TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2020

PREPARED FOR:

HUSTON-TILLOTSON UNIVERSITY 900 CHICON STREET AUSTIN, TX 78702

PREPARED BY:

ATCHLEY & ASSOCIATES, LLP 1005 LA POSADA DRIVE AUSTIN, TX 78752

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

2020 A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, Check if applicable C Name of organization D Employer identification number Address change HUSTON-TILLOTSON UNIVERSITY Name 74-1180151 change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 512-505-3060 900 CHICON STREET 26,765,335. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 78702 AUSTIN, TX H(a) Is this a group return Applica-tion pending F Name and address of principal officer: COLETTE PIERCE BURNETTE Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.HTU.EDU **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Other > Year of formation: 1952 **M** State of legal domicile: **TX** Association Part I Summary Briefly describe the organization's mission or most significant activities: HUSTON-TILLOTSON UNIVERSITY **Activities & Governance** TRANSFORMS LIVES THROUGH A DYNAMIC EDUCATIONAL EXPERIENCE THAT if the organization discontinued its operations or disposed of more than 25% of its net assets. 18 3 Number of voting members of the governing body (Part VI, line 1a) 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 416 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 0. 7h **Current Year Prior Year** 5,524,588. 9,607,610. Contributions and grants (Part VIII, line 1h) 8 15,589,657. 16,715,806. Program service revenue (Part VIII, line 2g) 428,038. 71,775. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 634,076. 370,144. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 22,176,359. 26,765,335. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,939,465. 1,740,490. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 9,466,960. 10,305,571. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 8,973,944. 8,482,469. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 20,380,369. 20,528,530. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,795,990. 6,236,805. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 5 49,514,830. 55,384,206. Total assets (Part X, line 16) 20,268,933. 21,327,724. 21 Total liabilities (Part X, line 26) 三年 28,187,106. 35,115,273 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block 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 officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign COLETTE PIERCE BURNETTE, PRESIDENT AND CEO Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 05/17/21 P01257722 RENAE DUNCAN self-employed Paid Firm's EIN > 74-2920819 Firm's name ATCHLEY & ASSOCIATES, LLP Preparer Firm's address 1005 LA POSADA DRIVE Use Only TX 78752 Phone no. (512)346-2086 AUSTIN, X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	HUSTON-TILLOTSON UNIVERSITY NURTURES A LEGACY OF LEADERSHIP AND
	EXCELLENCE IN EDUCATION, CONNECTING KNOWLEDGE, POWER, PASSION AND
	VALUES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$3,249,369. including grants of \$) (Revenue \$13,628,726.)
	INSTRUCTION - COLLEGE LEVEL INSTRUCTION/EDUCATION PROVIDED TO STUDENTS
4b	(Code:) (Expenses \$ 2,787,434. including grants of \$ 1,740,490.) (Revenue \$ 3,087,080.)
	ACADEMIC SUPPORT - OPERATION OF LIBRARY, LEARNING ASSISTANCE CENTER,
	CAREER AND OTHER SUPPORTIVE PROGRAMS PROVIDED TO CENTER.
4c	(Code:) (Expenses \$5, 201, 097. including grants of \$) (Revenue \$)
	STUDENT SERVICES - OPERATION OF OFFICES AND PERSONNEL FOR REGISTRAR,
	FINANCIAL AID, ADMISSION RECRUITMENT, CHAPLAIN AND HEALTH SERVICES
	PROVIDED TO STUDENTS
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ 3,449,853. including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 14,687,753.
	Form 990 (2019)

Form 990 (2019) HUSTON-TILLOTSON UNIVERSITY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		Х	
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a		14a		х
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 7 a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			17
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

932003 01-20-20

Form **990** (2019)

Form 990 (2019) HUSTON-TILLOTSON UNIVERSITY
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		37	
	Schedule K. If "No," go to line 25a	24a	X	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		х
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
_ u	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is Costodulo C contains a response of flote to any line in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		100	110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
932004	4 01-20-20	Form	990	(2019)

Page 5 Form 990 (2019) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.

Form **990** (2019)

X

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 18								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	(This social 2 logistic mismatch as sat policies to require by the mismatch as social)		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
	Other officers or key employees of the organization	15b	Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	ble					
	for public inspection. Indicate how you made these available. Check all that apply.	,,							
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial						
	statements available to the public during the tax year.		ui						
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	KATRINA MONTGOMERY - 512-505-3065								
	900 CHICON STREET, AUSTIN, TX 78702								

