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**Return of Organization Exempt From Income Tax**

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THE HOWARD UNIVERSITY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2400 6TH STREET NW City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20059 <b>F</b> Name and address of principal officer: STEPHEN GRAHAM SAME AS C ABOVE	<b>D</b> Employer identification number 53-0204707 <b>E</b> Telephone number 2028066100 <b>G</b> Gross receipts \$ 2,058,097,957. <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.HOWARD.EDU		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1867
		<b>M</b> State of legal domicile: DC

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: WE EDUCATE STUDENTS, DEVELOP PROFESSIONALS, CONDUCT RESEARCH, AND SERVE PATIENTS.			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	22	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	21	
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) .....	<b>5</b>	7190	
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	105	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	6,114,999.	
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	0.	
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	Prior Year	Current Year
<b>9</b> Program service revenue (Part VIII, line 2g) .....		420,218,000.	391,465,000.	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		711,488,000.	803,116,000.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		109,631,135.	168,213,000.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		51,702,064.	38,411,000.	
		1,293,039,199.	1,401,205,000.	
Expenses		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	152,135,991.	175,556,204.
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
		<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	479,774,618.	476,834,836.
		<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.
		<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,838,265.		
		<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	388,956,964.	520,983,960.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	1,020,867,573.	1,173,375,000.	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	272,171,626.	227,830,000.	
	Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	Beginning of Current Year	End of Year
<b>21</b> Total liabilities (Part X, line 26) .....		2,110,254,000.	2,607,941,000.	
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....		972,885,374.	1,318,028,000.	
		1,137,368,626.	1,289,913,000.	

**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.

<b>Sign Here</b>	Signature of officer STEPHEN GRAHAM, CFO & TREASURER Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name PAMELA GRAY	Preparer's signature Date
	Firm's name ▶ SB & COMPANY, LLC Firm's address ▶ 10200 GRAND CENTRAL AVE., SUITE 250 OWINGS MILLS, MD 21117	Check if self-employed <input type="checkbox"/> PTIN P01237506 Firm's EIN ▶ 20-2153727 Phone no. (410) 584-0060

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part 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: THE HOWARD UNIVERSITY WAS ESTABLISHED BY AN ACT OF CONGRESS IN 1867. THE UNIVERSITY IS AN INSTITUTION THAT EDUCATES STUDENTS, DEVELOPS PROFESSIONALS, CONDUCTS RESEARCH, AND SERVES PATIENTS THROUGH 13 SCHOOLS OF HIGHER EDUCATION AND AN ACADEMIC MEDICAL CENTER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 517,623,000. including grants of \$ 175,556,204. ) (Revenue \$ 449,543,000. ) EDUCATION, GENERAL/OTHER - HOWARD UNIVERSITY IS A COMPREHENSIVE RESEARCH-ORIENTED HISTORICALLY BLACK PRIVATE UNIVERSITY PROVIDING AN EDUCATIONAL EXPERIENCE OF EXCEPTIONAL QUALITY TO STUDENTS OF HIGH ACADEMIC POTENTIAL WITH PARTICULAR EMPHASIS UPON THE PROVISION OF EDUCATIONAL OPPORTUNITIES TO ALL STUDENTS. HOWARD UNIVERSITY IS THE NATION'S TOP PRODUCER OF MINORITY LAWYERS, DENTISTS, PHYSICIANS AND AFRICAN AMERICAN PHDS IN THE SCIENCE AND TECHNOLOGY FIELDS. THE UNIVERSITY SERVES A COMMUNITY OF MORE THAN 12,000 STUDENTS.

4b (Code: ) (Expenses \$ 260,366,000. including grants of \$ ) (Revenue \$ 312,719,000. ) A PRIVATE, NONPROFIT INSTITUTION, HOWARD UNIVERSITY HOSPITAL IS THE NATION'S ONLY TEACHING HOSPITAL LOCATED ON THE CAMPUS OF A HISTORICALLY BLACK UNIVERSITY. IT OFFERS MEDICAL STUDENTS A SUPERIOR LEARNING ENVIRONMENT AND OPPORTUNITIES TO OBSERVE OR PARTICIPATE IN CLINICAL AND RESEARCH WORK WITH PROFESSIONALS THAT UNIQUELY ADDRESSES THE SPECIAL HEALTH CARE NEEDS OF MEDICALLY UNDERSERVED COMMUNITIES. HOWARD UNIVERSITY HOSPITAL ADMITS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY.

4c (Code: ) (Expenses \$ 41,895,459. including grants of \$ ) (Revenue \$ 32,773,807. ) THE UNIVERSITY OFFERS EDUCATIONAL SUPPORT THROUGH ITS AUXILIARY SERVICES FOR THE BENEFIT OF STAFF, FACULTY AND STUDENTS AND TO COMPLEMENT THE QUALITY OF THE ACADEMIC LIFE. AUXILIARY SERVICES INCLUDE STUDENT HOUSING, FOOD SERVICES, PARKING, TRANSPORTATION SERVICES AND PUBLIC TELEVISION STATION.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 819,884,459.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		X
<b>3</b>	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?	X	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
<b>16b</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?	X	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **DC, NY**
- 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)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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 financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **STEPHEN GRAHAM - 202-806-2411**  
**2244 10TH STREET NW, WASHINGTON, DC 20059**

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. LAURENCE C. MORSE CHAIRMAN	1.00	X						0.	0.	0.
(2) MS. LESLIE D. HALE VICE CHAIR	1.00	X						0.	0.	0.
(3) MR. MARK A. L. MASON VICE CHAIR	1.00	X						0.	0.	0.
(4) MINNIE BAYLOR-HENRY, ESQ. BOARD TRUSTEE	1.00	X						0.	0.	0.
(5) DR. CHARLES M. BOYD BOARD TRUSTEE	1.00	X						0.	0.	0.
(6) MR. CHRIS CARR BOARD TRUSTEE	1.00	X						0.	0.	0.
(7) DONALD B. CHRISTIAN, CPA, CISA BOARD TRUSTEE	1.00	X						0.	0.	0.
(8) MR. GODFREY GILL BOARD TRUSTEE	1.00	X						0.	0.	0.
(9) DR. RICHARD GOODMAN BOARD TRUSTEE	1.00	X						0.	0.	0.
(10) REV. DR. MICHELE V. HAGANS BOARD TRUSTEE	1.00	X						0.	0.	0.
(11) DR. DANETTE G. HOWARD BOARD TRUSTEE	1.00	X						0.	0.	0.
(12) THE HONORABLE ALPHONSO JACKSON BOARD TRUSTEE	1.00	X						0.	0.	0.
(13) THE HONORABLE MARIE C. JOHNS BOARD TRUSTEE	1.00	X						0.	0.	0.
(14) MS. TYRA A. MARIANI BOARD TRUSTEE	1.00	X						0.	0.	0.
(15) MR. JAMES J. MURREN BOARD TRUSTEE	1.00	X						0.	0.	0.
(16) MS. HILARY ROSEN BOARD TRUSTEE	1.00	X						0.	0.	0.
(17) THE HONORABLE RONALD ROSENFELD BOARD TRUSTEE	1.00	X						0.	0.	0.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MR. SHELLEY STEWART, JR. BOARD TRUSTEE	1.00	X						0.	0.	0.
(19) MR. BRUCE E. THOMPSON BOARD TRUSTEE	1.00	X						0.	0.	0.
(20) DR. REED V. TUCKSON BOARD TRUSTEE	1.00	X						0.	0.	0.
(21) MR. CHRIS WASHINGTON BOARD TRUSTEE	1.00	X						0.	0.	0.
(22) DR. JOHN E. JACOB CHAIRMAN EMERITUS	1.00	X						0.	0.	0.
(23) MR. ROBERT L. LUMPKINS TRUSTEE EMERITUS	1.00	X						0.	0.	0.
(24) THE HONORABLE GABRIELLE K. MCDO TRUSTEE EMERITUS	1.00	X						0.	0.	0.
(25) STACEY J. MOBLEY, ESQ. CHAIRMAN EMERITUS	1.00	X						0.	0.	0.
(26) RICHARD D. PARSONS, ESQ. TRUSTEE EMERITUS	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								8,292,380.	0.	565,755.
<b>d Total (add lines 1b and 1c)</b>								8,292,380.	0.	565,755.

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 **1,120**

	Yes	No
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	X	
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	X	
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		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.

(A) Name and business address	(B) Description of services	(C) Compensation
GILBANE BUILDING COMPANY 1215 E FORT AVE #100, BALTIMORE, MD 21230	CONSTRUCTION SERVICES	19,784,362.
SODEXO INC. AND AFFILIATES, 9801 WASHINGTONIAN BLVD, GAITHERSBURG, MD 20878	FOOD SERVICE	11,518,038.
BOLAND, 30 W WATKINS MILL RD, GAITHERSBURG, MD 20878	STEAM PLANT MODERNIZATION	9,016,711.
ENGIE SERVICES U.S. INC., 500 12TH STREET, SUITE 300, OAKLAND, CA 95607	STEAM PLANT MODERNIZATION	8,601,269.
THOMPSON FACILITIES SERVICES LLC 1741 BUSINESS CENTER DR., RESTON, VA 20190	FACILITY MANAGEMENT SERVICE	7,369,715.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **298**

SEE PART VII, SECTION A CONTINUATION SHEETS

<b>Part VII</b> Section A. <b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> (continued)											
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(27) MARTIN D. PAYSON, ESQ. TRUSTEE EMERITUS	1.00	X						0.	0.	0.	
(28) THE HONORABLE M. KASIM REED TRUSTEE EMERITUS	1.00	X						0.	0.	0.	
(29) MR. FRANK SAVAGE CHAIRMAN EMERITUS	1.00	X						0.	0.	0.	
(30) THE HONORABLE L. DOUGLAS WILDER TRUSTEE EMERITUS	1.00	X						0.	0.	0.	
(31) MRS. BENAREE P. WILEY TRUSTEE EMERITUS	1.00	X						0.	0.	0.	
(32) THE HONORABLE MIGUEL CARDONA PATRON EX OFFICIO	1.00	X						0.	0.	0.	
(33) WAYNE A. I. FREDERICK, MD, MBA PRESIDENT	40.00	X		X				1,254,408.	0.	41,696.	
(34) ANTHONY WUTOH, PH.D PROVOST AND CHIEF ACADEMIC OFFICER	40.00			X				440,000.	0.	40,457.	
(35) TASHNI DUBROY, PH.D, MBA EVP COO & INTERIM CHIEF HR OFFICER	40.00			X				597,500.	0.	32,058.	
(36) FLORENCE PRIOLEAU, ESQ. GENERAL COUNSEL	40.00			X				385,524.	0.	31,337.	
(37) HUGH MIGHTY, MD VP CLINICAL AFFAIRS	40.00			X				717,151.	0.	35,297.	
(38) DAVID BENNETT VP OF DEVELOPMENT	40.00			X				363,635.	0.	31,213.	
(39) BRUCE JONES, PH.D VP OF RESEARCH	40.00			X				308,500.	0.	25,983.	
(40) FRANK TRAMBLE VP COMMUNICATIONS FROM 8/2/21	40.00			X				220,000.	0.	29,958.	
(41) CYNTHIA EVERS VP STUDENT AFFAIRS	40.00			X				211,796.	0.	14,840.	
(42) RASHAD YOUNG SVP & CHIEF STRATEGY OFFICER	40.00			X				397,500.	0.	40,265.	
(43) CHRISTIE TAYLOR SECRETARY OF THE BOARD	40.00			X				135,000.	0.	7,868.	
(44) STEPHEN GRAHAM CHIEF FINANCIAL OFFICER, FROM 9/26/2	40.00			X				86,854.	0.	8,466.	
(45) ROBERT WILSON, MD ASSOCIATE PROFESSOR OF ORTHOPEDIC SU	40.00					X		522,985.	0.	43,530.	
(46) EDWARD CORNWELL, MD SURGEON-IN-CHIEF	40.00					X		670,839.	0.	39,971.	
Total to Part VII, Section A, line 1c .....											

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) GUOYANG LUO, MD CHAIR OF OB/GYN	40.00					X		555,450.	0.	42,057.
(48) GINETTE OKOYE, MD CHAIR OF DERMATOLOGY	40.00					X		489,323.	0.	24,755.
(49) TERRENCE FULLUM, MD CLINICAL PROFESSOR	40.00					X		500,551.	0.	40,830.
(50) ANNEMIEKE MARTINEZ INTERIM CFO, ENDED 12/4/21	40.00						X	302,864.	0.	18,631.
(51) DEBORAH JARVIS, SVP CORPORATE RELATIONS, ENDED 3/25/22	40.00						X	132,500.	0.	16,543.
Total to Part VII, Section A, line 1c .....								8,292,380.		565,755.

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	657,793.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	244,018,000.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	146,789,207.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,164,200.				
	<b>h Total.</b> Add lines 1a-1f			391,465,000.			
Program Service Revenue	<b>2 a</b> ACADEMIC SERVICES	Business Code	611710	449,543,000.	449,543,000.		
	<b>b</b> PATIENT SERVICES		611710	312,719,000.	312,719,000.		
	<b>c</b> AUXILIARY SERVICES		611710	40,854,000.	32,773,807.	8,080,193.	
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			803,116,000.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			21,376,000.		-1,965,194.	23,341,194.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	3,213,000.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		3,213,000.			
	<b>d</b> Net rental income or (loss)			3,213,000.			3,213,000.
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	741,696,000.			
			(ii) Other	61,759,000.			
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		53,405,000.	3,213,000.		
<b>c</b> Gain or (loss)	<b>7c</b>		88,291,000.	58,546,000.			
<b>d</b> Net gain or (loss)			146,837,000.			146,837,000.	
<b>8 a</b> Gross income from fundraising events (not including \$ 657,793. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>			274,957.			
				274,957.			
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events				0.			
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> OTHER REVENUE	Business Code	900099	35,198,000.		35,198,000.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			35,198,000.			
<b>12 Total revenue.</b> See instructions			1,401,205,000.	795,035,807.	6,114,999.	208,589,194.	

