)		<b>&gt;</b>
3 Direct advertising costs by periodical		T		<u> </u>
<ul><li>a Add columns A through D. Enter here all</li></ul>	nd on Part Lline 11, column	(D)		
4 Advertising gain (loss). Subtract line 3 fi 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter zero on line	from line a gain, olumn in complete			
<ul> <li>5 Readership costs</li> <li>6 Circulation income</li> <li>7 Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line than line 6, enter zero</li> </ul>	ess than 5 is less			
8 Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	ı gain on			
<ul><li>a Add line 8, columns A through D. Ent Part II, line 13</li><li>Part X Compensation of Officers, Di</li></ul>				on •
Part X Compensation of Officers, Di	2. Title	ee instructions)	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
)			%	
2)			%	
3)			%	
Fotal. Enter here and on Part II, line 1 . Part XI Supplemental Information (se	ee instructions)		▶	
	·	<b></b>	<b></b>	

# University of Arkansas, Fayetteville Campus FYE 06/30/2022

#### 71-6003252

### Additional Information - Schedule A: Botanical Garden/Theater - Sequence 4 of 5

Part I Line 12 - Other Income:			
	Commisions		993
	Garvan Gardens Sponsorship wit	h Benefits	5,500
		Total	6,493
Part II Line 14 - Other Deductio	ns:		
	Supplies		2,379
	Indirect expense		17,869
	·	Total	20,248

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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).

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

A Nar	ne of the organization			В	Employer ide	entifica	ation	numbe	r		
Univer	University of Arkansas - Fayetteville Campus					71-6003252					
<b>C</b> Un	related business activity code (see instructions) ▶	7200	000	D	Sequence:	5	<u> </u>	of	5		
E Des	scribe the unrelated trade or business Room and Board Housin	ng									
Par	Unrelated Trade or Business Income		(A) Income		(B) Expense	es		(C) No	et		
1a b 2 3 4a	Gross receipts or sales  Less returns and allowances  Cost of goods sold (Part III, line 8)	1c 2 3									
b c	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b 4c									
5	Income (loss) from a partnership or an S corporation (attach statement)	5		1							
6 7 8	Rent income (Part IV)	6 7 8									
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9									
10 11 12	Exploited exempt activity income (Part VIII)	10 11 12		0					0		
13 Par	Total. Combine lines 3 through 12		limitations on de	o edu	uctions. Dec	luctio	ns m	nust b	<u>о</u> е		
1 2 3 4 5 6 7	Compensation of officers, directors, and trustees (Part X) Salaries and wages			  		1 2 3 4 5 6					
8 9 10 11	Depletion					9 10 11					
12 13 14 15	Excess exempt expenses (Part VIII)					12 13 14 15			0		
16 17 18	Unrelated business income before net operating loss deductio column (C)			 		16 17 18			0		

Schedule A (Form 990-T) 2021 Page 2 Part III Cost of Goods Sold Enter method of inventory valuation ▶ 

8 9	Cost of goods sold. Subtract line 7 from line 6. In Do the rules of section 263A (with respect to proper				☐ Yes ☐ No
	IV Rent Income (From Real Property and	d Personal Proper	ty Leased with F	Real Property)	res No
1	Description of property (property street address,  A  B  C	,			
	D 🗆		В		
2 a	Rent received or accrued From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	Α	В	C	<u>D</u>
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) .				
С	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 column	ns A through D. Enter h	nere and on Part I, lin	e 6, column (A) ►	
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and or	n Part I, line 6, colun	nn (B) ▶	
Par	t V Unrelated Debt-Financed Income (se	e instructions)			
	A				
_		Α	В	С	D
2	Gross income from or allocable to debt - financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a b c	Straight line depreciation (attach statement) . Other deductions (attach statement) 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 7	Divide line 4 by line 5	%	%	%	%
8	Total gross income (add line 7, columns A throu	ugh D). Enter here and	d on Part I, line 7, co	olumn (A) . ▶	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter he	ere and on Part I, line		
11	Total dividends - received deductions included	-			
				Schedule A	A (Form 990-T) 2021

	t VI Interest, Annuit	ties, Rovaltie	s, and Rents	s fro	m Controlled Org	anizations (see instru	ctions	3)
	,	T			,			
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexemp	ot Coi	ntrolled Organization	าร		
	ince				. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota	ıls					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B)
Part	WI Investment Inc	ome of a Se	ction 501(c)(7	7), (9	), or (17) Organiza	ation (see instructions)		
	1. Description of income	<b>2.</b> Amou	ınt of income		3. Deductions directly connected attach statement)	<b>4.</b> Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)	
(1)								
(2)								
(3)								
(4)								
Tota	ıls	Enter here	nts in column 2. and on Part I, column (A)				Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
Part	VIII Exploited Exem	npt Activity I	ncome, Othe	r Th	an Advertising In	come (see instructions	5)	
1	Description of exploited		,			,		
2		Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)						
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)							
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						
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 Pa	art II, line 12					7	

Part IX Advertising Income				Page
Name(s) of periodical(s). Check box if re  A			ated basis.	
nter amounts for each periodical listed above	<u> </u>	nn. B		
<b>2</b> Gross advertising income	<b>A</b>	В	С	D
<b>a</b> Add columns A through D. Enter here a	<u> </u>	n (A)		<b>&gt;</b>
3 Direct advertising costs by periodical				
<ul><li>a Add columns A through D. Enter here all</li></ul>	nd on Part Lline 11, column	) (R)		
4 Advertising gain (loss). Subtract line 3 ft 2. For any column in line 4 showing complete lines 5 through 8. For any colline 4 showing a loss or zero, do not collines 5 through 7, and enter zero on line	rom line a gain, olumn in complete			
<ul> <li>Readership costs</li> <li>Circulation income</li> <li>Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line than line 6, enter zero</li> </ul>	ess than 5 is less			
8 Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on			
<ul><li>a Add line 8, columns A through D. Ent Part II, line 13</li><li>Part X Compensation of Officers, Di</li></ul>				on •
Part X Compensation of Officers, Di  1. Name	2. Title	see instructions)	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 (se	ee instructions)		▶	

# University of Arkansas, Fayetteville Campus FYE 06/30/2022

#### 71-6003252

# Additional Information - Schedule A: Room and Board Housing - Sequence 5 of 5

Part I Line 12 - Other Income:	Conference housing	Total	<u>-</u>
Part II Line 14 - Other Deductio	ns: Conference bed expense	Total	<u>-</u>

\*NOTE: NO ACTIVITY IN FY 2022