Form **990** (2019)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

Name and title	(A)	(B)	, ga		((C)		Jac	(D)	(E)	(F)
DOLIN S Per Week (list arry hours for related organization state) Thouse the state of the state of organization state organization state organization (W.2/1099-MISC) Thouse the state organization state organization state organization (W.2/1099-MISC) Thouse the state organization state organization state organization (W.2/1099-MISC) Thouse the state organization organization (W.2/1099-MISC) Thouse the state organization organization (W.2/1099-MISC) Thouse organization (W.2/1099-MISC) Thou		1	(do		Pos	ition		one			Estimated
(i)		1 '	box	, unle	ss per	son is	s both	n an	· ·	•	amount of
(1) DR. CAROL MCDONALD			_	l ai	lu a u	recto	ii/ii us	(66)			other
(1) DR. CAROL MCDONALD		1 '	direct				_			•	from the
(1) DR. CAROL MCDONALD			ee or	stee			nsate			(** ±* 1000 111100)	organization
(1) DR. CAROL MCDONALD		organizations	trust	lal tru		oyee	om pe		,		and related
(1) DR. CAROL MCDONALD			vidual	itution	cer	em pl	hest coloyee	ner			organizations
CHAIR			Indi	lust	0#i	Key	High	Forr			
TREASURER		3.00									
TREASURER			X		X				0.	0.	0.
(3) DAVID A. TALBOT, JR. 3.00 X	,	3.00									
SECRETARY / CHAIR - BOARD			X		X				0.	0.	0.
(4) IVY TAYLOR 3.00 X		3.00									
VICE CHAIR / CHAIR - STUDENT AFFAIRS X			X		X				0.	0.	0.
S DIANE TIPTON LAND 3.00 CHAIR - INSTITUTIONAL ADVANCEMENT X 0. 0.		3.00									
CHAIR - INSTITUTIONAL ADVANCEMENT			X		X				0.	0.	0.
CHAIR - BUSINESS AFFAIRS	(5) DIANE TIPTON LAND	3.00								_	_
CHAIR - BUSINESS AFFAIRS			Х						0.	0.	0.
CAIRE M SNOWDEN INGRAM CHAIR - ACADEMIC AFFAIRS X O. O.	(6) DEXTER HENDERSON	3.00								_	_
CHAIR - ACADEMIC AFFAIRS	CHAIR - BUSINESS AFFAIRS		Х						0.	0.	0.
(8) HAROLD 'HAL' PETERSON 3.00 X 0. 0. CHAIR - INVESTMENT COMMITTEE X 0. 0. (9) CECILIA PHALEN ABBOTT 3.00 X 0. 0. TRUSTEE X 0. 0. 0. (10) BYRD BONNER 3.00 X 0. 0. TRUSTEE X 0. 0. 0. (11) KATRINE FORMBY 3.00 X 0. 0. TRUSTEE X 0. 0. 0. (12) VANESSA MONROE 3.00 X 0. 0. TRUSTEE X 0. 0. 0. (13) MATTHEW MORRIS 3.00 X 0. 0. TRUSTEE X 0. 0. 0. (14) ETHEL MYMBS X 0. 0. 0. TRUSTEE X 0. 0. 0. (15) BISHOP ROBERT SCHNASE 3.00 X 0. 0. TRUSTEE X 0. 0. 0. (16) DR. ORLANDO L. TAYLOR 3.00 0. 0		3.00									
CHAIR - INVESTMENT COMMITTEE			Х						0.	0.	0.
TRUSTEE	(8) HAROLD 'HAL' PETERSON	3.00								_	_
TRUSTEE	CHAIR - INVESTMENT COMMITTEE		X						0.	0.	0.
TRUSTEE	(9) CECILIA PHALEN ABBOTT	3.00									
TRUSTEE			X						0.	0.	0.
TRUSTEE		3.00									_
TRUSTEE			Х						0.	0.	0.
TRUSTEE	(11) KATRINE FORMBY	3.00								_	_
TRUSTEE			Х						0.	0.	0.
TRUSTEE	(12) VANESSA MONROE	3.00	ł								
TRUSTEE	TRUSTEE		Х						0.	0.	0.
TRUSTEE	(13) MATTHEW MORRIS	3.00								_	_
X	TRUSTEE		Х						0.	0.	0.
TRUSTEE X O. O.	(14) ETHEL MYMBS	3.00								_	_
TRUSTEE	TRUSTEE		Х						0.	0.	0.
(16) DR. ORLANDO L. TAYLOR 3.00 X 0. 0. (17) CAROLYN THOMPSON 3.00		3.00								_	_
TRUSTEE X 0. 0. (17) CAROLYN THOMPSON 3.00			X						0.	0.	0.
(17) CAROLYN THOMPSON 3.00		3.00								_	_
	TRUSTEE		Х						0.	0.	0.
		3.00	_							_	_
	TRUSTEE		Х						0.	0.	0 • Form 990 (2019)

932007 01-20-20 Form **990** (2019)

