247 2018.06000 THE HOWARD UNIVERSITY

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

Form 99Q	(2018) THE HOWARD UNIVERS	SITY		53-020	4707	Page 2
Part				==		
33	Total of unrelated business taxable income compu	ted from all unrelated trades or businesses	(see instructions)	1	38	327,536.
34	Amounts paid for disallowed fringes		(0000)	J	3/4	<u> </u>
35	Deduction for net operating loss arising in tax yea	rs beginning before January 1, 2018 (see in:	structions) S'	тмт 285	35	327,536.
36	Total of unrelated business taxable income before		•	J	H	
	lines 33 and 34	options added not be a control of the control of th	o odini or	_	36	
37	Specific deduction (Generally \$1,000, but see line	37 instructions for exceptions)		8	37	1,000.
1 38	Unrelated business taxable income Subtract lin	•	ine 36			
1 7	enter the smaller of zero or line 36	o or more and or make a sign outer man in		11	38	0.
Part	V Tax Computation			<u></u>	i	
39	Organizations Taxable as Corporations Multiply	line 38 hv 21% (0.21)	·		39	0.
40	Trusts Taxable at Trust Rates See instructions for		int on line 38 from:			
	Tax rate schedule or Schedule D (Fe			•	40	
41	Proxy tax See instructions				41	
42	Alternative minimum tax (trusts only)				42	
43	Tax on Noncompliant Facility Income See instru	ictions			43	
) 44	Total. Add lines 41, 42, and 43 to line 39 or 40, w				44	0.
Part					<u> </u>	
, , , , , , , , , , , , , , , , , , , 	Foreign tax credit (corporations attach Form 1118	trusts attach Form 1116)	45a			
1/	Other credits (see instructions)		45b		1	
,	General business credit Attach Form 3800		45c		1 1	
d	Credit for prior year minimum tax (attach Form 88	01 or 8827)	45d		1	
	Total credits Add lines 45a through 45d	,			45e	
46	Subtract line 45e from line 44				46	0.
47	Other taxes. Check if from. Form 4255	Form 8611 Form 8697 Form	8866 Other	(attach schedule)	47	
48	Total tax Add lines 46 and 47 (see instructions)				48	0.
49	2018 net 965 tax liability paid from Form 965-A or	Form 965-B, Part II, column (k), line 2			49	0.
50 a	Payments A 2017 overpayment credited to 2018	, , , , , , , , , , , , , , , , , , , ,	50a			
t	2018 estimated tax payments		50b		i	
C	Tax deposited with Form 8868		50c]	
C	Foreign organizations Tax paid or withheld at sou	rce (see instructions)	50d			
6	Backup withholding (see instructions)		50e].	
f	Credit for small employer health insurance premiu	ms (attach Form 8941)	50f			
ç	Other credits, adjustments, and payments:	orm 2439				
	Form 4136 (Other Total	► 50g			
51	Total payments. Add lines 50a through 50g				51	
52	Estimated tax penalty (see instructions) Check if F	Form 2220 is attached 🕨			52	
53	Tax due If line 51 is less than the total of lines 48			>	53	
1\ 54			1	>	54	
55	Enter the amount of line 54 you want. Credited to			funded 🕨	55	
Part			`			
56	At any time during the 2018 calendar year, did the			-		Yes No
	over a financial account (bank, securities, or other		•	•		
	FinCEN Form 114, Report of Foreign Bank and Fine	ancial Accounts It "Yes," enter the name of t	he foreign country			
	here SEE STATEMENT 27	 				X
57	During the tax year, did the organization receive a	•	r transferor to, a for	reign trust?		X
58	If "Yes," see instructions for other forms the organ					
	Under penalties of perjury I declare that I have examined		statements and to the	hest of my knowled	dge and belief	ıt ıs true
Sign	correct, htt complete Delibration of preparer (other tha	n taxpayer) is based on all information of which prep	arer has any knowledge	9		
Here	8F9E2F1A0DDA418	^{7/16/2020}	ND TREASU	ו מקמ	-	uss this return with
	Signature of officer	Date Title	IN TREPO		e preparer show structions)?	
	Print/Type preparer's name	Preparer's Signature	Date	Check I		1100 110
Paid	Time type property o marrie			self- employed	.	
Paid	PAMELA GRAY	1 amelicon	07/10/20	Jan Jinployeu	P01	237506
Use (TO COMPANY		,	Firm's EIN		1306171
036 (ID CENTRAL AVE, SUIT	E 250			
		LS, MD 21117		Phone no. (410)58	84-2218
823711 0	-09-19					rm 990-T (2018)