**Part IX Statement of Functional Expenses**

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  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,924,535.	11,924,535.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	154,467,617.	154,467,617.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	9,164,052.	9,164,052.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	7,868,020.	7,868,020.		
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	376,594,053.	311,536,840.	62,791,642.	2,265,571.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,413,024.	14,310,686.	2,992,946.	109,392.
<b>9</b> Other employee benefits	50,963,053.	41,912,107.	8,724,232.	326,714.
<b>10</b> Payroll taxes	23,996,686.	19,696,316.	4,160,567.	139,803.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	11,181,345.	551,606.	10,627,239.	2,500.
<b>c</b> Accounting	4,706,930.	401,693.	4,305,237.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	19,556,000.		19,556,000.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	162,647,411.	82,382,141.	80,021,012.	244,258.
<b>12</b> Advertising and promotion	225,126.	84,747.	140,379.	
<b>13</b> Office expenses	44,623,003.	39,256,607.	5,260,434.	105,962.
<b>14</b> Information technology	10,124,866.	578,147.	9,546,719.	
<b>15</b> Royalties	3,933,749.	713,912.	3,143,253.	76,584.
<b>16</b> Occupancy	41,488,945.	17,019,450.	24,436,781.	32,714.
<b>17</b> Travel	4,777,529.	100,092.	4,658,983.	18,454.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	4,178,016.	1,996,230.	1,758,944.	422,842.
<b>20</b> Interest	21,991,100.	2,943,476.	19,047,624.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	47,196,288.	28,035,683.	19,097,385.	63,220.
<b>23</b> Insurance	31,312,122.	15,752,379.	15,559,743.	
<b>24</b> Other expenses. Itemize expenses not covered 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.)				
<b>a</b> OTHER EXPENSES	34,038,715.	12,805,743.	21,232,972.	
<b>b</b> GRANTS SUBCONTRACTS/TRA	24,885,020.	24,885,020.		
<b>c</b> REPAIRS AND MAINTENANCE	23,104,902.	17,110,892.	5,965,719.	28,291.
<b>d</b> FOOD SERVICE COSTS	22,655,830.	4,386,468.	18,267,402.	1,960.
<b>e</b> All other expenses	8,357,063.		8,357,063.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,173,375,000.	819,884,459.	349,652,276.	3,838,265.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	195,076,000.	<b>1</b>	215,412,000.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	86,358,000.	<b>3</b>	101,370,000.
	<b>4</b> Accounts receivable, net .....	77,648,000.	<b>4</b>	136,298,000.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	4,555,000.	<b>7</b>	4,017,000.
	<b>8</b> Inventories for sale or use .....	5,314,000.	<b>8</b>	5,165,000.
	<b>9</b> Prepaid expenses and deferred charges .....	22,665,000.	<b>9</b>	24,873,000.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,846,459,000.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,167,656,000.		
	<b>11</b> Investments - publicly traded securities .....	602,998,000.	<b>10c</b>	678,803,000.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	508,247,000.	<b>11</b>	523,339,450.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	402,475,000.	<b>12</b>	403,002,550.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	204,918,000.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	2,110,254,000.	<b>15</b>	515,661,000.	
		<b>16</b>	2,607,941,000.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	181,844,374.	<b>17</b>	209,364,000.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	60,621,000.	<b>19</b>	79,019,000.
	<b>20</b> Tax-exempt bond liabilities .....	547,099,000.	<b>20</b>	833,359,000.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	67,304,000.	<b>24</b>	91,535,000.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	116,017,000.	<b>25</b>	104,751,000.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	972,885,374.	<b>26</b>	1,318,028,000.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	453,292,626.	<b>27</b>	530,902,000.
	<b>28</b> Net assets with donor restrictions .....	684,076,000.	<b>28</b>	759,011,000.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	1,137,368,626.	<b>32</b>	1,289,913,000.
	<b>33</b> Total liabilities and net assets/fund balances .....	2,110,254,000.	<b>33</b>	2,607,941,000.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,401,205,000.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,173,375,000.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	227,830,000.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,137,368,626.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-110,770,000.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	35,484,374.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,289,913,000.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
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? .....  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** 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? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2021)

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization <b>THE HOWARD UNIVERSITY</b>	Employer identification number <b>53-0204707</b>
--	---

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  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  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



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.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 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; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**Name of the organization** THE HOWARD UNIVERSITY **Employer identification number** 53-0204707

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified 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
a Total number of conservation easements .....	2a 1
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c 1
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d 1

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_ 350

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_ 35,000.

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	818,393,000.	719,900,000.	701,502,000.	691,957,451.	649,951,451.
b Contributions	70,712,000.	25,571,000.	15,019,000.	8,530,000.	8,270,000.
c Net investment earnings, gains, and losses	-12,586,000.	173,474,000.	27,361,000.	40,574,000.	52,101,000.
d Grants or scholarships	21,173,000.	20,902,000.	24,535,000.	43,462,000.	22,197,000.
e Other expenditures for facilities and programs	-3,579,000.	79,650,000.	-553,000.	-3,902,549.	-3,832,000.
f Administrative expenses					
g End of year balance	858,925,000.	818,393,000.	719,900,000.	701,502,000.	691,957,451.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  47.0100 %
  - b Permanent endowment  19.8000 %
  - c Term endowment  33.1900 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	63,546,000.			63,546,000.
b Buildings	956,326,000.		608,485,000.	347,841,000.
c Leasehold improvements	33,428,000.		28,699,000.	4,729,000.
d Equipment	362,173,000.		315,273,000.	46,900,000.
e Other	430,986,000.		215,199,000.	215,787,000.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				678,803,000.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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) PRIVATE EQUITY AND VENTURE CAPITAL	356,445,796.	END-OF-YEAR MARKET VALUE
(B) REAL ESTATE	46,556,754.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	403,002,550.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) UNEXPENDED BOND PROCEEDS	347,715,000.
(2) DEPOSITS WITH TRUSTEES	29,283,000.
(3) BENEFICIAL INTEREST IN TRUST	6,437,000.
(4) OPERATING RIGHT OF USE ASSETS	39,375,000.
(5) FINANCING RIGHT OF USE ASSETS	54,362,000.
(6) HEALTHCARE CONTRACT ASSETS	2,153,000.
(7) OVERFUNDED DEFINED BENEFIT PENSION PLAN	20,900,000.
(8) SELF-INSURED ASSETS	5,328,000.
(9) INTELLECTUAL PROPERTY COSTS	1,035,000.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	515,661,000.

**Part X Other Liabilities.**

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) RESERVE SELF-INSURED LIABILITIES	63,496,000.
(3) REFUNDABLE ADVANCES	4,028,000.
(4) ENVIRONMENTAL LIABILITIES	1,800,957.
(5) RESIDENCE HALL	6,258,385.
(6) UNCLAIMED PROPERTY	6,666,460.
(7) STUDENT DEPOSITS AND REFUNDS	7,531,147.
(8) RESERVES FOR LEGAL CONTINGENCIES	2,583,231.
(9) DEPOSITS HELD IN CUSTODY FOR OTHERS	2,655,436.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	104,751,000.

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 ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	1,142,742,000.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-110,770,000.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	35,485,000.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-75,285,000.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,218,027,000.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	19,556,000.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	163,622,000.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	183,178,000.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	1,401,205,000.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	990,197,000.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	990,197,000.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	19,556,000.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	163,622,000.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	183,178,000.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	1,173,375,000.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; 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 information.

PART II, LINE 9:

THE ORGANIZATION DOES NOT REPORT ITS CONSERVATION EASEMENTS IN ITS FINANCIAL STATEMENTS.

PART III, LINE 4:

THE UNIVERSITY'S COLLECTIONS OF ART, HISTORICAL TREASURES, AND OTHER SIMILAR ASSETS INCLUDE A VARIETY OF ARTIFACTS AS WELL AS SCHOLARLY PAPERS AND ARCHIVES. THESE ITEMS ARE HOUSED IN VARIOUS FACILITIES AROUND CAMPUS AND THEIR PRESERVATION IS FOR THE BENEFIT OF FUTURE GENERATIONS.

PART V, LINE 4:

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUND IS TO SUPPLY A

**Part XIII** Supplemental Information (continued)

SOURCE OF INCOME FOR OPERATIONS, SCHOLARSHIPS, PROFESSORSHIPS, STUDENT

LOANS, AND OTHER PURPOSES IN ORDER TO ADVANCE THE ORGANIZATION'S MISSION

AND TAX-EXEMPT PURPOSE.

PART X, LINE 2:

HOWARD IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX

UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE CODE) AS AN

ORGANIZATION DESCRIBED IN SECTION 501(C)(3) WHEREBY ONLY UNRELATED

BUSINESS INCOME, AS DEFINED BY SECTION 512(A)(1) OF THE CODE, IS SUBJECT

TO FEDERAL INCOME TAX. ANY UNRELATED BUSINESS INCOME TAX GENERATED BY

HOWARD IS RECORDED AS INCOME TAX USING THE LIABILITY METHOD UNDER WHICH

DEFERRED TAX ASSETS AND LIABILITIES ARE DETERMINED BASED ON THE

DIFFERENCES BETWEEN THE FINANCIAL ACCOUNTING AND TAX BASIS OF ASSETS AND

LIABILITIES. DEFERRED TAX ASSETS OR LIABILITIES AT THE END OF EACH PERIOD

ARE DETERMINED USING THE CURRENTLY ENACTED TAX RATE EXPECTED TO APPLY TO

TAXABLE INCOME IN THE PERIOD THAT THE DEFERRED TAX ASSET OR LIABILITY IS

EXPECTED TO BE REALIZED OR TO BE SETTLED. AS OF JUNE 30, 2022, AND 2021,

HOWARD HAD NO UNRELATED BUSINESS INCOME AND THEREFORE HAD NO DEFERRED TAX

ASSETS OR LIABILITIES. IN ADDITION, HOWARD ANALYZED ITS TAX POSITIONS FOR

THE YEARS ENDED JUNE 30, 2022 AND 2021 AND DETERMINED THAT THERE WERE NO

UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON HOWARD'S

CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED CHANGE IN FUNDED STATUS OF DEFINED BENEFIT

PENSION PLAN 22,678,000.

UNREALIZED CHANGE IN OBLIGATION FOR POST RETIREMENT BENEFIT

PLAN 5,713,000.

**Part XIII** Supplemental Information (continued)

NET PERIOD BENEFIT COST OTHER THAN SERVICE COST 7,016,000.

CHANGE IN FUNDED STATUS OF SUPPLEMENTAL BENEFIT COST 78,000.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 35,485,000.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS AND GRANTS 163,622,000.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS AND GRANTS 163,622,000.

Part XIII Supplemental Information (continued)

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description and (b) Book value. Row 1: OTHER 9,073,000.



**SCHEDULE E**  
**(Form 990)**

**Schools**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **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](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

THE HOWARD UNIVERSITY

Employer identification number

53-0204707

**Part I**

	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	X	
<b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II .....	X	
<p><u>THE UNIVERSITY MAINTAINS A WELL-PUBLICIZED RACIALLY</u> <u>NONDISCRIMINATORY POLICY. THE POLICY IS AVAILABLE IN WRITTEN</u> <u>BROCHURES, AS WELL AS AVAILABLE VIA THE ORGANIZATION'S</u> <u>WEBSITE (WWW.HOWARD.EDU).</u></p>		
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....	X	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ...	X	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	X	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? .....		X
<b>b</b> Admissions policies? .....		X
<b>c</b> Employment of faculty or administrative staff? .....		X
<b>d</b> Scholarships or other financial assistance? .....		X
<b>e</b> Educational policies? .....		X
<b>f</b> Use of facilities? .....		X
<b>g</b> Athletic programs? .....		X
<b>h</b> Other extracurricular activities? .....		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....	X	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II .....	X	

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

Schedule E (Form 990) 2021



**Part II** **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:

THE ORGANIZATION RECEIVES FINANCIAL ASSISTANCE FROM GOVERNMENTAL AGENCIES

IN THE FORM OF SCHOLARSHIP, LOANS AND GRANT FUNDS FOR STUDENTS' TUITION

AND RELATED EXPENSES.

**SCHEDULE F (Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization <b>THE HOWARD UNIVERSITY</b>	Employer identification number <b>53-0204707</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	8	51	PROGRAM SERVICES	MEDICAL AND EDUCATIONAL SERVICES	6,039,321.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		57,248,869.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		15,224,261.
<b>3 a Subtotal</b> .....	8	51			78,512,451.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	8	51			78,512,451.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2021

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUPPORT RESEARCH AND EDUCATION	47,702.	CHECK	0.		FMV
		EUROPE (INCLUDING ICELAND AND	SUPPORT RESEARCH AND EDUCATION	54,010.	CHECK	0.		FMV
		NORTH AMERICA	SUPPORT RESEARCH AND EDUCATION	30,000.	CHECK	0.		FMV
		NORTH AMERICA	SUPPORT RESEARCH AND EDUCATION	10,000.	CHECK	0.		FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	CENTRAL AMERICA AND THE CARIBBEAN	113	2,858,848.	CHECK	0.		BOOK VALUE
SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	56	1,456,402.	CHECK	0.		BOOK VALUE
SCHOLARSHIPS	EUROPE (INCLUDING ICELAND AND GREENLAND)	6	182,456.	CHECK	0.		BOOK VALUE
SCHOLARSHIPS	MIDDLE EAST	14	207,031.	CHECK	0.		BOOK VALUE
SCHOLARSHIPS	NORTH AMERICA	15	382,445.	CHECK	0.		BOOK VALUE
SCHOLARSHIPS	SOUTH AMERICA	7	133,368.	CHECK	0.		BOOK VALUE
SCHOLARSHIPS	SUB-SAHARAN AFRICA	167	3,933,503.	CHECK	0.		BOOK VALUE

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

MONITORING USE OF GRANT FUNDS OUTSIDE THE UNITED STATES: HOWARD UNIVERSITY USES PROGRAM-SPECIFIC GUIDELINES TO MONITOR THE PROGRESS OF GRANT ACTIVITIES CONDUCTED OUTSIDE THE UNITED STATES. THE GUIDELINES OUTLINE THE SCOPE OF WORK, ESTABLISHED DEADLINES, AND THE CONTENT OF SPECIFIC REPORTS/DELIVERABLES IN A MANNER CONSISTENT WITH THE TERMS AND CONDITIONS OF THE FUNDING AGENCY AND GRANT AWARD. PRINCIPAL INVESTIGATORS PREPARE PROGRAMMATIC PROGRESS REPORTS (MONTHLY, QUARTERLY, ANNUALLY AS REQUIRED) THAT ASSESS PROGRAM ACTIVITIES, IDENTIFY PROBLEMS OR ISSUES AND MODIFY THE DESIGN OR IMPLEMENTATION OF THE PROJECT AS NECESSARY. THE GRANTS AND CONTRACTS ACCOUNTING OFFICE PREPARES MONTHLY FINANCIAL AND BILLING REPORTS FOR INTERNAL AND EXTERNAL REVIEW. THIS OVERSIGHT ENSURES ACCURACY AND COMPLIANCE IN FINANCIAL MANAGEMENT, PROPER MAINTENANCE OF GRANT MANAGEMENT DOCUMENTATION, AND THE ACHIEVEMENT OF PROGRAMMATIC DELIVERABLES AND MILESTONES.