Form 990 (2019) HUSTON - T.	TPPOLEON	ı u	T IX	VĿ	c_{Δ}	тт	I		/4-1100	TOT Page 6
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hiç	ghes	st Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)				nne	Reportable	Reportable	Estimated
	hours per	box				s both	n an	compensation	compensation	amount of
	week		cer an	la a a	recto	r/trus	tee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	l trus		99	npen		(88-2/1099-181130)		and related
	below	dual t	ntiona	_	nploy	st col	-ie			organizations
	line)	Indivi	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			
(18) CAL VARNER	3.00									
TRUSTEE		Х						0.	0.	0.
(19) DR. COLETTE PIERCE BURNETTE	40.00									
PRESIDENT & CEO / EX-OFFICIO				Х				235,486.	0.	7,298.
(20) DAMON JOHNSON (THRU 7/31/20)	40.00									
VP ADMIN & FINANCE				Х				115,120.	0.	7,095.
(21) WAYNE KNOX	40.00									
VP & CHIEF OF STAFF				Х				111,757.	0.	6,688.
(22) DR. ARCHIBALD VANDERPUYE	40.00									
PROVOST/VP ACADEMIC AFFAIR				Х				116,705.	0.	15,353.
(23) VALERIE MELTON (THRU 9/30/20)	40.00									
VP INSTITUTIONAL ADV.				Х				80,260.	0.	3,586.
(24) KATRINA MONTGOMERY (BEG 3/11/20	40.00									
INTERIM VP ADMIN & FINANCE				Х				0.	0.	0.
(25) STEVEN EDMOND	40.00									
DEAN OF THE SCHOOL OF BUSINESS						X		112,078.	0.	11,545.
(26) BEVERLY DOWNING	40.00									
ASSOCIATE PROVOST						Х		103,757.	0.	7,057.
1b Subtotal							>	875,163.	0.	58,622.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 875,163. 0.								0.		
d Total (add lines 1b and 1c)	d Total (add lines 1b and 1c)								0.	58,622.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. He port compensation for the earth air year or airig with or within	T the organization of tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
	· · · · · · · · · · · · · · · · · · ·	
HELIX EDUCATION INC., 175 S. WEST TEMPLE	CONSULTING SERVICES	
SUITE 700, SALT LAKE CITY, UT 84101	- ADULT DEGREE PROGR	1,294,126.
ALA CARTE MENU SERVICES, 260 PEACHTREE		
STREET, NW SUITE 1500, ATLANTA, GA 30303	FOOD SERVICES	1,197,169.
SECURITAS SECURITY SERVICES USA		
505 EAST HUNTLAND DRIVE, AUSTIN, TX 78752	SECURITY SERVICES	603,919.
ALL SURFACE REHAB & RENNOVATIONS		
19912 LIME COVE , ROUND ROCK, TX 78664	CONTRACTING SERVICES	229,350.
JENZABAR INC		
P.O. BOX 55018, BOSTON, MA 02205	IT SERVICES	214,623.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 9	·	
		000

Form **990** (2019)

6

Form 990 (2019) HUSTON – Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		o Membership dues 1b					
S S		Fundraising events 1c					
fts,		d Related organizations 1d					
ig ig			6,056,017.				
ons,		Government grants (contributions)	0,030,017.				
utio	1	All other contributions, gifts, grants, and	3 551 503				
들 된		similar amounts not included above 1f	3,551,593.				
out		Noncash contributions included in lines 1a-1f		0 607 610			
<u>0</u> 8		1 Total. Add lines 1a-1f		9,607,610.			
	_	MILITION AND BREG	Business Code	12 620 726	12 620 726		
<u>ic</u>	2 8		611710	13,628,726.	13,628,726.		
er Je		AUXILIARY ENTERPRISES	611710	2,933,110.	2,933,110.		
Program Service Revenue	•	FEE INCOME	611710	92,754.	92,754.		
lrar 3ev	•	OTHER PROGRAM REVENUE	611710	61,216.	61,216.		
og T		·					
Δ.		All other program service revenue					
\rightarrow		Total. Add lines 2a-2f		16,715,806.			
	3	Investment income (including dividends, interes	· ·				
		other similar amounts)		71,775.			71,775.
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 370,144.					
	ŀ	Less: rental expenses 6b 0.					
	(Rental income or (loss) 6c 370,144.					
	(d Net rental income or (loss)		370,144.			370,144.
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ŀ	Less: cost or other basis					
e		and sales expenses					
her Revenue	(Gain or (loss)					
Be		d Net gain or (loss)	>				
ē	8 8	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	ŀ	Less: direct expenses 8b					
		Net income or (loss) from fundraising events .					
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
	ı	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns	·				
		and allowances 10a					
	ı	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
Snc	11 a	a					
Miscellaneous Revenue	ŀ						
ella ¥ei							
Sc.	ì	d All other revenue					
Σ	ì	e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		26,765,335.	16,715,806.	0.	441,919.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,740,490. 1,740,490. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 782,993. 385,875. 397,118. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7,972,546. 5,318,963. 2,653,583. Other salaries and wages 7 Pension plan accruals and contributions (include 171,109. 116,545. 54,564. section 401(k) and 403(b) employer contributions) ,378,923. 961,771. 417,152. Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 36,232. 36,232. 20 Payments to affiliates 21 982,834. 982,834 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 3,048,008. 3,048,008. STUDENT SERVICES 1,860,190. OPERATION AND MAINTENAN 1,860,190. 1,104,405. 1,104,405. INSTITUTIONAL SUPPORT 782,509. 782,509. d AUXILIARY ENTERPRISES 668,291. 473,402. 194,889. e All other expenses 20,528,530. 14,687,753. 5,840,777. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2019)

Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2019)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	812,582.	1	7,099,509.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,332,721.	4	2,187,907.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	46.252	8	F0 F00
⋖	9	Prepaid expenses and deferred charges	46,353.	9	72,720.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 49,357,183.	21 011 020		21 711 002
		Less: accumulated depreciation 10b 17,646,181.	31,811,939.	10c	31,711,002.
	11	Investments - publicly traded securities	4,896,526. 7,289,784.	11	5,010,925. 7,241,199.
	12	Investments - other securities. See Part IV, line 11	1,209,104.	12	7,241,133.
	13 14	Investments - program-related. See Part IV, line 11		13 14	
	15	Intangible assets Other assets. See Part IV, line 11	2,324,925.	15	2,060,944.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	49,514,830.	16	55,384,206.
	17	Accounts payable and accrued expenses	1,257,639.	17	807,133.
	18	Grants payable	, , , , , , , , , , , , , , , , , , , ,	18	,
	19	Deferred revenue	1,522,754.	19	816,474.
	20	Tax-exempt bond liabilities	• •	20	,
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
=	23	Secured mortgages and notes payable to unrelated third parties	17,019,468.	23	17,032,742.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	4 505 060		4 540 504
		of Schedule D	1,527,863.		1,612,584.
	26	Total liabilities. Add lines 17 through 25	21,327,724.	26	20,268,933.
ø		Organizations that follow FASB ASC 958, check here 🕨 🗓			
Š		and complete lines 27, 28, 32, and 33.	0 666 120		12 200 020
a <u>la</u>	27	Net assets without donor restrictions	8,666,138. 19,520,968.	27	13,399,039. 21,716,234.
Ö	28	Net assets with donor restrictions	19,520,900.	28	21,/10,234.
Ē		Organizations that do not follow FASB ASC 958, check here			
P	200	and complete lines 29 through 33.		20	
ets	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		29 30	
\ss(31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	28,187,106.	32	35,115,273.
Ž	33	Total liabilities and net assets/fund balances	49,514,830.	33	55,384,206.
	, 55	. State made more decorptioned balantood	, , , ,	, 55	Farm 990 (0010)

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 76</u> !		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,528		
3	Revenue less expenses. Subtract line 2 from line 1	3		, 23		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28	<u>,18'</u>	7,1	<u>06.</u>
5	Net unrealized gains (losses) on investments	5		693	1,3	62.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	35	,11	5,2	73.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?	_		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	[
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<u> </u>	3b	Х	
				Form	9 <mark>90</mark> ((2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization HUSTON-TILLOTSON UNIVERSITY

 $Employer\ identification\ number \\ 74-1180151$

Pa	rt I	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	e instructions.					
Γhe	organ	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of chi)(A)(i).					
2	X	A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3	一	A hospital or a cooperative					i).					
4	\Box	A medical research organization						the hospital's name.				
		city, and state:	,	,				1				
5		•	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in				
J	ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6												
7		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
′	ш	-	•	iliai part of its support ii	om a gove	mmeman	unit of Iron the general p	Jublic described in				
_		section 170(b)(1)(A)(vi). (C		4VAV.:\ (Camanista Day								
8	\square	A community trust describe			•	al transcription	and the state of t					
9		An agricultural research org				-	_	-				
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city,	and state of the college	or				
		university:										
10		An organization that norma										
		activities related to its exem	•					*				
		income and unrelated busing		(less section 511 tax) fro	m busines	ses acquir	ed by the organization a	after June 30, 1975.				
		See section 509(a)(2). (Cor	•									
11	Щ	An organization organized a	and operated exclusive	vely to test for public sa	fety. See	section 50	9(a)(4).					
12		An organization organized a	=		•		· · · · · · · · · · · · · · · · · · ·					
		more publicly supported or	ganizations described	d in section 509(a)(1) c	r section :	509(a)(2).	See section 509(a)(3). (Check the box in				
		lines 12a through 12d that	describes the type of	supporting organization	and com	plete lines	12e, 12f, and 12g.					
а		Type I. A supporting orga	ınization operated, sı	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting				
		organization. You must o	omplete Part IV, Se	ctions A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	ving				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manage the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functionally integrate	ed with,				
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its supported organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and an attentiv	/eness				
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V .					
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.						
f	Ente	r the number of supported o	organizations									
g		ride the following information			L (iu) lo the ergs	unization listed						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
Cata	NI.							1				

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Schedule A (Form 990 or 990-EZ) 2019 HUSTON-TILLOTSON UNIVERSITY 74-1180 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			•			•
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop	p here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶□
b	33 1/3% support test - 2018. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	nis box and stop I	here. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	neck this box and	stop here. Explain	n in Part VI how the	е
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	cly supported orga	nization	>
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instructions	s >
						dule A (Form 990	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						L
	ction B. Total Support	Г	1		T	T	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<i>.</i>		L	504()(0)	<u>.</u>
14	First five years. If the Form 990 is for	-			-		
20	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2019 (I			oolumn (f))		15	30
	Public support percentage from 2018					16	<u>%</u>
<u>16</u> Se	ction D. Computation of Inves				•••••	1 10 1	70
_	Investment income percentage for 20			ne 13 column (f)		17	%
18	Investment income percentage from					18	
	a 33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar						. —
	33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che	· ·				•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
,		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pal	Supporting Organizations (Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		-
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		<u> </u>
Sec	tion B. Type i Supporting Organizations		V	N ₂
4	Did the directors, trustees, or membership of one or more supported organizations have the newer to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
	7 7 1			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	•		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ruotiono		
2	Activities Test. Answer (a) and (b) below.	ructions,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		.03	.,,,
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must cor			•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting orga	nization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2019

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	8	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
		de details in Part VI). See instructions.			
9		outable amount for 2019 from Section C, line 6			
10		amount divided by line 9 amount			
			(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
		ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2019. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3			
	and 4	•			
8		down of line 7:			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			
		ss from 2019			
	_,,000				