Schedule A - Cost of Good	Is Sold. Enter	method of invent	tory va	aluation N/A					_
1 Inventory at beginning of year	1		T	Inventory at end of year	ar	· <u></u>	6		_
2 Purchases	2	-	7	Cost of goods sold Su		line 6			_
3 Cost of labor	3		1	from line 5. Enter here			ł		
4 a Additional section 263A costs		······································	1	line 2		•	7	`	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes N	-
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income	(From Real	Property and	Pers	sonal Property L	.ease	d With Real Prop	erty		
(see instructions)									
1 Description of property									
<u>(1)</u>	 								
(2)									_
(3)						· · · · · · · · · · · · · · · · · · ·			_
(4)									_
	2 Rent receiv	ed or accrued		- 11					_
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	` ' of rent for pe	ersonal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	connection (eted with the income in attach schedule)	
(1)	·			··		-			_
(2)									
(3)									_
(4)									_
Total	0.	Total			0.				_
(c) Total income Add totals of columns here and on page 1, Part I, line 6, columns		ter -			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)		0	
Schedule E - Unrelated De	bt-Financed	Income (see	ınstru	ctions)					Ť
		·	2	Gross income from		3 Deductions directly con to debt-finance			
1 Description of debt-f	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)			İ			·			_
(2)				-					_
(3)									_
(4)									
4 Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	5
(1)				%					
(2)				%					
(3)				%					
(4)				%				···	
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
Totals				•		0	.	0	
Total dividends-received deductions	ncluded in columi	18					-	0	

Form 990-T (2018) THE HC	WARD	UNIVE	RSITY						53-02	0470	7 Page 4
Schedule F - Interest,	Annuitie	s, Royal	lties, and	Rents	From Co	ntrolle	d Organiza	tion		struction	
				Exempt	Controlled O	rganızatı	ons				· .
1 Name of controlled organiza	tion	identif	nployer ication nber		related income e Instructions)		al of specified nents made	ınclud	rt of column 4 ded in the conti zation's gross	rolling	6 Deductions directly connected with income in column 5
741				<u> </u>						+	 -
(1)								-			
(2)		ļ						<u> </u>			
(3)								<u> </u>		-	
(4)		<u>i</u>				L		L			
Nonexempt Controlled Organ	ızatıons						_				
7 Taxable Income		unrelated incor see instruction		9 Total	of specified payr made	nents	10 Part of colur in the controllingross		nization's	11 De with	ductions directly connected income in column 10
(1)											
(2)					_						
(3)											
(4)	 										
_(4)	<u> </u>				_					_	
							Add colum Enter here and line 8, c	on page	1, Part I,	Enter h	id columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals						•			0.		0.
Schedule G - Investme	nt Incor	ne of a	Section :	501(c)(7	7), (9), or (17) Org	anization				
_	ructions)				,, , , , ,	, ,	•				
1 Desc	cription of inco	ome			2 Amount of	ıncome	3 Deduction directly conner (attach sched	cted	4 Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)							-				
(3)											
(4)											
		· · · · ·		-	Enter here and o Part I, line 9, col			•		=	Enter here and on page 1, Part I, line 9, column (B)
Totals						0.					0.
Schedule I - Exploited	Fremnt	Activity	Income	Other	Than Adv		a Income				
(see instri	_	riotivity		, Othici	man Au	Ci disiii	g income				
					4 Net incom	un (lace)			T .		
Description of exploited activity	unrelated incom	Gross I business ne from business	3 Exp directly co with pro- of unre business	onnected duction elated	from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity the is not unrelate business incon	hat ed	6 Exp attributa colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	<u></u>										
(2)				-							
(3)											
(4)						Î					
Totals -	page i	re and on i, Part I, col (A)	Enter here page 1, line 10, c	Part I,	- '	,			,		Enter here and on page 1, Part II, line 26
Schedule J - Advertision	ng Incor		netructions		L						1 0.
Part I Income From					hatchiloa	Bacic			 		
	Criodio	als ricp			Solidated						
1 Name of periodical		2 Gross advertising income		Direct rtising costs	4 Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5 Circulate income	on	6 Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(1) (2) (3)										$\neg \neg$	
(3)											,
(4)											
					T						
Totals (carry to Part II, line (5))	•		0.	0							0 . Form 990-T (2018)
											1 OITH 229-1 (2018)