PART I, LINE 3:

BOOK VALUE

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

THE HOWARD UNIVERSITY

Employer identification number

53-0204707

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		BISON AT THE BEACH (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	932,750.		932,750.
	2	Less: Contributions	657,793.		657,793.
	3	Gross income (line 1 minus line 2)	274,957.		274,957.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	169,609.		169,609.
	7	Food and beverages	83,378.		83,378.
	8	Entertainment			
	9	Other direct expenses	21,970.		21,970.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				0.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_



- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |         |
|--------------------------------------|------------|---------|
| <b>a</b> The organization's facility | <b>13a</b> | _____ % |
| <b>b</b> An outside facility         | <b>13b</b> | _____ % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16** Gaming manager information:
- Name ▶ \_\_\_\_\_
- Gaming manager compensation ▶ \$ \_\_\_\_\_
- Description of services provided ▶ \_\_\_\_\_
- \_\_\_\_\_
- Director/officer       Employee       Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

<b>Name of the organization</b> THE HOWARD UNIVERSITY	<b>Employer identification number</b> 53-0204707
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<b>1a</b>	X	
<b>b</b> If "Yes," was it a written policy? .....	<b>1b</b>	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....	<b>3a</b>	X	
<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %			
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....	<b>3b</b>	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 600 %			
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>4</b>		X
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>		X
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>		
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	X	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			1,655,535.		1,655,535.	.14%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			142,015,813.	166,069,423.		
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			8,133,655.	5,944,974.	2,188,681.	.19%
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			151,805,003.	172,014,397.	3,844,216.	.33%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....						
<b>f</b> Health professions education (from Worksheet 5) .....			48,446,582.	33,349,374.	15,097,208.	1.29%
<b>g</b> Subsidized health services (from Worksheet 6) .....			49,697,117.	33,816,361.	15,880,756.	1.35%
<b>h</b> Research (from Worksheet 7) .....			36,349,000.	0.	36,349,000.	3.10%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....		8,514	325,339.	0.	325,339.	.03%
<b>j Total.</b> Other Benefits .....		8,514	134,818,038.	67,165,735.	67,652,303.	5.77%
<b>k Total.</b> Add lines 7d and 7j .....		8,514	286,623,041.	239,180,132.	71,496,519.	6.10%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community building expense, (d) Direct offsetting revenue, (e) Net community building expense, (f) Percent of total expense. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A with columns Yes/No. Question 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? Question 2: Enter the amount of the organization's bad debt expense. Question 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy.

Section B. Medicare

Table for Section B with columns Yes/No. Question 5: Enter total revenue received from Medicare (including DSH and IME). Question 6: Enter Medicare allowable costs of care relating to payments on line 5. Question 7: Subtract line 6 from line 5. This is the surplus (or shortfall). Question 8: Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit.

Section C. Collection Practices

Table for Section C with columns Yes/No. Question 9a: Did the organization have a written debt collection policy during the tax year? Question 9b: If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance?

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

Table with 5 columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, trustees, or key employees' profit % or stock ownership %, (e) Physicians' profit % or stock ownership %.

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 HOWARD UNIVERSITY HOSPITAL  
2041 GEORGIA AVENUE  
WASHINGTON, DC 20060

Licensed hospital	gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X		X	X	X	X			

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group HOWARD UNIVERSITY HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.HUHEALTHCARE.COM/ABOUT-US/CHNA/</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>HTTP://WWW.DCHEALTHMATTERS.ORG</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>SEE PART V, PAGE 8</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group HOWARD UNIVERSITY HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b>	Explained the method for applying for financial assistance? .....	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group HOWARD UNIVERSITY HOSPITAL

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	X	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	X	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		



**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group HOWARD UNIVERSITY HOSPITAL

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? ..... If "Yes," explain in Section C.	<b>23</b>	X
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? ..... If "Yes," explain in Section C.	<b>24</b>	X

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**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HOWARD UNIVERSITY HOSPITAL:

PART V, SECTION B, LINE 3J: THROUGH THE WORK OF THE DC HEALTH MATTERS

COLLABORATIVE, A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

WAS COMPLETED IN JUNE 2022. THE COLLABORATIVE WAS FOUNDED IN 2012 IN

RESPONSE TO NEW REQUIREMENTS IN THE PATIENT PROTECTION AND AFFORDABLE CARE

ACT OF 2010 (ACA), WHICH MANDATED NONPROFIT HOSPITALS TO ISSUE A COMMUNITY

HEALTH NEEDS ASSESSMENT (CHNA) AND CORRESPONDING COMMUNITY HEALTH

IMPROVEMENT PLAN (CHIP) EVERY THREE YEARS. TO REDUCE REDUNDANCY, COMBINE

RESOURCES, AND IMPROVE PARTNERSHIPS, A GROUP OF HOSPITALS AND HEALTH

CENTERS CAME TOGETHER TO PRODUCE A JOINT DISTRICT-WIDE CHNA AND CHIP IN

2013, 2016, 2019, AND 2022. SINCE 2016, THE WORK OF THE COLLABORATIVE HAS

CENTERED ON THE NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS

ASSESSMENTS: MENTAL HEALTH, CARE COORDINATION, HEALTH LITERACY, AND

PLACE-BASED CARE. DC HEALTH MATTERS COLLABORATIVE RECOGNIZES THAT MOST OF

HEALTH IS DRIVEN BY SOCIAL FACTORS OUTSIDE OF HEALTHCARE, SUCH AS HOUSING,

EDUCATION, AND ENVIRONMENT.

THE CHIEF INFLUENCE ON COMMUNITY HEALTH IN THE LAST THREE YEARS HAS BEEN

THE COVID-19 PANDEMIC. LIKewise, THE SHAPE AND SCOPE OF THE CHNA WAS

GOVERNED BY CONSTRAINTS OF THE PUBLIC HEALTH CRISIS AND CHANGED SEVERAL

TIMES SINCE PLANNING BEGAN IN 2020. THIS FINAL DOCUMENT INCLUDED AN

ABBREVIATED CHNA PROCESS, AND INCLUDES THREE MAIN ELEMENTS: 1)

DESCRIPTIONS OF THE WORK OF THE D.C. HEALTH MATTERS COLLABORATIVE SINCE

THE 2019 CHNA WAS RELEASED, 2) SUMMARIES OF THE DIVERSE LANDSCAPE OF

EXISTING LOCAL RESEARCH DOCUMENTING COMMUNITY HEALTH AND OTHER SOCIAL

FACTORS, INCLUDING THOSE BY D.C. HEALTH, GEORGETOWN UNIVERSITY, D.C.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

APPLESEED, MEDSTAR AND CHILDREN'S NATIONAL HOSPITAL, AMONG OTHERS, 3)

INTERVIEWS WITH LEADERS IN HEALTH PROVIDER ORGANIZATIONS, INCLUDING FQHCs,

WHICH SERVE AND REPRESENT LOW-INCOME, MINORITY, AND MEDICALLY UNDERSERVED

RESIDENTS IN OUR COMMUNITY, TO IDENTIFY AND PRIORITIZE SIGNIFICANT HEALTH

NEEDS IN THE COMMUNITY.

FOR THE CHNA, COMMUNITY WAS DEFINED BY THE GEOGRAPHIC BOUNDARIES OF THE

DISTRICT OF COLUMBIA.

AFTER TWO YEARS OF PROVIDING SERVICES DURING THE PUBLIC HEALTH EMERGENCY,

HEALTH SYSTEM STAKEHOLDERS HAD A UNIQUE AND IMPORTANT OPPORTUNITY TO TAKE

STOCK TOGETHER. CONCERNS ABOUT WELL-BEING, SOCIAL NEEDS, WORKFORCE

BURN-OUT, AND EQUITY ARE TOP OF MIND FOR HEALTHCARE LEADERS. STAND-OUT

THEMES INCLUDE: 1) WORSENER BEHAVIORAL HEALTH AND MENTAL WELL-BEING

(INCLUDING, BUT NOT LIMITED TO, SOCIAL ISOLATION, SUBSTANCE ABUSE, STRESS

CREATED DURING THE COVID-19 PANDEMIC, POOR LIFE SATISFACTION), 2)

RECOGNITION OF THE SIGNIFICANT IMPACT OF SOCIAL NEEDS AND CONDITIONS THAT

IMPACT WELL- BEING (ACCESS TO CHILDCARE, HOUSING, EMPLOYMENT, FOOD

INSECURITY, TRANSPORTATION), 3) DECREASED NEIGHBORHOOD SAFETY AND NEED FOR

VIOLENCE PREVENTION, 4) BARRIERS IN ACCESSING HEALTHCARE (SUCH AS ACCESS

TO AND GAPS IN INSURANCE COVERAGE, FEAR OR MISTRUST OF PROVIDERS,

INSTITUTIONAL RACISM AND EXPERIENCE OF DISCRIMINATION, COMMUNICATION

CHALLENGES, LIFE CIRCUMSTANCES), 5) ACUTE AND DISPARATE SOCIAL AND

HEALTHCARE NEEDS OF BLACK D.C. RESIDENTS, WHICH LEADS TO WORSE CHRONIC

DISEASE BURDEN, HIGHER MORTALITY RATES FROM COVID-19, LESS ACCESS TO

WEALTH AND INCOME OPPORTUNITIES, AND LOWER LIFE EXPECTANCY, 6) IMPACT OF

PATIENT/RESIDENT ACCESS TO TECHNOLOGY AND ONLINE PLATFORMS TO ACCESS

HEALTHCARE, SOCIAL AND EDUCATIONAL SERVICES, AS WELL AS NEED FOR PROVIDERS

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TO MAXIMIZE HEALTH INFORMATION EXCHANGE FOR CARE AND COORDINATION, 7) THE

IMPORTANCE OF EMERGENCY PREPAREDNESS FOR GOVERNMENT SYSTEMS, HEALTH

PROVIDERS, AND INDIVIDUALS, 8) URGENT NEED FOR ADEQUATE LABOR POOL HEALTH

AND BEHAVIORAL HEALTH PROFESSIONS, INCLUDING TRADITIONAL AND

NONTRADITIONAL POSITIONS, 9) ESSENTIALITY OF CULTURAL AND LINGUISTIC

COMPETENCE AND TRAUMA-INFORMED CARE AMONG PROVIDERS, AND APPROPRIATE,

RESPECTFUL COMMUNICATION WITH COMMUNITIES.

LEVERAGING EXISTING ASSESSMENTS RESULTED IN REDUCED DUPLICATION AND

ALIGNMENT OF PRIORITIES WITH OTHER INITIATIVES TO ACHIEVE SHARED OUTCOMES

FOR OUR COMMUNITY. GOING FORWARD, THE COLLABORATIVE WILL CONTINUE TO HAVE

DISCUSSIONS ABOUT AREAS FOR PARTNERSHIP IN THE DEVELOPMENT AND EXECUTION

OF OUR RESPECTIVE COMMUNITY HEALTH IMPROVEMENT WORK.

HOWARD UNIVERSITY HOSPITAL:

PART V, SECTION B, LINE 5: GIVEN THE FATIGUE IN THE HEALTH SYSTEM AND

THE COMMUNITY DURING THE COVID-19 PANDEMIC, AND THE LIMITATIONS TO

COMMUNITY ENGAGEMENT POSED BY COVID INFECTION RISK, SUCH ALIGNMENT WAS

EVEN MORE IMPORTANT IN 2022.

THE 2022 CHNA INCLUDES THREE MAIN ELEMENTS: DESCRIPTIONS OF THE WORK OF

THE D.C. HEALTH MATTERS COLLABORATIVE SINCE THE 2019 CHNA WAS RELEASED;

SUMMARIES OF THE DIVERSE LANDSCAPE OF EXISTING LOCAL RESEARCH ON COMMUNITY

HEALTH AND OTHER SOCIAL FACTORS; INTERVIEWS WITH LEADERS IN HEALTH

PROVIDER ORGANIZATIONS.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE COLLABORATIVE REVIEWED 16 LOCAL REPORTS RELEASED 2019-2022 FOCUSED ON

HEALTH, INCLUSIVE OF BEHAVIORAL HEALTH, COVID-19 IMPACTS, AND RELEVANT

SOCIAL ISSUES RELATED TO HEALTH SUCH AS HOUSING AND TRANSPORTATION. AMONG

OTHERS, THIS INCLUDED: 1) THE D.C. COMMUNITY HEALTH NEEDS ASSESSMENT

PUBLISHED IN 2019 BY D.C. HEALTH 2) THE "HEALTH DISPARITIES IN THE BLACK

COMMUNITY" REPORT PUBLISHED JUNE 2020 BY GEORGETOWN UNIVERSITY'S SCHOOL OF

NURSING AND HEALTH STUDIES. 3) "D.C. FRONTLINE AND ESSENTIAL WORKERS'

NEEDS DURING COVID-19" PUBLISHED IN NOVEMBER 2020 BY D.C. APPLESEED 4)

MEDSTAR HEALTH'S CHNA REPORT PUBLISHED IN JUNE 2021 BY MEDSTAR HEALTH 5)

D.C. HEALTH'S "COVID-19 PANDEMIC HEALTH AND HEALTHCARE RECOVERY REPORT"

RELEASED IN MAY 2021. 6) "A PATH FORWARD: TRANSFORMING THE PUBLIC

BEHAVIORAL HEALTH SYSTEM FOR CHILDREN, YOUTH, AND THEIR FAMILIES"

PUBLISHED IN 2021 BY CHILDREN'S LAW CENTER, CHILDREN'S NATIONAL HOSPITAL,

D.C. BEHAVIORAL HEALTH ASSOCIATION, EARLY CHILDHOOD INNOVATION NETWORK,

HEALTH ALLIANCE NETWORK, MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL DIVISION

OF CHILD AND ADOLESCENT PSYCHIATRY, PARENT WATCH, AND TOTAL FAMILY CARE

COALITION 6) CHILDREN'S NATIONAL HOSPITAL (CNH) AND HSC PEDIATRIC CENTER

(HSC) PEDIATRIC CHNA RELEASED IN JUNE 2022.

INTERVIEWS WITH OUR MEMBER ORGANIZATION'S LEADERSHIP HAVE BEEN A KEY

ELEMENT OF OUR NEEDS ASSESSMENT PROCESS THROUGH THE LAST DECADE. AFTER TWO

YEARS OF PROVIDING SERVICES DURING THE PUBLIC HEALTH EMERGENCY, HEALTH

SYSTEM STAKEHOLDERS HAD A UNIQUE AND IMPORTANT OPPORTUNITY TO TAKE STOCK.

IN 18 INTERVIEWS, STEERING COMMITTEE MEMBERS SPOKE WITH THEIR LEADERSHIP

ABOUT WHERE WE ARE AS A HEALTH SYSTEM AND AS A CITY, WHERE WE WANT TO BE,

AND HOW TO BEST GET THERE.