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization	Employer identification number				
Н	USTON-TILLOTSON UNIVERSITY	74-1180151			
Organization type (check	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
, ,	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.			
General Rule					
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ **>** \$_

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

prevention of cruelty to children or animals. Complete Parts I, II, and III.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

HUSTON-TILLOTSON UNIVERSITY

74-1180151

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll

Name of organization Employer identification number

HUSTON-TILLOTSON UNIVERSITY

74-1180151

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 114,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions \$ 29,453.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,675.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

IUSTO	N-TILLOTSON UNIVERSITY	74	-1180151
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		- - \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18			Person X Payroll

Name of organization Employer identification number

HUSTON-TILLOTSON UNIVERSITY

74-1180151

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$350,386.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ <u>15,536.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Nume, address, and Zii + +	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ 7,500.	Person X Payroll

Name of organization

Employer identification number

HUSTON-TILLOTSON UNIVERSITY 74-1180151 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 25 X Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 26 X Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 27 X Person **Payroll** 5,168. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 28 XPerson Payroll 9,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 30 X Person Payroll

Noncash
(Complete Part II for noncash contributions.)

30,000.

Name of organization

Employer identification number

HUSTON-TILLOTSON UNIVERSITY

74-1180151

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$6,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$397,394.	Person X Payroll

Name of organization

Employer identification number

HUSTON-TILLOTSON UNIVERSITY

74-1180151

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
37		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
38		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
39		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
40		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
41		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
42		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

HUSTON-TILLOTSON UNIVERSITY

74-1180151

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$30,092.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	Name, address, and Zir + +	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$5,000.	Person X Payroll

Name of organization Employer identification number

HUSTON-TILLOTSON UNIVERSITY

74-1180151

	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** HUSTON-TILLOTSON UNIVERSITY 74-1180151 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HUSTON-TILLOTSON UNIVERSITY

Employer identification number 74-1180151

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	organization answered Tes On Form 990, Fart IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	· ·	-
	impermissible private benefit?		Yes No
Pai		anization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservat	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statement	ents that describes the
Da	organization's accounting for conservation easements.	Aut Historiaal Trassumas on Ot	hay Cimilay Assats
Pai	organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publ		
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		I gain, provide
	the following amounts required to be reported under FASB AS		. .
a	, , , , , , , , , , , , , , , , , , , ,		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other S	Similar Ass	sets (continu	ued)
3								
	collection items (check all that apply):							
а	[77]							
b	X Scholarly research	е	Other					
С	X Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further the	e organization	's exemp	t purpose in I	Part XIII.	
5	During the year, did the organization solicit or	receive donations of	art, historical treas	ures, or other	similar as	ssets		
	to be sold to raise funds rather than to be ma	intained as part of the	e organization's col	ection?			X Yes	☐ No
Par	t IV Escrow and Custodial Arrang						IV, line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	or other asse	ts not inc	cluded		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo					?	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been p	provided on Pa	art XIII			
Par	t V Endowment Funds. Complete it	the organization ans	wered "Yes" on For	m 990, Part I\	/, line 10	•		
		(a) Current year	(b) Prior year	(c) Two years		1) Three years b	ack (e) Four	years back
1a	Beginning of year balance	10,907,159.	9,907,917.	9,636,		8,740,6		140,239.
b	Contributions	39,255.	335,504.	170,	616.	81,5	73.	47,129.
С	Net investment earnings, gains, and losses	8,508.	663,738.	101,	123.	813,9	34.	205,113.
d	Grants or scholarships	·	,	•				
e	Other expenditures for facilities							-
_	and programs						1,	651,810.
f	Administrative expenses						<u> </u>	
g	End of year balance	10,954,922.	10,907,159.	9,907,	917.	9,636,1	78. 8,	740,671.
2	Provide the estimated percentage of the curre				i	, ,	,	
a	Board designated or quasi-endowment	1.00	%					
b	Permanent endowment ► 99.00	%	_, ,					
		,						
•	The percentages on lines 2a, 2b, and 2c shou							
За	Are there endowment funds not in the posses	•	ion that are held an	d administered	d for the	organization		
	by:	g				9	Γ	Yes No
	(i) Unrelated organizations							X
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. Se	ee Form 990, I	Part X, lin	ne 10.		
	Description of property	(a) Cost or otl				cumulated	(d) Book	value
	L E E)	basis (investm		I		eciation	(=, 255)	
1a	Land		1,83	1,860.			1.831	,860.
b	Buildings				12.89	99,190.	24,623	3,170.
c	Leasehold improvements		, , , , ,	•	,		,	•
d	Equipment							
	Other		10,00	2,963.	4,74	46,991.	5,255	5,972.
	I. Add lines 1a through 1e. (Column (d) must e						31,711	
_	 		 			_	_	

Schedule D (Form 990) 2019

	OTSON UNIVERSI	ITY 74	-1180151 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) WESPATH U.S. EQUITY FUND			
(B) - 1 SERIES	3,928,114.	END-OF-YEAR MARKET	VALUE
(C) WESPATH INTERNATIONAL			
(D) EQUITY FUND - 1 SERIES	3,313,085.	END-OF-YEAR MARKET	VALUE
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	7,241,199.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin Part X Other Liabilities.	e 15.)	>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ACCRUED LIABILITIES			1,027,272
(3) DEPOSITS HELD IN CUSTODY	FOR		