				UNIVERSITY		53-02047
Part II	Inco	me Fr	om Periodi	cals Reported on	a Separate Basis	(For each periodical listed in Part II, fill in

53-0204707

Page 5

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)	-			· · · · · · · · · · · · · · · · · · ·		
(3)						
(4)				···		
Totals from Part I	0.	0.				0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)	-	%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14	<u> </u>	>	0.

53-0204707

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 25
BUSINESS ACTIVITY

INVESTMENT INCOME AND PARTNERSHIPS

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 26
DESCRIPTION	NET INCOME OR (LOSS)
ALLIANCE BERNSTEIN HOLDINGS LP - ORDINARY BUSINESS INCOME	13.700
(LOSS) ALLIANCE BERNSTEIN HOLDINGS LP - NET RENTAL REAL ESTATE	13,702.
INCOME BLACKSTONE RGIS CAPITAL PARTNERS V LP - ORDINARY BUSINESS	-13.
INCOME (LOSS)	-106.
BLACKSTONE RGIS CAPITAL PARTNERS V LP - INTEREST INCOME	149.
BLACKSTONE RGIS CAPITAL PARTNERS V LP - DIVIDEND INCOME BLACKSTONE RGIS CAPITAL PARTNERS V LP - OTHER INCOME	1.
(LOSS)	-162.
BPG INVESTMENT PARTNERSHIP VII, L.P ORDINARY BUSINESS	
INCOME (LOSS)	378,091.
BUCKEYE PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS)	130.
CYPRESS REALTY VI LP - ORDINARY BUSINESS INCOME (LOSS) TPG VI CAYFIR AIV II, L.P ORDINARY BUSINESS INCOME	-2,313.
(LOSS)	2,878.
TPG VI CAYFIR AIV II, L.P NET RENTAL REAL ESTATE INCOME VISTA FOUNDATION FUND III LP - ORDINARY BUSINESS INCOME	166.
(LOSS) WATER STREET HEALTHCARE PARTNERS IV, L.P ORDINARY	-106,919.
BUSINESS INCOME (LOSS)	-38,297.
FR XII ALPHA AIV, LP - ORDINARY BUSINESS INCOME (LOSS)	312.
SOUTHWEST VALUE PARTNERS FUND XVIII, LP - ORDINARY	
BUSINESS INCOME (LOSS)	-377,424.
SOUTHWEST VALUE PARTNERS FUND XVIII, LP - OTHER NET RENTAL	
INCOME (LOSS) WATER STREET HEALTHCARE PARTNERS III, L.P ORDINARY	24,311.
BUSINESS INCOME (LOSS)	476,797.
BLUE POINT CAPITAL PARTNERS IV, LP - ORDINARY BUSINESS	410,131.
INCOME (LOSS)	35,098.
BLUE POINT CAPITAL PARTNERS IV, LP - OTHER PORTFOLIO	•
INCOME (LOSS)	-204,290.
SUMMIT PARTNERS PRIVATE EQUITY FUND VII-B, L.P INTEREST	0.075
INCOME SUMMIT PARTNERS PRIVATE EQUITY FUND VII-B, L.P DIVIDEND	2,875.
INCOME	16,279.
SUMMIT PARTNERS PRIVATE EQUITY FUND VII-B, L.P OTHER	10,279.
PORTFOLIO INCOME (LO	-520.
HOWARD UNIVERSITY DIALYSIS CENTER, LLC - ORDINARY BUSINESS	
INCOME (LOSS)	-96,712.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	124,033.