LASTLY, A WEALTH OF UP-TO-DATE QUANTITATIVE DATA ARE CONTINUALLY UPDATED

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ON THE D.C. HEALTH MATTERS DATA DASHBOARD. THIS PORTAL, SPONSORED BY THE

D.C. HEALTH MATTERS COLLABORATIVE, INCLUDES THOUSANDS OF INDICATORS ACROSS

DOZENS OF DATA SOURCES, SERVES AS A LIVE NEEDS ASSESSMENT FREE FOR PUBLIC

USE.

HOWARD UNIVERSITY HOSPITAL:

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITY'S CHNA WAS CONDUCTED

WITH FOUR OTHER HOSPITAL FACILITIES AS FOLLOWS: CHILDREN'S NATIONAL HEALTH

SYSTEM, HSC HEALTHCARE SYSTEM, PROVIDENCE HEALTH SYSTEM, AND SIBLEY

MEMORIAL HOSPITAL.

HOWARD UNIVERSITY HOSPITAL:

PART V, SECTION B, LINE 6B: THE HOSPITAL FACILITY'S CHNA WAS ALSO

CONDUCTED WITH THE FOUR FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs): BREAD

FOR THE CITY, COMMUNITY OF HOPE, MARY'S CENTER, AND UNITY HEALTH CARE.

HOWARD UNIVERSITY HOSPITAL:

PART V, SECTION B, LINE 11: THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

WAS DEVELOPED IN RESPONSE TO THE 2022-2025 COMMUNITY HEALTH NEEDS

ASSESSMENT (CHNA) SELECTED THREE PRIORITY AREAS OF FOCUS: MENTAL

WELL-BEING, EQUITABLE ACCESS TO CARE (AND EVERYTHING PATIENTS NEED

INCLUDING COORDINATION OF THAT CARE, HOUSING AND SOCIAL SUPPORT SERVICES),

AND COMMUNITY-BASED WORKFORCE DEVELOPMENT (INCLUDING RETENTION AND

DEVELOPMENT OF THE HEALTHCARE WORKFORCE).

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE CHNA IDENTIFIED SALIENT AND IMPORTANT FINDINGS, AND COLLABORATIVE

MEMBERS COMPLETED A MATRIX TO IDENTIFY STRATEGIES MOST ALIGNED WITH THEIR

ORGANIZATION GOALS AND RESOURCES. THROUGH A STRUCTURED PROCESS, THE

COLLABORATIVE SELECTED NINE STRATEGIES FOR THE 2020 COMMUNITY HEALTH

IMPROVEMENT PLAN (CHIP) THAT OFFER THE OPPORTUNITY TO INFLUENCE POLICIES,

SYSTEMS, OR SOCIAL CONDITIONS THAT CAN MAKE A DIFFERENCE IN THE LIVES OF

DC RESIDENTS. THE COLLABORATIVE CONSOLIDATED STRATEGIES BEING ADDRESSED BY

OTHER GROUPS TO ELIMINATE REDUNDANCY. FINDINGS THAT THE CHIP WILL NOT

ADDRESS WILL BE ADDRESSED WITH ONGOING WORK SUCH AS DC HEALTH'S COMMUNITY

HEALTH NEEDS ASSESSMENT, THE MAYOR'S COMMISSION ON HEALTHCARE SYSTEM

TRANSFORMATION FORTHCOMING RECOMMENDATIONS, AND THE COMMUNITY HEALTH

IMPROVEMENT EFFORTS OF THE DC HOSPITAL ASSOCIATION AND DC PRIMARY CARE

ASSOCIATION.

THE MENTAL WELL-BEING GOALS FOR HOWARD UNIVERSITY HOSPITAL ARE: 1)

IMPLEMENTATION OF ADDICTION CONSULT SERVICES (ACS) AND INPATIENT

WITHDRAWAL MANAGEMENT, 2) PROVIDE ADDICTION CONSULTS TO PATIENTS WITH

SUBSTANCE USE OR CO-OCCURRING DISORDERS, 3) ADDICTION CONSULTS INCLUDE

EVALUATION AND DIAGNOSIS, TREATMENT PLAN, MOTIVATIONAL ENHANCEMENT

THERAPY, RECOVERY COACHING, PATIENT NAVIGATION, AND LINKAGE TO

COMMUNITY-BASED SUPPORTS, 4) IMPLEMENT MOTHERS FIRST, AN HUH COLLABORATIVE

MATERNAL BEHAVIORAL HOME-BASED CARE SERVICE.

THE EQUITABLE ACCESS TO CARE COORDINATION GOALS ARE: 1) EXPAND OPEN ACCESS

AMBULATORY SUBSTANCE USE DISORDERS (SUD) AND CO-OCCURRING SUD AND

PSYCHIATRIC DISORDER CLINICS, 2) INCREASE ACCESS TO CULTURALLY APPROPRIATE

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY-BASED SUD TREATMENT SERVICES IN COMMUNITIES AT HIGH RISK FOR

SUBSTANCE USE DISORDERS.

THE COMMUNITY-BASED WORKFORCE DEVELOPMENT GOALS ARE: 1) HELP STRENGTHEN

D.C. COMMUNITY WORKFORCE.

THE COLLABORATIVE WILL CONTINUE TO HOST THE DATA DASHBOARD OF COMMUNITY

HEALTH INDICATORS AND RESOURCES TAILORED TO D.C. FOR THE PURPOSE OF

TRACKING AND MONITORING COLLABORATIVE WORK.

HOWARD UNIVERSITY HOSPITAL:

PART V, SECTION B, LINE 13B: IF THE PATIENT IS ABOVE THE FPG, THE HOSPITAL

ASSESSES THE ABILITY TO PAY AND WILL SET UP A PAYMENT PLAN IN COORDINATION

WITH THE PATIENT.

HOWARD UNIVERSITY HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL ALSO REVIEWS OTHER DOCUMENTS,

SUCH AS CREDIT CARD REPORTS, PAYSTUBS, AND LIVING EXPENSE REPORTS, ETC AS

CRITERIA TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE.

HOWARD UNIVERSITY HOSPITAL:

PART V, SECTION B, LINE 16J: THE HOSPITAL PROVIDES NOTIFICATION ON THE

PATIENT'S BILLING STATEMENT THAT FINANCIAL ASSISTANCE IS AVAILABLE FOR

THOSE WHO QUALIFY. A TOLL-FREE NUMBER IS PROVIDED FOR PATIENTS TO CALL FOR



**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ADDITIONAL INFORMATION. THE HOSPITAL EMPLOY'S AND PROVIDES FINANCIAL COUNSELORS AND PATIENT ACCOUNT CUSTOMER SERVICE REPRESENTATIVES WHO ASSIST PATIENT'S IN IDENTIFYING ELIGIBILITY FOR FEDERAL AND/OR DISTRICT PROGRAMS THAT CAN PROVIDE FINANCIAL ASSISTANCE FOR QUALIFIED PATIENTS.

IN ADDITION TO THE FINANCIAL COUNSELORS AND PATIENT ACCOUNT CUSTOMER SERVICE REPRESENTATIVES, THE HOSPITAL UTILIZES A THIRD-PARTY ELIGIBILITY VENDOR TO COMPLETE PATIENT FINANCIAL ASSISTANCE INTERVIEWS WITH UNINSURED PATIENTS. THIS VENDOR ALSO ASSISTS PATIENTS WITH THE COMPLETION OF HOSPITAL FINANCIAL ASSISTANT APPLICATION IF THE PATIENT IS DETERMINED INELIGIBLE FOR FEDERAL AND/OR DISTRICT MEDICAL FINANCIAL ASSISTANT PROGRAMS.

FORM 990, SCHEDULE H, PART V, SECTION B, LINE 10A

THE HOSPITAL FACILITY'S MOST RECENT ADOPTED IMPLEMENTATION STRATEGY IS PUBLICLY AVAILABLE AND POSTED ON THE FOLLOWING WEBSITE:

[HTTPS://WWW.HUHEALTHCARE.COM/ABOUT-US/CHNA/](https://www.huhealthcare.com/about-us/chna/)

FORM 990, SCHEDULE H, PART V, SECTION B, LINE 16A, LINE 16B AND LINE

16C

THE FINANCIAL ASSISTANCE POLICY (FAP) WAS PUBLICLY AVAILABLE AND POSTED ON THE FOLLOWING WEBSITE:

[HTTPS://WWW.HUHEALTHCARE.COM/APP/FILES/PUBLIC/5DC557E3-5C9F-4D10-8521-68](https://www.huhealthcare.com/app/files/public/5DC557E3-5C9F-4D10-8521-68)

[6DD8888CF3/CFO\\_011\\_16\\_FINANCIAL%20ASSISTANCE%20POLICY%20WEBSITE%20012720](https://www.huhealthcare.com/app/files/public/5DC557E3-5C9F-4D10-8521-68)

23.PDF

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE FINANCIAL ASSISTANCE POLICY (FAP) APPLICATION WAS PUBLICLY

AVAILABLE AND POSTED ON THE FOLLOWING WEBSITE:

HTTP://HUHEALTHCARE.COM/HEALTHCARE/HOSPITAL/PATIENTS-AND-VISITORS/PATIENTS-

FINANCIAL-SERVICES/FINANCIAL-ASSISTANCE-APPLICATION

A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY (FAP) WAS

PUBLICLY AVAILABLE AND POSTED ON THE FOLLOWING WEBSITE:

HTTPS://WWW.HUHEALTHCARE.COM/PATIENTS-VISITORS/FINANCIAL-SERVICES/FINANCIAL-

ASSISTANCE/

**Part V** Facility Information *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_ 0 \_\_\_\_\_

Name and address	Type of Facility (describe)

Schedule H (Form 990) 2021

**Part VI Supplemental Information**

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 6A:

HOWARD UNIVERSITY HOSPITAL (HUH) IS PART OF HOWARD UNIVERSITY. SERVICE TO THE NATION HAS BEEN, AND CONTINUES TO BE, ONE OF THE PRIMARY MISSIONS OF HOWARD UNIVERSITY. A COMMUNITY BENEFIT REPORT IS PREPARED ANNUALLY BY THE OFFICE OF UNIVERSITY RESEARCH AND PLANNING, AND THE HOWARD UNIVERSITY COMMUNITY ASSOCIATION, WHICH ILLUSTRATES A FRACTION OF THE MANY CIVIC AND COMMUNITY ACTIVITIES IN WHICH THE HOWARD UNIVERSITY FACULTY, STAFF, STUDENTS, AND ALUMNI ARE ENGAGED. HOWARD UNIVERSITY OFFERS OVER 100 PROGRAMS, SERVICES, AND ACTIVITIES THAT ARE AVAILABLE TO THE PUBLIC. SOME OF THESE INCLUDE: HEALTH EDUCATION, SCREENING AND CLINICAL SERVICES, ACTIVITIES IN COORDINATION WITH THE DISTRICT OF COLUMBIA PUBLIC SCHOOLS, BOARDER BABIES PROGRAM, AND A TOBACCO CONTROL PROGRAM. THE COMMUNITY BENEFIT REPORT IS AVAILABLE ON THE HOWARD UNIVERSITY WEBSITE.

PART I, LINE 7:

PART I, 7A: CHARITY CARE AT COST - FREE OR DISCOUNTED HEALTH CARE SERVICES PROVIDED TO PERSONS WHO MET THE ORGANIZATIONS CRITERIA FOR FINANCIAL ASSISTANCE AND ARE THEREFORE DEEMED UNABLE TO PAY FOR ALL OR A PORTION OF

**Part VI** Supplemental Information (Continuation)

SUCH SERVICES.

PART I, 7B: MEDICAID - WHEN MEDICAID, A STATE HEALTH CARE PROGRAM FOR QUALIFYING LOW-INCOME RESIDENTS, DOES NOT REIMBURSE HUH FOR THE FULL COST OF HEALTH CARE SERVICES PROVIDED TO PATIENTS, HUH THEN COVERS THE ADDITIONAL COSTS AT A FINANCIAL LOSS.

PART I, 7B: COSTS - OTHER MEANS-TESTED GOVERNMENT PROGRAMS - GOVERNMENT PROGRAMS FOR WHICH ELIGIBILITY FOR BENEFITS OR COVERAGE IS DETERMINED BY THE RECIPIENT'S INCOME OR ASSET LEVEL.

PART I, 7E: COMMUNITY HEALTH IMPROVEMENT SERVICES ACTIVITIES AND SERVICES FOR WHICH THERE IS NO ABILITY TO GENERATE BILLS FOR SERVICES TO BE REIMBURSED. THESE SERVICES ARE NOT EXPECTED TO BE FINANCIALLY SELF-SUPPORTING, ALTHOUGH SOME MAY BE SUPPORTED BY OUTSIDE GRANTS OR OTHER MEANS OF FUNDING. SOME EXAMPLES INCLUDE FREE CLINIC SERVICES, PROGRAMS DIRECTED AT IMPROVING WOMEN'S HEALTH, FREE OR LOW COST PRESCRIPTION MEDICATIONS, AND RURAL AND URBAN OUTREACH PROGRAMS.

COMMUNITY BENEFIT OPERATIONS COSTS ASSOCIATED WITH DEDICATED STAFF, COMMUNITY HEALTH NEEDS AND/OR ASSESSMENTS, AND OTHER COSTS ASSOCIATED WITH COMMUNITY BENEFIT STRATEGY AND OPERATIONS.

PART I, LINE 7F: HEALTH PROFESSIONALS EDUCATION PROGRAMS THAT RESULT IN A DEGREE, CERTIFICATE, OR TRAINING THAT IS NECESSARY TO BE LICENSED TO PRACTICE AS A HEALTH PROFESSIONAL, AS REQUIRED BY STATE LAW; OR CONTINUING EDUCATION THAT IS NECESSARY TO RETAIN STATE LICENSE OR CERTIFICATION BY A BOARD IN THE INDIVIDUAL'S HEALTH PROFESSION SPECIALTY.

**Part VI** Supplemental Information (Continuation)

PART I, LINE 7G: CLINICAL SERVICES THAT ARE PROVIDED, DESPITE A FINANCIAL LOSS TO THE ORGANIZATION. THE FINANCIAL LOSS IS MEASURED AFTER REMOVING LOSSES, MEASURED BY COSTS, ASSOCIATED WITH BAD DEBT, CHARITY CARE ELIGIBLE ALLOWANCES, MEDICAID NON OR UNDER-REIMBURSED SERVICES, AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS. DESPITE THE FINANCIAL LOSS, THE SERVICE IS PROVIDED BECAUSE IT MEETS AN IDENTIFIED COMMUNITY NEED, SUCH AS PROVIDING ACCESS THAT IS NEEDED TO CARE FOR LOW-INCOME INDIVIDUALS. IF THE SERVICE WAS NO LONGER OFFERED, ACCESS TO HEALTH SERVICES WOULD BE IMPAIRED; OR PROVIDING THE SERVICE WOULD BECOME THE RESPONSIBILITY OF THE GOVERNMENT OR OTHER TAX-EXEMPT ORGANIZATION.