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED LIABILITIES	1,027,272.
(3)	DEPOSITS HELD IN CUSTODY FOR	
(4)	OTHERS	39,511.
(5)	CAPITAL LEASE LIABILITY	545,801.
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,612,584.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial St		Revenue per Re		IIOUIJI Page
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	-		
1 Total revenue, gains, and other support per audited financial statements			1	27,456,697.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	691,362.		
b Donated services and use of facilities	2b			
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	691,362.
3 Subtract line 2e from line 1			3	26,765,335.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 - 1			
a Investment expenses not included on Form 990, Part VIII, line 7b			-	
b Other (Describe in Part XIII.)			4-	_
c Add lines 4a and 4b			4c 5	26,765,335 .
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 Part XII Reconciliation of Expenses per Audited Financial S	z.) tatements With	Expenses per F		
Complete if the organization answered "Yes" on Form 990, Part IV,				
			1	20,528,530.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	0.
3 Subtract line 2e from line 1			3	20,528,530.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			_
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information.	<u>18.)</u>		5	20,528,530.
	145 1845 41	101 5 11/1: 4	- · ·	V II 0 D 1 VI
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			; Part	X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional inform	iation.		
PART III, LINE 4:				
THE COLLECTION IS COMPRISED OF VARIOUS AND	FRICAN ARTV	ORK INCLUD	ING	STATUES,
BOWLS, MASKS, DOORS, VASES, AND SERIGRAPH	HS. THEY E	URTHER THE	UN	IVERSITY'S
EXEMPT PURPOSE BY PROVIDING ACTUAL ARTWO	פע פבבו.בכייו	NG THE HIS	TOR.	V OF
EMBHI I TOKTOOL DI TROVIDINO ACTORE ARTWOI	XII KULUUCII	ING IIII IIID	1010	1 01
AFRICA FOR STUDENTS TO STUDY AND LEARN AN	BOUT THE HI	STORY OF A	FRI	CAN
CULTURE.				
PART V, LINE 4:				
THE EARNINGS OF THE ENDOWMENTS ARE TO BE	USED TO FU	IND STUDENT	SC:	HOLARSHIPS
OR PROFESSORSHIPS BASED UPON THE DONOR RE	ESTRICTION.	<u>, </u>		

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

HUSTON-TILLOTSON UNIVERSITY

 $Employer\ identification\ number \\ 74-1180151$

			YES	╀
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	١.	v	
	other governing instrument, or in a resolution of its governing body?	1	X	ł
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		37	ı
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	ł
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			l
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			l
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			ı
	If you need more space, use Part II	3	X	L
	PUBLICIZED DURING NEW STUDENT ORIENTATION AND IN THE			l
	VIEWBOOK, ADMISSIONS HANDBOOK AND WEBSITE (WWW.HTU.EDU).			
	Does the organization maintain the following?		77	1
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	+
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	+
;	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		7.	
	admissions, programs, and scholarships?	4c	X	+
	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	ı
I	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
1	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to:			
1	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		
1	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	5b		
1	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b 5c		
1	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c 5d		
1 2 3	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d 5e		
1 2 3 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		
	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		
	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f		
1	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		
	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		
1 0 ; ii	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g	X	
a c dd e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	
a c dd e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h		
a c d f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) 2019

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
HUSTON-TILLOTSON UNIVERSITY RECEIVES FEDERAL FUNDS UNDER VARIOUS PROGRAMS
ADMINISTERED BY THE DEPARTMENT OF DEFENSE AND THE DEPARTMENT OF EDUCATION.
HUSTON-TILLOTSON UNIVERSITY WAS PLACED ON REIMBURSEMENT STATUS DURING FY
1990-1991 DUE TO UNTIMELY CASH TRANSACTION REPORTS SUBMITTED TO THE
FEDERAL GOVERNMENT. REPORTING HAS BEEN CURRENT AND ASSISTANCE HAS BEEN
RECEIVED WITHOUT INTERRUPTION SINCE 1991. THE UNIVERSITY HAS BEEN IN GOOD
STANDING WITH THE FEDERAL GOVERNMENT FOR THE LAST 25 YEARS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2019

Open to Public Inspection

Employer identification number

	HUSTON-TI	LLOTSON U	NIVERSITY					74-1180151
Part I	General Information on Grants a	nd Assistance						
1 Doe	es the organization maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
crite	eria used to award the grants or assis	stance?						X Yes No
2 Des	cribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II	Grants and Other Assistance to	Domestic Organiz	zations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part I	V, line 21, for any
	recipient that received more than	5,000. Part II can	be duplicated if additi	onal space is need	ed.	(0.14.11.1.6		
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Ent	er total number of section 501(c)(3) a	nd government orç	ganizations listed in th	e line 1 table				>
3 Ent	er total number of other organizations	s listed in the line	1 table					
LHA Fo	r Paperwork Reduction Act Notice	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2019)

Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT SCHOLARSHIPS	411	1,740,490.	0.		
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	Iditional information.	
PART I, LINE 2:					
THE UNIVERSITY ABIDES BY THE REGULA	TORY PRO	VISIONS SE	T ASIDE IN	ALL GRANT	
AWARDS TO ENSURE PROPER FINANCIAL A	AND PROGR	AMMATIC RE	PORTING.	THE	
				CIIM AND	
UNIVERSITY'S OFFICE OF SPONSORED PE	OGRAMS (OSP) PROVI	DES OVERSI	GHT AND	
MONITORING OF ALL GRANTS. OSP RECE	EIVED MON	THLY, QUAR	TERLY, AND	ANNUAL	
REPORTS FROM ALL GRANTS FUNDED PROJ	ECT DIRE	CTORS (PD)	AND PROJE	CT	
INVESTIGATORS (PI) ASSOCIATED WITH	THE IMPL	EMENATION	OF THE GRA	NT AWARDS.	
OSP MEETS WITH THE PDS AND PIS WEEK					
ODI MURIO MIIII IIIE IND MAN IID MEEL		DONE THAT	THE GRANIS	AKE ON	
TARGET FOR COMPLETION. OSP WORKS (CONJUNCTI	VELY WITH	THE DEPART	MENT OF	

Schedule I (Form 990) HUSTON-TILLOTSON UNIVERSITY 74-1180151 Page 2 Part IV Supplemental Information
ADMINISTRATION AND FINANCE TO MONITOR AND RECONCILE ALL FINANCIAL
OBLIGATIONS WITHIN GRANTS AND CONTRACTS.
PART I, LINE 1:CRITERIA FOR RECEIVING A SCHOLARSHIP THROUGH THE UNIVERSITY
THE MAIN DETERMINANT OF FINANCIAL AID IS NEED, AND ONE OF THE MAJOR
ELEMENTS IN THE NEED EQUATION IS THE COST OF ATTENDING SCHOOL.
STUDENTS HAVE DIFFERENT BUDGETS, DEPENDING ON WHETHER THE STUDENT LIVES
ON OR OFF CAMPUS. STUDENT EXPENSE BUDGETS INCLUDE THE COST OF TUITION
AND FEES, BOOKS AND SUPPLIES, A MONTHLY ALLOWANCE FOR ROOM AND BOARD,
TRANSPORTATION TO AND FROM SCHOOL, AND PERSONAL EXPENSES SUCH AS
CLOTHES AND ENTERTAINMENT. ALL STUDENTS ARE REQUIRED TO COMPLETE THE
FAFSA, REGARDLESS OF INCOME, BEFORE NEED CAN BE DETERMINED. ONCE THE
FAFSA IS COMPLETED AND THE RESULTS ARE RECEIVED AT THE INSTITUTION FROM
THE FEDERAL CENTRAL PROCESSOR, THE INSTITUTION WILL USE THE EFC
(EXPECTED FAMILY CONTRIBUTION) TO AWARD FINANCIAL AID.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

HUSTON-TILLOTSON UNIVERSITY

 $\begin{array}{c} \textbf{Employer identification number} \\ 74-1180151 \end{array}$

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)?	۱۵		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DR. COLETTE PIERCE BURNETTE	(i)	235,486.	0.	0.	0.	7,298.	242,784.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
· · · · · · · · · · · · · · · · · · ·	(ii)							
	(i)							
· · · · · · · · · · · · · · · · · · ·	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

Name of the organization

HUSTON-TILLOTSON UNIVERSITY

Employer identification number 74-1180151

Part I Bond Issues	SI	EE PART VI	FOR COLUM	N (F) CON	TINUAT	IONS								
(a) Issuer i	name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	d (e) Issu	ue price	e (f) Description of purpose		(g) De	feased	(h) On of iss		(i) Po finan	
									Yes	No	Yes	No	Yes	No
RICE CAPITAL	ACCESS						REDEMPTI							
A PROGRAM, LLC		27-0443193	NONE	02/28/12	7,675		EXISTING			Х	X			_X_
RICE CAPITAL	ACCESS						TO FINAN					.		
B PROGRAM, LLC		27-0443193	NONE	02/28/12	2 1017	5000.	CAPITAL	EXPENDITU		Х		Х		_X_
<u>C</u>														
D														
Part II Proceeds														
					4		В	С				D		
1 Amount of bonds retire														
2 Amount of bonds legal					75 000		004 010							
3 Total proceeds of issue					75,000.		$\frac{974,210.}{106}$							
4 Gross proceeds in rese					91,622.		106,200.							
5 Capitalized interest from							565,569.							
6 Proceeds in refunding) F 704		265 462							
7 Issuance costs from pr					95,704.		<u> 265,462.</u>							
8 Credit enhancement from														
9 Working capital expend														
10 Capital expenditures fr				E 0.0) F (24		222 472							
					95,624.	9,	222,472.							
12 Other unspent proceed					2040		2048							
13 Year of substantial con	npletion						I	V	N1.		V	\neg	NI -	
d.d. Manada a la sus da issues da		:f +		Yes	No	Yes	No	Yes	No		Yes	+	No	
14 Were the bonds issued	•	· · · · · · · · · · · · · · · · · · ·	•		х		x							
if issued prior to 2018,					Λ							+		
15 Were the bonds issued issued prior to 2018, an				x			x							
							X					+		
16 Has the final allocation17 Does the organization				A		 				+		+		
final allocation of proce	•	•	•	x		x								
I HA For Panerwork Reduc				41	1			<u> </u>		Scho	dule K	(Ears	2 0001	2010