53-0204707

=		
FORM 990-T	NAME OF FOREIGN COUNTRY IN WHICH	STATEMENT 27
	ORGANIZATION HAS FINANCIAL INTEREST	

NAME OF COUNTRY

NIGERIA MALAWI SOUTH AFRICA

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 28
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12	3,828,514.	0.	3,828,514.	3,828,514.
06/30/13	1,468,938.	0.	1,468,938.	1,468,938.
06/30/14	1,962,748.	0.	1,962,748.	1,962,748.
06/30/15	1,991,211.	0.	1,991,211.	1,991,211.
06/30/16	1,157,513.	0.	1,157,513.	1,157,513.
06/30/17	1,859,517.	0.	1,859,517.	1,859,517.
06/30/18	3,112,507.	0.	3,112,507.	3,112,507.
NOL CARRYO	VER AVAILABLE THIS	YEAR	15,380,948.	15,380,948.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99) Name of the organization

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

501(c)(3) Organizations Only

Employer identification number

	THE HOWARD UNIVERSITY		53-02047	07	
ι	Inrelated business activity code (see instructions) 51510			<u> </u>	
	Describe the unrelated trade or business RADIO STA	TIO	<u> </u>		
Pa	रा Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a h	Gross receipts or sales I ess returns and allowances ■ 8 , 178 , 397 . © Balance ►	1c	8,178,397.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	8,178,397.		8,178,397.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				_
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled			-	
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	8,178,397.		8,178,397.

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

_			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	5,426,596.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	283,320.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		_
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	1,356,730.
26	Excess exempt expenses (Schedule I)	26	,
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 29	28	5,778,593.
29	Total deductions. Add lines 14 through 28	29	12,845,239.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-4,666,842.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	-4,666,842.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

1 Form 990-T (2018) Page 3 53-0204707 THE HOWARD UNIVERSITY Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A 6 Inventory at beginning of year 6 Inventory at end of year Purchases 2 2 7 Cost of goods sold Subtract line 6 Cost of labor 3 from line 5. Enter here and in Part I. 4a Additional section 263A costs 7 Yes No (attach schedule) Do the rules of section 263A (with respect to b Other costs (attach schedule) 4b property produced or acquired for resale) apply to Total Add lines 1 through 4b the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) 1 Description of property (1) (2)(3) (4) Rent received or accrued 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) (a) From personal property (if the percentage of rent for personal property is more than (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if 10% but not more than 50%) the rent is based on profit or income) (1) (2) (3) (4) Total 0. Total Ò. (b) Total deductions (c) Total income Add totals of columns 2(a) and 2(b) Enter Enter here and on page 1, Part I, line 6, column (8) here and on page 1, Part I, line 6, column (A) 0. Schedule E - Unrelated Debt-Financed Income (see instructions)

	1	,				
		2 Gross income from	Deductions directly connected with or allocable to debt-financed property			
1 Description of debt-fin	anced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)						
(2)						
(3)						
(4)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)		%				
(2)		%				
(3)		%				
(4)		%				
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals		•	0.	0.		
Total dividends-received deductions in	cluded in column 8	,		0.		

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 29
DESCRIPTION		AMOUNT
OFFICE SUPPLIES AGENCY COMMISSIONS ADVERTISING EXPENSE TRAVEL EXPENSES TECHNOLOGY CONSULTING PROMOTIONAL EVENTS PROFESSIONAL AND PURCHASED SERV GENERAL AND ADMINISTRATIVE O & M ALLOCATION RENTAL MISCELLANEOUS EXPENSE DUES	ICES	69,148. 418,847. 2,803,078. 6,360. 23,770. 9,704. 165,564. 928,217. 778,807. 25,274. 303,987. 245,837.
TOTAL TO SCHEDULE M, PART II, L	INE 28	5,778,593.