THIS AMOUNT INCLUDES SUBSIDIZED HEALTH SERVICES PROVIDED AS A PART OF THE HOSPITAL'S EMERGENCY DEPARTMENT, NEONATAL INTENSIVE CARE UNIT, AND INPATIENT PSYCHIATRIC UNIT (WHICH ALSO INCLUDES SUBSIDIZED SUBSTANCE ABUSE TREATMENT PROGRAMS).

PART I, LINE 7H: ANY STUDY OR INVESTIGATION OF WHICH THE GOAL IS TO GENERATE GENERALIZED KNOWLEDGE MADE AVAILABLE TO THE PUBLIC, SUCH AS KNOWLEDGE ABOUT:

1. UNDERLYING BIOLOGICAL MECHANISMS OF HEALTH AND DISEASE, NATURAL PROCESSES OR PRINCIPLES AFFECTING HEALTH OR ILLNESS;
2. EVALUATION OF SAFETY AND EFFICACY OF INTERVENTIONS FOR DISEASE SUCH AS CLINICAL TRIALS AND STUDIES OF THERAPEUTIC PROTOCOLS;
3. LABORATORY-BASED STUDIES, EPIDEMIOLOGY, HEALTH OUTCOMES, AND EFFECTIVENESS
4. BEHAVIORAL OR SOCIOLOGICAL STUDIES RELATED TO HEALTH AND DELIVERY OF CARE, OR PREVENTION STUDIES RELATED TO CHANGES IN THE HEALTH CARE DELIVERY

**Part VI** Supplemental Information (Continuation)

SYSTEM; AND

5. COMMUNICATION OF FINDINGS AND OBSERVATIONS (INCLUDING PUBLIC IN A MEDICAL JOURNAL)

THIS CATEGORY ONLY INCLUDES RESEARCH INTERNALLY FUNDED, OR RESEARCH FUNDED BY A TAX-EXEMPT OR GOVERNMENT AGENCY.

PART I, LINE 7I: CASH CONTRIBUTIONS MADE TO ENTITIES AND COMMUNITY GROUPS THAT SHARE THE ORGANIZATION'S GOALS AND MISSION. IN-KIND CONTRIBUTIONS INCLUDE THE COST OF HOURS DONATED BY STAFF TO THE COMMUNITY WHILE ON THE ORGANIZATION'S PAYROLL, INDIRECT COST OF SPACE DONATED TO TAX-EXEMPT COMMUNITY GROUPS (SUCH AS FOR MEETINGS), AND THE FINANCIAL VALUE OF DONATED FOOD, EQUIPMENT AND SUPPLIES.

PART I, LINE 7G: CLINICAL SERVICES THAT ARE PROVIDED, DESPITE A FINANCIAL LOSS TO THE ORGANIZATION. THE FINANCIAL LOSS IS MEASURED AFTER REMOVING LOSSES, MEASURED BY COSTS, ASSOCIATED WITH BAD DEBT, CHARITY CARE ELIGIBLE ALLOWANCES, MEDICAID NON OR UNDER-REIMBURSED SERVICES, AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS. DESPITE THE FINANCIAL LOSS, THE SERVICE IS PROVIDED BECAUSE IT MEETS AN IDENTIFIED COMMUNITY NEED, SUCH AS PROVIDING ACCESS THAT IS NEEDED TO CARE FOR LOW-INCOME INDIVIDUALS. IF THE SERVICE WAS NO LONGER OFFERED, ACCESS TO HEALTH SERVICES WOULD BE IMPAIRED; OR PROVIDING THE SERVICE WOULD BECOME THE RESPONSIBILITY OF THE GOVERNMENT OR OTHER TAX-EXEMPT ORGANIZATION.

THIS AMOUNT INCLUDES SUBSIDIZED HEALTH SERVICES PROVIDED AS A PART OF THE HOSPITAL'S EMERGENCY DEPARTMENT, NEONATAL INTENSIVE CARE UNIT, AND INPATIENT PSYCHIATRIC UNIT (WHICH ALSO INCLUDES SUBSIDIZED SUBSTANCE ABUSE

**Part VI** Supplemental Information (Continuation)

TREATMENT PROGRAMS).

PART I, LINE 7H: ANY STUDY OR INVESTIGATION OF WHICH THE GOAL IS TO

GENERATE GENERALIZED KNOWLEDGE MADE AVAILABLE TO THE PUBLIC, SUCH AS

KNOWLEDGE ABOUT:

1. UNDERLYING BIOLOGICAL MECHANISMS OF HEALTH AND DISEASE, NATURAL

PROCESSES OR PRINCIPLES AFFECTING HEALTH OR ILLNESS;

2. EVALUATION OF SAFETY AND EFFICACY OF INTERVENTIONS FOR DISEASE SUCH AS

CLINICAL TRIALS AND STUDIES OF THERAPEUTIC PROTOCOLS;

3. LABORATORY-BASED STUDIES, EPIDEMIOLOGY, HEALTH OUTCOMES, AND

EFFECTIVENESS

4. BEHAVIORAL OR SOCIOLOGICAL STUDIES RELATED TO HEALTH AND DELIVERY OF

CARE, OR PREVENTION STUDIES RELATED TO CHANGES IN THE HEALTH CARE DELIVERY

SYSTEM; AND

5. COMMUNICATION OF FINDINGS AND OBSERVATIONS (INCLUDING PUBLIC IN A

MEDICAL JOURNAL)

THIS CATEGORY ONLY INCLUDES RESEARCH INTERNALLY FUNDED, OR RESEARCH FUNDED

BY A TAX-EXEMPT OR GOVERNMENT AGENCY.

PART I, LINE 7I: CASH CONTRIBUTIONS MADE TO ENTITIES AND COMMUNITY GROUPS

THAT SHARE THE ORGANIZATION'S GOALS AND MISSION. IN-KIND CONTRIBUTIONS

INCLUDE THE COST OF HOURS DONATED BY STAFF TO THE COMMUNITY WHILE ON THE



**Part VI** Supplemental Information (Continuation)

ORGANIZATION'S PAYROLL, INDIRECT COST OF SPACE DONATED TO TAX-EXEMPT

COMMUNITY GROUPS (SUCH AS FOR MEETINGS), AND THE FINANCIAL VALUE OF

DONATED FOOD, EQUIPMENT AND SUPPLIES.

PART II, COMMUNITY BUILDING ACTIVITIES:

HOWARD UNIVERSITY PARTICIPATES IN SEVERAL HOUSING AND URBAN DEVELOPMENT

(HUD) PROGRAMS WHOSE MISSION IS TO CREATE STRONG, SUSTAINABLE, INCLUSIVE

COMMUNITIES AND QUALITY, AFFORDABLE HOMES FOR ALL. HUD IS WORKING TO

STRENGTHEN THE HOUSING MARKET TO BOLSTER THE ECONOMY AND PROTECT

CONSUMERS; MEET THE NEED FOR QUALITY, AFFORDABLE RENTAL HOMES; UTILIZE

HOUSING AS A PLATFORM FOR IMPROVING QUALITY OF LIFE; AND BUILD INCLUSIVE

AND SUSTAINABLE COMMUNITIES FREE FROM DISCRIMINATION. AFFORDABLE HOUSING

AND ECONOMIC STABILITY ARE INTRINSICALLY LINKED TO THE PREVENTION OF

HEALTH PROBLEMS ASSOCIATED WITH POVERTY, HOMELESSNESS, AND OTHER

ENVIRONMENTAL CHALLENGES.

PART III, LINE 2:

BAD DEBT WRITE OFFS REPRESENT ACTUAL WRITE OFFS MULTIPLIED BY THE RATIO OF

COST TO CHARGES (RCC) AS REPORTED ON THE MEDICARE COST REPORT

PART III, LINE 3:

HOWARD UNIVERSITY HOSPITAL IS COMMITTED TO PROVIDING, WITHIN THE LIMITS OF

ITS RESOURCES, FINANCIAL ASSISTANCE FOR NON-ELECTIVE MEDICALLY NECESSARY

TREATMENT TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT HAVE THE

MEANS TO PAY FOR SUCH SERVICES. THE HOSPITAL USES A STANDARD POLICY THAT

EVALUATES WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE UTILIZING

EVALUATION CRITERIA SUCH AS: PATIENT MEDICAID ELIGIBILITY, ELIGIBILITY FOR

OTHER PUBLICLY-FUNDED PROGRAM ASSISTANCE, PATIENT ESTIMATED HOUSEHOLD

**Part VI** Supplemental Information (Continuation)

INCOME, AND PATIENT ESTIMATED FEDERAL POVERTY LEVEL (FPL). THE POLICY CAN  
 ALSO PRESUME PATIENT ELIGIBILITY FOR FINANCIAL ASSISTANCE EVEN IF  
 FINANCIAL COUNSELING EFFORTS ARE UNABLE TO BE COMPLETED AND ALL OTHER  
 FUNDING SOURCES HAVE BEEN EXHAUSTED. HOWARD UNIVERSITY HOSPITAL IS  
 REPORTING AMOUNTS AS CHARITY CARE INSTEAD OF BAD DEBT BASED UPON THE  
 FINANCIAL ASSISTANCE POLICY EVALUATION. THE HOSPITAL IS REPORTING AN  
 AMOUNT OF ZERO FOR SECTION A, LINE THREE BECAUSE THE FINANCIAL ASSISTANCE  
 POLICY INCLUDES A PROVISION THAT ALLOWS FOR PRESUMPTIVE ELIGIBILITY EVEN IF  
 FINANCIAL COUNSELING EFFORTS ARE UNABLE TO BE COMPLETED.

PART III, LINE 4:

THE HOSPITAL PROVIDES SERVICES TO PATIENTS WHO MEET THE CRITERIA OF ITS  
 CHARITY CARE POLICY WITHOUT CHARGE, OR AT AMOUNTS LESS THAN ESTABLISHED  
 RATES. THE CRITERIA FOR CHARITY SERVICES ARE COMPRISED OF FAMILY INCOME,  
 NET WORTH, AND ELIGIBILITY AT THE TIME OF APPLICATION. IN ADDITION THE  
 HOSPITAL PROVIDES SERVICES TO PATIENTS UNDER THE DISTRICT OF COLUMBIA  
 CHARITY CARE PROGRAM, DC ALLIANCE.

PART III, LINE 8:

MEDICARE IS AN ENTITLEMENT PROGRAM IN WHICH THE HOSPITAL DOES NOT HAVE THE  
 ABILITY TO NEGOTIATE PAYMENT RATES. THEREFORE, ANY SHORTFALL FOR SERVICES  
 PROVIDED SHOULD BE CONSIDERED A CONTRIBUTION TO THE COMMUNITY.

PART III, LINE 9B:

HOWARD UNIVERSITY HOSPITAL (HUH) WILL FORGO EXTRAORDINARY COLLECTION  
 ACTIONS AGAINST PATIENTS UNTIL MAKING REASONABLE EFFORTS TO DETERMINE  
 WHETHER THE PATIENT IS ELIGIBLE FOR ASSISTANCE UNDER THE HOWARD UNIVERSITY  
 HOSPITAL FINANCIAL ASSISTANCE POLICY.

**Part VI** Supplemental Information (Continuation)

HOWARD UNIVERSITY HOSPITAL'S PATIENT ACCOUNTS DEPARTMENT WILL IDENTIFY ALL

ACCOUNTS TO BE PLACED IN COLLECTIONS USING THE FOLLOWING CRITERIA:

NO ACCOUNTS WILL BE SENT FOR COLLECTIONS UNTIL IT HAS BEEN DETERMINED THAT

THE PATIENT IS NOT ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER HUH'S FINANCIAL

ASSISTANCE POLICY.

PART VI, LINE 2:

NEEDS ASSESSMENT-IN ORDER TO COMPLY WITH THE PATIENT PROTECTION AND

AFFORDABLE CARE ACT, HOWARD UNIVERSITY HOSPITAL (HUH) COMPETED THE

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AS A MEMBER OF THE DC HEALTH

MATTERS COLLABORATIVE (DCHMC). AS REQUIRED, THE 2019 AND 2022 CHNA ARE

UTILIZED TO IDENTIFY THE NEEDS THAT ARE THE MOST SIGNIFICANT TO THE

COMMUNITY. APPROXIMATELY 75-80% OF ALL COMMUNITY OUTREACH INITIATIVES THAT

ARE OFFERED BY THE HOSPITAL ARE THE RESULT OF A DIRECT REQUEST OF AN

INDIVIDUAL WITHIN THE COMMUNITY OR A COMMUNITY ORGANIZATION. HUH IS OFTEN

CONTACTED TO PARTNER WITH OR PARTICIPATE IN MANY OF THE PROGRAMS THAT ARE

INCLUDED AS PART OF THIS SCHEDULE.

PART VI, LINE 3:

HOWARD UNIVERSITY HOSPITAL (HUH) IS A PRIVATE, NON-PROFIT HOSPITAL WITH A

COMMITMENT TO PROVIDE, WITHIN THE LIMITS OF THE RESOURCES OF THE

INSTITUTION, CHARITABLE MEDICAL CARE FOR:

- UNINSURED PATIENTS HOW DO NOT HAVE THE ABILITY TO PAY FOR MEDICAL

SERVICES AT THE TIME SERVICES ARE RENDERED.

- INSURED PATIENTS WHO'S COVERAGE IS INADEQUATE TO COVER A CATASTROPHIC

SITUATION.

- EMERGENCY PATIENTS WHO FINANCIAL ABILITY TO PAY COULD NOT BE DETERMINED

**Part VI** Supplemental Information (Continuation)

PRIOR TO DELIVERING SERVICES.

- PATIENTS WHO'S INCOME IS SUFFICIENT TO PAY FOR BASIC LIVING COSTS BUT

NOT MEDICAL CARE, AND ALSO THOSE PERSONS WITH GENERALLY ADEQUATE INCOMES

WHO ARE SUDDENLY FACED WITH CATASTROPHICALLY LARGE MEDICAL BILLS.

- PATIENTS WHO DEMONSTRATE ABILITY TO PAY PART BUT NOT ALL OF THEIR

LIABILITY.

HOWARD UNIVERSITY HOSPITAL (HUH) WILL PROVIDE ANNUALLY NO LESS THAN 3% OF

ITS TOTAL OPERATING EXPENSE IN COMPENSATED CARE MEASURED COST. THE COST OF

PROVIDING UNCOMPENSATED CARE SHALL BE DETERMINED BY APPLYING ANNUAL FAMILY

INCOME AND MAINTENANCE NEED LEVEL CALCULATED AGAINST AN EXPECTED PAYOR

PAYMENT. DC MEDICAID FEE SCHEDULE WILL BE UTILIZED AS THE EXPECTED PAYOR

PAYMENT IN CASES WHERE APPLICANT IS UNINSURED. THIS OPPORTUNITY IS MADE

AVAILABLE TO ALL INDIVIDUALS HAVING RECEIVED HEALTH CARE SERVICES WITHIN

HUH.