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2019

Par	t III Private Business Use								
			Α	В			O		D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X		Х				
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X		X				
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
	counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by								
	entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of								
	unrelated trade or business activity carried on by your organization, another								
	section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		<u>%</u>		%		%		%
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
	of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
	1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified								
	bonds of the issue are remediated in accordance with the requirements under								
	Regulations sections 1.141-12 and 1.145-2?		X		X				
Par	t IV Arbitrage			ı					
			<u> </u>		В		Ç	-	<u> </u>
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X		X				
_2	If "No" to line 1, did the following apply?								T
	Rebate not due yet?		X		X				
	Exception to rebate?	Х		Х					
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed		T						Т
_3	Is the bond issue a variable rate issue?		X		X				

Part IV Arbitrage (continued)								
		A	В			Ç)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X		X				1
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								<u> </u>
e Was the hedge terminated?								<u> </u>
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				<u> </u>
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of								
section 148?		X		X		1		I
Part V Procedures To Undertake Corrective Action								
		A	E	3		O	D)
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable						1		I
regulations?		X		X				1
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	uctions					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: RICE CAPITAL ACCESS PROGRAM, LLC	,							
(F) DESCRIPTION OF PURPOSE: TO FINANCE CAPITAL EX	PENDIT	URES						
SCHEDULE K - PART I, LINE D, COLUMN (E) AND PART	II, LII	NE 3, C	OLUMN (D)				
REMAINING PROCEEDS OF \$200,790 FROM ISSUANCE OF T	HE RIC	E CAPIT	AL ACCE	SS		,		
BOND, ISSUE PRICE OF \$10,175,000, WILL BE RECEIVE	D ONCE	THE CA	PITAL			,		
EXPENDITURES FOR THIS BOND HAVE BEEN INCURRED.						,		
						,		
						,		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HUSTON-TILLOTSON UNIVERSITY

Employer identification number 74-1180151

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VALUES ACADEMIC EXCELLENCE AND SPIRITUAL GROWTH. HT CULTIVATES

DEMOCRACY AND COMMUNITY THROUGH OUTREACH AND ENGAGEMENT. THE UNIVERSITY

LEVERAGES RESOURCES TO ENHANCE OUR COMPETITIVE FUTURE IN THE AREAS OF

ORGANIZATIONAL EFFECTIVENESS, FUNDING TECHNOLOGY AND INDUSTRY

PARTNERSHIPS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OPERATIONS AND MAINTENANCE TYPICALLY INCLUDES THE DAY-TO-DAY ACTIVITIES

NECESSARY FOR THE BUILDING/BUILT STRUCTURE, ITS SYSTEMS AND EQUIPMENT,

AND OCCUPANTS/USERS TO PERFORM THEIR INTENDED FUNCTION.

EXPENSES \$ 3,449,853. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE INTERIM VP OF ADMINISTRATION AND FINANCE REVIEWS THE RETURN FOR

ACCURACY TO THE FINANCIAL STATEMENTS BEFORE SENDING TO THE PRESIDENT AND

BUSINESS AFFAIRS COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH MEMBER OF THE GOVERNING BODY SIGNS A CONFLICT OF INTEREST STATEMENT ANNUALLY AT THE BOARD'S RETREAT.

FORM 990, PART VI, SECTION B, LINE 15:

AN AD HOC COMMITTEE WITH THE HELP OF AN INVESTMENT CONSULTANT REVIEWED THE

FACULTY SALARIES. OFFICERS AND KEY EMPLOYEES' SALARY ARE DETERMINED USING

NEGOTIATIONS. HISTORICAL DATA. EXPERIENCE IN THE FIELD FOR DETERMINING

NEGOTIATIONS, HISTORICAL DATA, EXPERIENCE IN THE FIELD FOR DETERMINING

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization HUSTON-TILLOTSON UNIVERSITY	Employer identification number 74-1180151
SALARIES OF KEY EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS AND POLICIES ARE LOCATED ON THE UN	NIVERSITY'S
WEBSITE IN THE POLICIES AND PROCEDURES AREA OF THE HUMAN F	RESOURCES LINK.
THE FINANCIAL STATEMENTS ARE AVAILABLE BY REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE OVERSIGHT POLICIES AND SELECTION OF AN INDEPENDENT ACC	COUNTANT BY
THE AUDIT COMMITTEE HAS NOT CHANGED SINCE PRIOR YEAR.	
	-

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

OMB No. 1545-0047

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). 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. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print HUSTON-TILLOTSON UNIVERSITY 74-1180151 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 900 CHICON STREET return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUSTIN, TX 78702 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Code Is For Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 KATRINA MONTGOMERY The books are in the care of ▶ 900 CHICON STREET - AUSTIN, TX 78702 Telephone No. $\triangleright 512-505-3065$ 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. MAY 17, 2021 ____ , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup |X| tax year beginning |JUL|1, 2019____ , and ending <u>JUN</u> 30 , 2020 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 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. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

instructions

LHA

Form 8868 (Rev. 1-2020)