3632.1_1

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www irs gov/Form1120 for instructions and the latest information

OMB No 1545-0123

Name

Employer identification number

THE	HOWARD	UNIVER	STTY

53-0204707

Part I Short-Term Capital Gains and Losses (See Instructions)					
ee instructions for how to figure the amounts of enter on the lines below (g) Adjustmen For each of the lines below (g) Adjustmen For each of the form for the lines below (g) Adjustmen For each of t			(g) Adjustments to gain or loss from Form(s) 8949) }.	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)		combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on			 		
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					8,566.
4 Short-term capital gain from installment sales	s from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach comput	ation)			6	()
7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h					8,566.
Part II Long-Term Capital Gai	ins and Losses (See i	nstructions)			
See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gair or loss from Form(s) 894		(ħ) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g	,	combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				•	
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					194,937.
11 Enter gain from Form 4797, line 7 or 9					
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37					
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824					
14 Capital gain distributions 14					
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h					194,937.
Part III Summary of Parts I and					0 566
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)					8,566.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)					194,937.
				18	203,503.
Note: If losses exceed gains, see Capital loss	es III the Instructions				

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

Schedule D (Form 1120) 2018

JWA

Form

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

Social security number or

OMB No 1545-0074

Department of the Treas Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

taxpayer identification no. 53-0204707

THE HOWARD UNIVERSITY

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute broker and may even tell you which box to check

statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short term (see instructions). For long-term transactions, see page 2 Note: You may aggregate all short term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below Check only one box If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (a) (d) (e) (h) loss If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis See the (Example 100 sh XYZ Co) Subtract column (e) (Mo, day, yr) disposed of column (f) See instructions Note below and from column (d) & (Mo, day, yr) (g) Amount of combine the result see Column (e) ۱۲ Code(s) the instructions with column (g) adjustment BLACKSTONE RGIS CAPITAL PARTNERS 763. $_{\rm LP}$ AULDBRASS PARTNERS SECONDARY 7,803 OPPORTUNITY 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) 8,566.

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

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

Form 8949 (2018)				Attachn	nent Sequen	ce No 12A	Page 2	
Name(s) shown on return Name and SSN or taxpayer identification n			o not required if			Social secur	ity number or ntification no.	
THE HOWARD UNI	VERSITY					53-0	204707	
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ow, see whether y ation as Form 105	you received any 99-B Either will s	Form(s) 1099-B (show whether you	or substitute statem ir basis (usually you	ent(s) from y r cost) was r	rour broker A sur eported to the IF	bstitute S by your	
Part II Long-Term. Transaction		al assets you held r	nore than 1 year are	generally long-term (s	ee instruction	s) For short term to	ransactions,	
see page 1 Note You may aggregate all								
You must check Box D, E, or F below C	totals directly on Sheck only one bo	Schedule D, line 8a X If more than one b	i, you aren't required ox applies for your long	to report these trans	actions on Foi ete a separate F	rm 8949 (see instru orm 8949, page 2, for e	ctions)	
If you have more long-term transactions than will (D) Long-term transactions rep					•			
(E) Long-term transactions rep			-	•	Note abov	6)		
X (F) Long-term transactions not								
1 (a)	(b)	(c)	(d)	(e)	Adjustment, if any, to gain or (h)			
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other	loss If you enter an amount in column (g), enter a code in column (f) See instructions		Gain or (loss).	
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of		basis See the Note below and			Subtract column (e) from column (d) &	
		(Mo , day, yr)		see Column (e) in	(f)	(g)	combine the result	
				the instructions	Code(s)	Amount of adjustment	with column (g)	
BLACKSTONE RGIS								
CAPITAL PARTNERS V								
LP							<785.	
AULDBRASS PARTNERS								
SECONDARY								
OPPORTUNITY							54,168.	
SUMMIT PARTNERS				-				
PRIVATE EQUITY				ļ				
FUND VII-							141,554.	
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							· · · · · · · · · · · · · · · · · · ·	
2 Totals. Add the amounts in colum	nns (d), (e), (g), ar	nd (h) (subtract						
negative amounts) Enter each tot	al here and inclu	de on your						
Schedule D, line 8b (If Box D abo	ve is checked), I	ine 9 (if Box E						
above is checked), or line 10 (if B	ox F above is ch	ecked)					194,937.	
Note: If you checked Boy Dishaus he	ut the been rope	stad to the IDC	incorrect+	or in onlymn (s) +	h	CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR ADDRESS OF THE CONTRA		

Form **8949** (2018)

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

823012 11-28-18