ALL HUH EMPLOYEES IN BUSINESS OPERATIONS (I.E. PATIENT ACCESS, BILLING,

CREDIT AND COLLECTIONS, CASH PROCESSING, AND CUSTOMER SERVICE) ARE TRAINED

IN HUH'S UNCOMPENSATED CARE POLICY AND ITS APPLICATION IN ORDER TO DIRECT

PATIENT INQUIRIES TO THE APPROPRIATE FACILITY REPRESENTATIVES.

HUH FINANCIAL COUNSELORS AND PATIENT ACCOUNT CUSTOMER SERVICE OFFICES ARE

RESPONSIBLE FOR DETERMINING A PATIENT'S ELIGIBILITY FOR DISCOUNTED DEBT OR

CHARITY ALLOCATION THROUGH THE UNCOMPENSATED CARE/CHARITY CARE POLICY AND

ARE RESPONSIBLE FOR NOTIFYING PATIENTS IN WRITING OF THEIR ELIGIBILITY FOR

FINANCIAL ASSISTANCE. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT

THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON

HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT

PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE

**Part VI** Supplemental Information (Continuation)

PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS

WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

IN THE EVENT THAT A PATIENT DOES NOT QUALIFY FOR MEDICAL ASSISTANCE UNDER

STATE, DISTRICT, OR FEDERAL PROGRAMS, A "PATIENT REQUEST FOR UNCOMPENSATED

CARE" APPLICATION WILL BE PROVIDED TO THE PATIENT FOR COMPLETION AND

SUBMISSION TO THE FINANCIAL COUNSELOR'S OFFICE IN ACCORDANCE WITH THE

HOSPITAL'S UNCOMPENSATED CARE/CHARITY CARE POLICY.

PART VI, LINE 4:

COMMUNITY INFORMATION-HOWARD UNIVERSITY HOSPITAL (HUH) IS LOCATED IN

WASHINGTON, DC AND IS A NOT-FOR-PROFIT ACUTE CARE HOSPITAL. THE HOSPITAL

PROVIDES INPATIENT, OUTPATIENT, AND EMERGENCY HEALTH CARE SERVICES FOR THE

RESIDENTS OF THE DISTRICT OF COLUMBIA AND SURROUNDING STATES. THE MAJORITY

OF THE HOSPITAL'S PATIENT POPULATION HAS HEALTH CARE COVERAGE PROVIDED BY

LOCAL MEDICAID, DC ALLIANCE (A PROGRAM PROVIDING MEDICAL ASSISTANCE TO

QUALIFYING DISTRICT RESIDENTS WHO ARE NOT ELIGIBLE FOR OTHER FEDERAL OR

LOCAL MEDICAL BENEFITS), MEDICARE PATIENTS, AND INDIGENT AND UNINSURED

PATIENTS.

HUH IS A LEVEL ONE (1) TRAUMA CENTER OFFERING COMPREHENSIVE HEALTH CARE

FACILITIES IN WASHINGTON, DC. HUH SERVES THE WASHINGTON, DC POPULATION OF

MORE THAN 712,000 PEOPLE, AND THE MORE THAN 6.3 MILLION PEOPLE IN THE

GREATER WASHINGTON METROPOLITAN AREA (DMV). HUH IS A DISPROPORTIONATE

SHARE HOSPITAL AND IN FY 2022 OUR GENERAL ADMITTANCE PAYOR MIX FOR

MEDICARE AND MEDICAID BENEFIT COVERED PATIENTS WAS 32% AND 54%

RESPECTIVELY.

**Part VI** Supplemental Information (Continuation)

HOWARD UNIVERSITY IS HISTORICALLY AMONG THE TOP PRODUCERS OF BLACK MEDICAL

STUDENTS IN THE NATION. IN FURTHERANCE OF THE HOSPITAL'S COMMITMENT TO

EDUCATION, THE HOSPITAL MAINTAINS AN ENVIRONMENT THAT SUPPORTS THE

TRAINING OF POSTGRADUATE TRAINEES, MEDICAL, DENTAL, NURSING, ALLIED HEALTH

PROFESSIONALS, AND OTHER STUDENTS BY HEALTH CARE PRACTITIONERS.

THE DISTRICT OF COLUMBIA HAS HISTORICALLY HAD SOME OF THE HIGHEST RATES IN

THE NATION FOR CANCER RELATED DEATHS. HOWARD UNIVERSITY HOSPITAL'S (HUH)

CANCER CENTER WAS ESTABLISHED IN TO ADDRESS HEALTH DISPARITIES IN THE

LOCAL COMMUNITY, SPECIFICALLY FOR MINORITIES AND HISTORICALLY UNDERSERVED

POPULATIONS. THE CANCER CENTERS MISSION IS TO REDUCE THE BURDEN OF CANCER

THROUGH RESEARCH, EDUCATION, AND SERVICE, WITH AN EMPHASIS ON THE UNIQUE

ETHNIC AND CULTURAL ASPECTS OF MINORITY AND UNDERSERVED POPULATIONS. UNDER

A GRANT FROM THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH AND THE DC

CANCER CONSORTIUM, THE CANCER CENTER OFFERS FREE COLON SCREENING TO

DISTRICT OF COLUMBIA RESIDENTS BETWEEN THE AGES OF 50 AND 64 AT HOWARD

UNIVERSITY HOSPITAL.

HOWARD UNIVERSITY'S CENTER FOR SICKLE CELL DISEASE (SCD) WAS FOUNDED BY

THE LATE DR. ROLAND B. SCOTT IN 1971 WITH THE INTENT TO ADDRESS THE NEEDS

OF PATIENTS AND FAMILIES IN THE WASHINGTON METROPOLITAN AREA AFFECTED BY

SCD. THE CENTER CONTINUES TO ADVANCE THE TREATMENT OF PATIENTS AND

FAMILIES BY OFFERING COMPREHENSIVE MEDICAL CARE, RESEARCH, TESTING,

EDUCATION, COUNSELING, AND COMMUNITY OUTREACH.

HOWARD UNIVERSITY'S CENTER FOR WELLNESS AND WEIGHT LOSS SURGERY IS AN

ACCREDITED CENTER OF EXCELLENCE BY THE BARIATRIC SURGERY CENTER NETWORK

(BSCN) ACCREDITATION PROGRAM OF THE AMERICAN COLLEGE OF SURGEONS (ACS).

**Part VI** Supplemental Information (Continuation)

THE CENTER PROVIDES A WELLNESS AND WEIGHT LOSS PROGRAM CUSTOMIZED TO FIT

PATIENTS' NEEDS THROUGH BOTH SURGICAL AND MEDICAL WEIGHT LOSS PROGRAMS.

THE CENTER ALSO PROVIDES PATIENTS TREATMENT TO ASSIST WITH THE PATIENTS

EMOTIONAL SUPPORT NEEDS DURING THE WEIGHT LOSS PROGRAM AND TREATMENT.

ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), ALMOST

23% OF THE POPULATION IN DC ARE LIVING WITH SOME TYPE OF DISABILITY. BASED

ON INFORMATION FROM THE DISTRICT OF COLUMBIA HEALTH REPORT IN 2020, 1.8%

OF THE POPULATION IN THE DISTRICT OF COLUMBIA WERE LIVING WITH HIV, AND

BLACK RESIDENTS HAD DISPROPORTIONATELY HIGHER RATES AT 2.8%.

PART VI, LINE 5:

HOWARD UNIVERSITY HOSPITAL (HUH) IS A PRIVATE, NON-PROFIT INSTITUTION AND

ONE OF THE NATION'S ONLY TEACHING HOSPITALS LOCATED ON THE CAMPUS OF A

HISTORICALLY BLACK UNIVERSITY. IT OFFERS MEDICAL STUDENTS A SUPERIOR

LEARNING ENVIRONMENT AND OPPORTUNITIES TO OBSERVE OR PARTICIPATE IN

CLINICAL AND RESEARCH WORK WITH PRACTICING PROFESSIONALS. HUH WAS

ORIGINALLY ESTABLISHED ON THE BASIS OF BEING ABLE TO PROVIDE HEALTH CARE

SERVICES TO THE UNDERSERVED BY PROVIDING A REFUGE WHERE EX-SLAVES RECEIVED

THE MEDICAL CARE THEY WERE DENIED ELSEWHERE. IN THIS REGARD, HOWARD

UNIVERSITY AND HUH HAVE OFFERED THE FOLLOWING PROGRAMS DURING THE YEAR:

HOWARD UNIVERSITY COLLEGE OF MEDICINE PROVIDES STUDENTS OF HIGH ACADEMIC

POTENTIAL WITH A MEDICAL EDUCATION OF EXCEPTIONAL QUALITY AND PREPARES

PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS TO SERVE THE UNDERSERVED.

THE EMPHASIS IS ON DEVELOPING SKILLS AND HABITS OF LIFE-LONG LEARNING AND

PRODUCING WORLD LEADERS IN MEDICINE. THE COLLEGE'S LIVING ALUMNI, MORE

THAN 4,000, ARE A TESTIMONY THAT AN EXCELLENT MEDICAL EDUCATION CAN BE

**Part VI** Supplemental Information (Continuation)

OBTAINED AT HOWARD UNIVERSITY. ALTHOUGH OPPORTUNITIES FOR MINORITY STUDENTS HAVE INCREASED AT OTHER MEDICAL SCHOOL, THE COLLEGE UNIQUELY ADDRESSES THE SPECIAL HEALTHCARE CARE NEEDS OF MEDICALLY UNDERSERVED COMMUNITIES AND CONTINUES TO PRODUCE A SIGNIFICANT NUMBER OF THE NATION'S MINORITY PHYSICIANS.

THE COLLEGE IS A PART OF HOWARD UNIVERSITY, A COMPREHENSIVE RESEARCH UNIVERSITY. WHILE THE UNIVERSITY COMMUNITY HAS TRADITIONALLY BEEN PREDOMINATELY BLACK, HOWARD UNIVERSITY HAS BEEN AN INTERRACIAL AND COSMOPOLITAN INSTITUTION THROUGHOUT ITS HISTORY, WITH STUDENTS, FACULTY, AND STAFF OF ALL RACES AND FROM MANY FOREIGN NATIONS. ALL MUST MEET THE HIGH STANDARDS OF EXCELLENCE OF HOWARD UNIVERSITY, WHICH HAS THE LARGEST CONCENTRATION OF BLACK FACULTY AND STUDENT SCHOLARSHIPS IN THE COUNTRY. IN ADDITION TO THE COLLEGE OF MEDICINE, THE HOWARD UNIVERSITY HEALTH SCIENCES CENTER INCLUDES THE HOWARD UNIVERSITY HOSPITAL, THE COLLEGE OF DENTISTRY, THE COLLEGE OF PHARMACY, THE COLLEGE OF NURSING, THE COLLEGE OF ALLIED HEALTH SCIENCES, THE LOUIS STOKES HEALTH SCIENCES LIBRARY, AND THE STUDENT HEALTH CENTER.

THE COMMUNITY DENTISTRY PROGRAM INCLUDES A DENTAL OUTREACH PROGRAM THAT PROVIDES HEALTH EDUCATION AND DENTAL SCREENING FOR HOMELESS CHILDREN AGES 6 TO 12 YEARS OLD WHO RESIDE IN SHELTERS. THE OUTREACH PROGRAM ALSO PROVIDES HEALTH SCREENINGS AND DENTAL CARE FOR PARENTS AND YOUNG CHILDREN WHO ARE ATTENDING HEAD START PROGRAMS IN THE DISTRICT OF COLUMBIA. EDUCATION AND TRAINING IS PROVIDED FOR NURSING HOME CAREGIVERS IN THE PROPER CARE FOR THE DENTAL NEEDS OF THE ELDERLY, INCLUDING ASSESSMENTS OF DENTAL PROSTHESIS. OTHER OUTREACH PROGRAMS AIMED AT PROVIDING DENTAL SCREENINGS FOR PATIENTS WITH MENTAL HEALTH CONCERNS AND OTHER HANDICAP



**Part VI** Supplemental Information (Continuation)

PATIENTS ARE ALSO PROVIDED.

A SIX WEEK HIGH SCHOOL ENRICHMENT PROGRAM IS PROVIDED FOR HIGH SCHOOL

STUDENTS WITH A STRONG INTEREST IN THE HEALTH PROFESSIONS. PARTICIPANTS

OBTAIN INSTRUCTION IN SCIENCE, MATH, RESEARCH, WRITING, AND COLLEGE

PREPARATION SKILLS. RISING SENIORS RESIDE ON CAMPUS AND RECEIVE STIPENDS

PROVIDED THAT FUNDS ARE AVAILABLE.

THE MULTIDISCIPLINARY CENTER FOR GERONTOLOGY SEEKS TO IMPROVE THE QUALITY

OF LIFE FOR MINORITY SENIORS THROUGH RESEARCH, TRAINING, AND EDUCATIONAL

PROGRAMS FOR FACULTY, STUDENTS, AND COMMUNITY RESIDENTS. THE CENTER WAS

ESTABLISHED IN 1994 WITH A \$1 MILLION GRANT FROM THE U.S. ADMINISTRATION

ON AGING. CURRENTLY, THE CENTER IS FUNDED PRIMARILY BY EXTERNAL GRANTS.

THE CENTER HAS CONTINUED TO DEVELOP AND PRODUCE POSITIVE OUTCOMES AND

RESULTS IN THE FIELD OF GERONTOLOGY.

THE SPEECH AND HEARING CLINIC PROVIDES COMPREHENSIVE RESEARCH-ORIENTED

CLINICAL SERVICES TO INDIVIDUALS WHO REQUIRE SPEECH, LANGUAGE, AND HEARING

EVALUATIONS AND/OR TREATMENT.

THE BOARDER BABIES PROGRAM PROVIDES SUPPORT FOR BABIES AND CHILDREN FROM

BIRTH TO 12 YEARS OLD WHO HAVE BEEN ABANDONED AT HOWARD UNIVERSITY

HOSPITAL. THE CHILDREN WERE ABUSED OR NEGLECTED, AND ARE NOW IN FOSTER

CARE OR ARE LIVING WITH GRANDPARENTS OR OTHER RELATIVES.

EDUCATION GRAND ROUNDS ARE OPEN TO COMMUNITY PHYSICIANS AT NO CHARGE AND

ALLOWS THE OPPORTUNITY TO EARN CATEGORY 1 CREDITS THAT ARE REQUIRED FOR

RE-LICENSURE. THE PROGRAM FOCUS IS ON IMPROVING PATIENT CARE AND OUTCOMES.

**Part VI** Supplemental Information (Continuation)

HEALTH FAIRS ARE PROVIDED TO THE PUBLIC WITH HEALTH CARE INFORMATION AND  
SCREENING SERVICES IN VARIETY OF VENUES THROUGHOUT THE YEAR. HOWARD  
UNIVERSITY HOSPITAL HAS OFTEN CO-SPONSORED SUCH FAIRS WITH COMMUNITY  
ORGANIZATIONS AND CHURCHES.

THE TOBACCO CONTROL PROGRAM AIMS TO EDUCATE THE COMMUNITY ON THE DANGERS  
OF TOBACCO PRODUCTS. INFORMATION, SUPPORT, AND ASSISTANCE ARE PROVIDED TO  
SMOKERS WHO ARE TRYING TO QUIT SMOKING. THE PROGRAM ALSO SUPPORTS  
INITIATIVES TO PREVENT YOUTH SMOKING AND ADVOCACY CAMPAIGNS TO REDUCE  
TOBACCO USE AND EXPOSURE.

PART VI, LINE 6:

LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT: THE DISTRICT OF  
COLUMBIA

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

DC

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **THE HOWARD UNIVERSITY** Employer identification number **53-0204707**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF MARYLAND GLOBAL CAMPUS - 7315 WISCONSIN AVE STE 400W - BETHESDA, MD 20814	52-6002033		1,402,422.	0.			SUPPORT RESEARCH & EDUCATION
UNIVERSITY OF KENTUCKY RESEARCH 109 KINKEAD HALL LEXINGTON, KY 40506	61-6033693	501(C)(3)	45,563.	0.			SUPPORT RESEARCH & EDUCATION
UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET SUITE 201 PITTSBURGH, PA 15260	25-0965591	501(C)(3)	9,358.	0.			SUPPORT RESEARCH & EDUCATION
ANACOSTIA ECONOMIC DEVELOPMENT CORP - 1800 MARTIN LUTHER KING JR. AVE SE P.O. BOX 69142 - WASHINGTON, DC 20020	52-0897780	501(C)(3)	196,403.	0.			SUPPORT RESEARCH & EDUCATION
TEXAS SOUTHERN UNIVERSITY 3100 CLEBURNE ST HOUSTON, TX 77004-4598	74-6001391		159,621.	0.			SUPPORT RESEARCH & EDUCATION
UNIVERSITY OF HOUSTON 5000 GULF FWY HOUSTON, TX 77204	74-6001399		125,055.	0.			SUPPORT RESEARCH & EDUCATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 34.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 31.

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

Schedule I (Form 990) 2021

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GILBANE BUILDING COMPANY 7 JACKSON WALKWAY STE 2 PROVIDENCE, RI 02903-3694	05-0495530		1,661,236.	0.			SUPPORT RESEARCH & EDUCATION
TRUSTEES OF BOSTON UNIVERSITY 1 SILBER WAY BOSTON, MA 02215-1703	04-2103547	501(C)(3)	30,427.	0.			SUPPORT RESEARCH & EDUCATION
JACKSON STATE UNIVERSITY P. O. BOX 17159 JACKSON, MS 39217	64-6000507	501(C)(3)	157,705.	0.			SUPPORT RESEARCH & EDUCATION
UNIVERSITY OF CALIFORNIA LOS ANGELES - OFFICE OF EXTRAMURAL FUND MANAGEMENT 10889 WILSHIRE BLVD., SUITE 600 - LOS ANGELES, CA	95-6006143	501(C)(3)	132,199.	0.			SUPPORT RESEARCH & EDUCATION
YMCA OF METROPOLITAN WASHINGTON 1112 16TH ST NW STE 720 WASHINGTON, DC 20036-4824	53-0207403	501(C)(3)	142,139.	0.			SUPPORT RESEARCH & EDUCATION
FLORIDA A&M UNIVERSITY 1700 LEE HALL DRIVE ROOM 201 FOOTE- HILYER ADMINISTRATION CENTER - TALLAHASS	59-0977035	501(C)(3)	10,459.	0.			SUPPORT RESEARCH & EDUCATION
YALE UNIVERSITY 105 WALL ST NEW HAVEN, CT 06511-8917	06-0646973	501(C)(3)	57,386.	0.			SUPPORT RESEARCH & EDUCATION
UNIVERSITY OF PUERTO RICO RESEARCH AND DEV CENTER MAYAGUEZ, PR 00681	66-0433760	170(B)(A)(II)	827,863.	0.			SUPPORT RESEARCH & EDUCATION
THE GEORGETOWN UNIVERSITY 3700 O ST., N.W. WASHINGTON, DC 20057	53-0196603	501(C)(3)	842,120.	0.			SUPPORT RESEARCH & EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDSTAR HEALTH RESEARCH INSTITUTE, INC. - 6525 BELCREST RD STE 700 - HYATTSVILLE, MD 20782-2031	52-6056274	501(C)(3)	805,318.	0.			SUPPORT RESEARCH & EDUCATION
UNIVERSITY OF MARYLAND, COLLEGE PARK - 3112 LEE BLDG 7809 REGENTS DRIVE - COLLEGE PARK, MD 20742-0001	52-6002033		788,240.	0.			SUPPORT RESEARCH & EDUCATION
ASSOCIATION FOR THE STUDY OF AFRICAN AMERICAN LIFE AND HISTORY - 2225 GEORGIA AVE NW # 331 - WASHINGTON, DC 20059-1014	53-0219640	501(C)(3)	501,269.	0.			SUPPORT RESEARCH & EDUCATION
OLD DOMINION UNIVERSITY RESEARCH FOUNDATION - P.O. BOX 6369 - NORFOLK, VA 23508	54-6068198	501(C)(3)	369,722.	0.			SUPPORT RESEARCH & EDUCATION
UNIVERSITY OF TEXAS AT EL PASO 500 W UNIVERSITY AVE EL PASO, TX 79968-8900	74-6000813		308,391.	0.			SUPPORT RESEARCH & EDUCATION
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE., 540-177 BOSTON, MA 02115-5005	04-1679980	501(C)(3)	295,000.	0.			SUPPORT RESEARCH & EDUCATION
MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC. - 2333 ONTARIO RD NW - WASHINGTON, DC 20009-2627	52-1594116	501(C)(3)	270,237.	0.			SUPPORT RESEARCH & EDUCATION
COLUMBIA UNIVERSITY 630 W 168TH ST INTERLIBRARY LOAN 701 W 168TH STREET - NEW YORK, NY 10032-372	13-5598093	501(C)(3)	203,996.	0.			SUPPORT RESEARCH & EDUCATION
WOMEN'S INSTITUTE FOR SCIENCE, EQUITY, AND RACE - 9291 LAUREL GROVE ROAD SUITE 92 - MECHANICSVILLE, VA 23116	81-1741783	501(C)(3)	188,357.	0.			SUPPORT RESEARCH & EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PENNSYLVANIA STATE UNIVERSITY OFFICE OF THE BURSAR , 103 SHIELD BUILDING - UNIVERSITY PARK, PA 16802-1200	24-6000376		183,797.	0.			SUPPORT RESEARCH & EDUCATION
THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK - CAMPUS CENTER 26, 1400 WASHINGTON AVENUE - ALBANY, NY 12222	14-1368361	501(C)(3)	152,144.	0.			SUPPORT RESEARCH & EDUCATION
VANDERBILT UNIVERSITY MEDICAL CENTER - 3319 WEST END AVE. SUITE 700 - NASHVILLE, TN 37203	35-2528741	501(C)(3)	131,390.	0.			SUPPORT RESEARCH & EDUCATION
HUMBLE VENTURES LLC 814 NORTH ALFRED ST ALEXANDRIA, VA 22314	47-5425747		124,900.	0.			SUPPORT RESEARCH & EDUCATION
ALBERT EINSTEIN COLLEGE OF MEDICINE STUDENT HOUSING CO., INC. - 1300 MORRIS PARK AVE - BRONX, NY 10461-1900	83-0621846	501(C)(3)	124,474.	0.			SUPPORT RESEARCH & EDUCATION
SAN JOSE STATE UNIVERSITY RESEARCH FOUNDATION - 210 N 4TH ST FL 3 - SAN JOSE, CA 95112-5569	94-6017638	501(C)(3)	102,529.	0.			SUPPORT RESEARCH & EDUCATION
FAMILY AND MEDICAL COUNSELING SERVICE INC - 2041 MARTIN LUTHER KING AVE - WASHINGTON, DC 20020-7024	52-1073362	501(C)(3)	88,690.	0.			SUPPORT RESEARCH & EDUCATION
MERCY MEDICAL CENTER, INC 301 ST. PAUL PLACE BALTIMORE, MD 21202	52-0591658	501(C)(3)	86,725.	0.			SUPPORT RESEARCH & EDUCATION
UNITY HEALTH CARE, INC. 1100 NEW JERSEY AVE SE # 500 WASHINGTON, DC 20003-3326	52-1872431		78,236.	0.			SUPPORT RESEARCH & EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOREHOUSE COLLEGE 830 WESTVIEW DRIVE, S.W. ATLANTA, GA 30314	58-0566205	501(C)(3)	74,053.	0.			SUPPORT RESEARCH & EDUCATION
US ARMY CORPS OF ENGINEERS 3909 HALLS FERRY ROAD VICKSBURG, MS 39180	62-1642142		72,000.	0.			SUPPORT RESEARCH & EDUCATION
NATIONAL SOCIETY OF BLACK ENGINEERS - 4850 EASTERN AVE NE - WASHINGTON, DC 20017-3129	35-1410757	501(C)(3)	71,755.	0.			SUPPORT RESEARCH & EDUCATION
HARVARD MEDICAL SCHOOL 25 SHATTUCK ST BOSTON, MA 02115-6092	04-2103580	501(C)(3)	71,533.	0.			SUPPORT RESEARCH & EDUCATION
PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION - 11720 BELTSVILLE DRIVE, SUITE 900 - BELTSVILLE, MD 20705	94-2243283	501(C)(3)	66,960.	0.			SUPPORT RESEARCH & EDUCATION
CYBERGREEN GROUP 12138 CENTRAL AVENUE SUITE 949 BOWIE, MD 20721	46-1497979	501(C)(3)	65,800.	0.			SUPPORT RESEARCH & EDUCATION
FLORIDA A & M UNIVERSITY 1601 S MARTIN L KING JR BLVD. TALLAHASSEE, FL 32307-0001	59-0977035	501(C)(3)	60,870.	0.			SUPPORT RESEARCH & EDUCATION
BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY - 900 SOUTH NORMAL AVE - CARBONDALE, IL 62901	37-6005961	501(C)(3)	60,739.	0.			SUPPORT RESEARCH & EDUCATION
ZANE NETWORKS, LLC 1205 GOOD HOPE ROAD, SE WASHINGTON, DC 20020	52-2221847		60,000.	0.			SUPPORT RESEARCH & EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVE FRANCISCO, CA 94132	93-1137247		55,460.	0.			SUPPORT RESEARCH & EDUCATION
VIRGINIA STATE UNIVERSITY 1 HAYDEN DRIVE. P.O. BOX 9075 PETERSBURG, VA 23806	54-6001811		55,174.	0.			SUPPORT RESEARCH & EDUCATION
WICHITA STATE UNIVERSITY 1845 N FAIRMOUNT WICHITA, KS 67260	48-1124839		50,534.	0.			SUPPORT RESEARCH & EDUCATION
LINCOLN SQUARE GROUP 1845 MONROE STREET, NE WASHINGTON, DC 20018	47-3689759		49,572.	0.			SUPPORT RESEARCH & EDUCATION
MORGAN STATE UNIVERSITY 1700 E COLD SPRING LN BALTIMORE, MD 21251-0002	52-6002033		46,612.	0.			SUPPORT RESEARCH & EDUCATION
WASHINGTON MONTESSORI INSTITUTE 9205 HUNTMASTER ROAD GAITHERSBURG, MD 20882	83-4115261	501(C)(3)	36,500.	0.			SUPPORT RESEARCH & EDUCATION
BOWIE STATE UNIVERSITY 14000 JERICHO PARK ROAD BOWIE, MD 20715	52-6002033		33,780.	0.			SUPPORT RESEARCH & EDUCATION
WHOLE GENOME SCIENCE FOUNDATION (WGSF) - WHOLE GENOME SCIENCE FOUNDATION INC. PO BOX D - KENSINGTON, MD 20895	47-2612645	501(C)(3)	30,000.	0.			SUPPORT RESEARCH & EDUCATION
INSTITUTE FOR PUBLIC HEALTH INNOVATION - 1250 CONN AVE NW STE 202 - WASHINGTON, DC 20036-2661	46-3039129	501(C)(3)	28,524.	0.			SUPPORT RESEARCH & EDUCATION

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHELLE TRAN 7711 ARLEN STREET ANNANDALE, VA 22003	50-9087767		27,270.	0.			SUPPORT RESEARCH & EDUCATION
OH BUOY, LLC 1319 ELIZABETH ST. DENVER, CO 80206	83-2052614		25,200.	0.			SUPPORT RESEARCH & EDUCATION
ANNE ARUNDEL COMMUNITY COLLEGE 101 COLLEGE PKWY ARNOLD, MD 21012-1895	52-0905706		23,526.	0.			SUPPORT RESEARCH & EDUCATION
DILLARD UNIVERSITY 2601 GENTILLY BLVD NEW ORLEANS, LA 70122	72-0408929	501(C)(3)	20,846.	0.			SUPPORT RESEARCH & EDUCATION
UTAH STATE UNIVERSITY 1000 OLD MAIN HL LOGAN, UT 84322-1000	87-6000528		17,208.	0.			SUPPORT RESEARCH & EDUCATION
UNIVERSITY OF OREGON P.O. BOX 3237 EUGENE, OR 97403	46-4727800		17,167.	0.			SUPPORT RESEARCH & EDUCATION
UNIVERSITY OF MARYLAND BALTIMORE COUNTY - 1000 HILLTOP CIRCLE - BALTIMORE, MD 21250	52-6002033		11,882.	0.			SUPPORT RESEARCH & EDUCATION
THE TETE GROUP LLC 203 WEBSTER ST NW WASHINGTON, DC 20011-7326	47-3231080		10,000.	0.			SUPPORT RESEARCH & EDUCATION
ALL WRAPPED UP 8896 SHINING OCEANS WAY COLUMBIA, MD 21045-5951	26-4483311		9,450.	0.			SUPPORT RESEARCH & EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY - 1601 E MARKET ST DOWDY - GREENSBORO, NC 27411-0001	56-6000007		9,383.	0.			SUPPORT RESEARCH & EDUCATION
THE CURATORS OF THE UNIVERSITY OF MISSOURI - 115 BUSINESS LOOP 70W NORTH ROOM 501 - COLUMBIA, MO 65211-0001	43-6003859		8,737.	0.			SUPPORT RESEARCH & EDUCATION
INTERNAL LIFE DETOX 4602 QUARLES ST., NE WASHINGTON, DC 20019	72-1586772		7,295.	0.			SUPPORT RESEARCH & EDUCATION
NORTH CAROLINA STATE UNIVERSITY 2005 HARRIS HALL, CAMPUS BOX 7213 RALEIGH, NC 27695	56-6000756		6,223.	0.			SUPPORT RESEARCH & EDUCATION
THE PENNSYLVANIA AVENUE BAPTIST CHURCH - 3000 PENNSYLVANIA AVENUE SE - WASHINGTON, DC 20020	53-0230806		5,400.	0.			SUPPORT RESEARCH & EDUCATION

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(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
SCHOLARSHIPS	8459	153,868,591.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART III

MONITORING USE OF GRANT FUNDS TO ORGANIZATIONS IN THE UNITED STATES:

THE OFFICE OF FINANCIAL AID DETERMINES STUDENT ELIGIBILITY AND MAKES

AWARDS FOR NEED BASED SCHOLARSHIPS. ACADEMIC DEPARTMENTS DETERMINE

ELIGIBILITY AND AWARDS ACADEMIC MERIT BASED SCHOLARSHIPS WITH

ASSISTANCE FROM THE OFFICE OF FINANCIAL AID. BOTH OFFICES PERFORM POST

AWARD MONITORING TO DETERMINE CONTINUED ELIGIBILITY.

THE RESEARCH AND ADMINISTRATIVE SERVICES OFFICE (RAS) PERFORMS

**Part IV Supplemental Information**

SUB-RECIPIENT MONITORING IN ACCORDANCE WITH UNIVERSITY POLICY. RAS AND

PRINCIPAL INVESTIGATORS MONITOR STATEMENT OF WORK COMPLETION, PROGRESS

REPORTS, DELIVERABLES, CHANGE TO SCOPE AND BUDGETS. THEY ALSO REVIEW

AND APPROVE SUB-RECIPIENT INVOICES.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**THE HOWARD UNIVERSITY**

Employer identification number  
**53-0204707**

**Part I Questions Regarding Compensation**

**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.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use   |
| <input checked="" type="checkbox"/> Travel for companions          | <input checked="" type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input checked="" type="checkbox"/> 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 .....

**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? .....

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WAYNE A. I. FREDERICK, MD, MBA PRESIDENT	(i)	929,408.	150,000.	175,000.	23,200.	18,496.	1,296,104.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANTHONY WUTOH, PH.D PROVOST AND CHIEF ACADEMIC OFFICER	(i)	400,000.	40,000.	0.	23,200.	17,257.	480,457.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TASHNI DUBROY, PH.D, MBA EVP COO & INTERIM CHIEF HR OFFICER	(i)	555,000.	42,500.	0.	23,200.	8,858.	629,558.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) FLORENCE PRIOLEAU, ESQ. GENERAL COUNSEL	(i)	360,192.	25,000.	332.	23,200.	8,137.	416,861.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) HUGH MIGHTY, MD VP CLINICAL AFFAIRS	(i)	675,901.	41,250.	0.	17,400.	17,897.	752,448.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID BENNETT VP OF DEVELOPMENT	(i)	307,135.	56,500.	0.	23,200.	8,013.	394,848.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BRUCE JONES, PH.D VP OF RESEARCH	(i)	296,000.	12,500.	0.	17,400.	8,583.	334,483.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) FRANK TRAMBLE VP COMMUNICATIONS FROM 8/2/21	(i)	220,000.	0.	0.	13,200.	16,758.	249,958.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CYNTHIA EVERS VP STUDENT AFFAIRS	(i)	206,796.	5,000.	0.	13,744.	1,096.	226,636.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) RASHAD YOUNG SVP & CHIEF STRATEGY OFFICER	(i)	375,000.	22,500.	0.	23,200.	17,065.	437,765.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ROBERT WILSON, MD ASSOCIATE PROFESSOR OF ORTHOPEDIC SU	(i)	522,985.	0.	0.	23,903.	19,627.	566,515.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) EDWARD CORNWELL, MD SURGEON-IN-CHIEF	(i)	636,414.	34,425.	0.	22,167.	17,804.	710,810.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) GUOYANG LUO, MD CHAIR OF OB/GYN	(i)	552,930.	2,520.	0.	23,200.	18,857.	597,507.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) GINETTE OKOYE, MD CHAIR OF DERMATOLOGY	(i)	489,323.	0.	0.	23,200.	1,555.	514,078.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) TERRENCE FULLUM, MD CLINICAL PROFESSOR	(i)	500,551.	0.	0.	23,200.	17,630.	541,381.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ANNEMIEKE MARTINEZ INTERIM CFO, ENDED 12/4/21	(i)	289,364.	7,500.	6,000.	17,788.	843.	321,495.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2021

**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.

PART I, LINE 1A:

QUESTIONS REGARDING COMPENSATION:

TRAVEL FOR COMPANIONS:

THE UNIVERSITY REIMBURSES REASONABLE AND NECESSARY TRAVEL EXPENSES WHEN THE PRESIDENT'S SPOUSE'S PRESENCE IS IN THE BEST INTEREST OF THE UNIVERSITY ON BUSINESS RELATED TRIPS IN ACCORDANCE WITH PRESIDENT'S EMPLOYMENT AGREEMENT.

HOUSING ALLOWANCES OR RESIDENCE FOR PERSONAL USE:

THE UNIVERSITY PROVIDES A HOUSING ALLOWANCE PAYMENT TO THE PRESIDENT FOR SIGNIFICANT USE OF HIS PERSONAL RESIDENCE FOR OFFICIAL UNIVERSITY RELATED BUSINESS TO DEFRAY COSTS RELATED TO THE UPKEEP, UTILIZATION AND MAINTENANCE OF HIS PERSONAL RESIDENCE. ALLOWANCE PAYMENT WAS INCLUDED IN THE PRESIDENT'S W-2 AS COMPENSATION AND IS REPORTED IN SCHEDULE J PART II AS OTHER REPORTABLE COMPENSATION.

HEALTH OR SOCIAL CLUB DUES:

THE UNIVERSITY PAID OR REIMBURSED THE PRESIDENT FOR THE DUES AND NORMAL PERIODIC ASSESSMENTS INCURRED FOR MEMBERSHIP FOR TWO CLUBS. THE USE OF THE

**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.

MEMBERSHIP IN BOTH BUSINESS CLUBS IS LIMITED TO UNIVERSITY BUSINESS AND NOT

REPORTED AS TAXABLE INCOME.

PERSONAL SERVICES:

AN AUTOMOBILE (ALONG WITH DRIVER) ARE PROVIDED TO THE PRESIDENT BY THE

UNIVERSITY AS NEEDED FOR UNIVERSITY-RELATED BUSINESS. THESE SERVICES ARE

FOR BUSINESS PURPOSES ONLY, AND AS SUCH, HAVE NOT BEEN REPORTED AS TAXABLE

INCOME.

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

THE UNIVERSITY FUNDED A NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR THE

PRESIDENT IN THE AMOUNT OF \$200,000 FOR THE YEAR ENDED JUNE 30, 2022.



**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](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **THE HOWARD UNIVERSITY** Employer identification number **53-0204707**

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> DISTRICT OF COLUMBIA	53-6001131	NONE	08/26/10	10,400,000.	SEE PART VI		X		X		X
<b>B</b>											
<b>C</b>											
<b>D</b>											

<b>Part II Proceeds</b>										
	A		B		C		D			
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Amount of bonds retired .....		6,431,613.								
<b>2</b> Amount of bonds legally defeased .....										
<b>3</b> Total proceeds of issue .....		10,400,000.								
<b>4</b> Gross proceeds in reserve funds .....										
<b>5</b> Capitalized interest from proceeds .....										
<b>6</b> Proceeds in refunding escrows .....										
<b>7</b> Issuance costs from proceeds .....		196,236.								
<b>8</b> Credit enhancement from proceeds .....										
<b>9</b> Working capital expenditures from proceeds .....										
<b>10</b> Capital expenditures from proceeds .....		10,400,000.								
<b>11</b> Other spent proceeds .....										
<b>12</b> Other unspent proceeds .....										
<b>13</b> Year of substantial completion .....										
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....		X								
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		X								
<b>16</b> Has the final allocation of proceeds been made? .....	X									
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X									

<b>Part III Private Business Use</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> 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? ...								
<b>4</b> 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 .....		%		%		%		%
<b>5</b> 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 .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> 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						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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						

<b>Part IV Arbitrage</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X						
<b>b</b> Exception to rebate? .....	X							
<b>c</b> No rebate due? .....		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X						

Part IV Arbitrage (continued)	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
b Name of provider .....								
c Term of hedge .....								
d Was the hedge superintegrated? .....								
e Was the hedge terminated? .....								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
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						
7 Has the organization established written procedures to monitor the requirements of section 148? .....	X							

Part V Procedures To Undertake Corrective Action	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART I, BOND ISSUES

(A) ISSUER NAME: DISTRICT OF COLUMBIA

DESCRIPTION OF PURPOSE: FINANCE AND REFINANCE THE COST OF INSTALLING, REPAIRING, AND REPLACING ENERGY EFFICIENT ELECTRICAL AND MECHANICAL SYSTEMS IN MULTIPLE BUILDINGS LOCATED ON THE MAIN CAMPUS, EAST CAMPUS AND WEST CAMPUS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **THE HOWARD UNIVERSITY** Employer identification number **53-0204707**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	242	1,164,200.	EXPERT OPINION
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

THE HOWARD UNIVERSITY

Employer identification number

53-0204707

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION EXECUTED A MANAGEMENT SERVICES AGREEMENT WITH ADVENTIST

HEALTHCARE IN FEBRUARY 2020 TO BRING IN A SENIOR LEADERSHIP TEAM TO

STRENGTHEN THE MANAGEMENT AND DAY-TO-DAY OPERATIONS OF THE HOSPITAL. ANITA

JENKINS SERVES AS CEO OF THE HOSPITAL AND SHE IS AN EMPLOYEE OF ADVENTIST

HEALTHCARE. JOE PERRY, THE HOSPITAL CFO, IS ALSO EMPLOYED BY ADVENTIST

HEALTHCARE.

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

A COMPLETE DRAFT OF THE FORM 990 IS SENT TO THE CHAIR OF THE AUDIT AND

LEGAL COMMITTEE OF THE BOARD OF TRUSTEES, PRESIDENT, AND CHIEF FINANCIAL

OFFICER FOR REVIEW. THIS PROVIDES THE OPPORTUNITY TO FORWARD ANY QUESTIONS

THEY MAY HAVE AS PART OF THEIR REVIEW. ONCE QUESTIONS HAVE BEEN ANSWERED

AND THEIR REVIEW IS COMPLETE, A FINAL DRAFT OF THE FORM 990 IS THEN POSTED

TO THE BOARD OF TRUSTEES PORTAL FOR ONE WEEK TO ALLOW EACH MEMBER TO REVIEW

AND ASK QUESTIONS. UPON COMPLETION OF BOARD OF TRUSTEES REVIEW AND COMMENTS

OF THE FORM 990, ANY REQUIRED CHANGES ARE DOCUMENTED AND UPDATED TO THE

FORM 990. THE FORM 990 IS THEN FILED WITH THE IRS.

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

THE UNIVERSITY HAS ADOPTED A CODE OF ETHICS AND CONDUCT. EACH TRUSTEE,

OFFICER, AND OTHER SENIOR ADMINISTRATIVE PERSONNEL ARE REQUIRED TO COMPLETE

A PERSONAL DISCLOSURE STATEMENT ON AT LEAST AN ANNUAL BASIS. DISCLOSURE

STATEMENTS TAKE SUCH FORM AND CONTAIN QUERIES TO ELICIT INFORMATION

REQUIRED UNDER THE CODE OF ETHICS AND CONDUCT AND ARE FILED WITH THE OFFICE

OF SECRETARY (FOR TRUSTEES) OR THE CHIEF COMPLIANCE OFFICER (FOR ALL OTHER

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization THE HOWARD UNIVERSITY	Employer identification number 53-0204707
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PERSONNEL). THE DISCLOSURES ARE SHARED WITH THE OFFICE OF COMPLIANCE, THE OFFICE OF GENERAL COUNSEL, THE OFFICE OF THE SECRETARY AND ARE REQUIRED BY THE BY-LAWS TO BE REPORTED TO THE AUDIT AND LEGAL COMMITTEE. ANY DISCLOSURE WHICH REVEALS FACTS THAT INDICATE A DUALITY OF INTEREST, ACTUAL CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST ARE REVIEWED AND WHERE APPROPRIATE A PLAN IS DEVELOPED AND IMPLEMENTED TO REMEDY, MANAGE OR MINIMIZE SUCH CONFLICT. THESE PLANS ARE MONITORED AND ENFORCED THROUGH ONGOING OVERSIGHT COORDINATED BY THE UNIVERSITY'S OFFICE OF COMPLIANCE, OR WITH RESPECT TO ANY TRUSTEE, THE OFFICE OF THE SECRETARY.

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

COMPENSATION OF THE CEO, EXECUTIVE DIRECTOR, OR OTHER TOP MANAGEMENT OFFICIAL: THE UNIVERSITY BY-LAWS AUTHORIZE THE BOARD OF TRUSTEES' COMPENSATION AND SUCCESSION SUBCOMMITTEE TO MAKE RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE REGARDING THE PRESIDENT'S ANNUAL SALARY AND INCENTIVE OPPORTUNITY COMPENSATION. THE EXECUTIVE COMMITTEE IS AUTHORIZED TO REVIEW AND RATIFY OR APPROVE THESE ACTIONS AND ALL OF ITS MEMBERS ARE INDEPENDENT. THE BOARD OF TRUSTEES HAS USED QUATT AND ASSOCIATES, AN EXECUTIVE COMPENSATION CONSULTANT, TO BENCHMARK THE PRESIDENT'S COMPENSATION WITH COMPARABLE INSTITUTIONS AND REVIEW THE REASONABLENESS OF THE COMPENSATION TERMS BEFORE THEY ARE FINALIZED AND SET FORTH IN THE PRESIDENT'S EMPLOYMENT AGREEMENT WITH THE UNIVERSITY. IN ADDITION, THE BOARD OF TRUSTEES CONDUCTS AN ANNUAL PERFORMANCE EVALUATION OF THE PRESIDENT WHICH PROVIDES THE BASIS UPON WHICH ANY BONUS/INCENTIVE PAYMENTS BASED ON ACHIEVEMENT OF AGREED UPON GOALS AND OBJECTIVES ARE AWARDED. THE PROCESS IS DOCUMENTED IN THE BOARD MEETING MINUTES.

THE BYLAWS OF THE UNIVERSITY AUTHORIZE THE COMPENSATION AND SUCCESSION

Name of the organization THE HOWARD UNIVERSITY	Employer identification number 53-0204707
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SUBCOMMITTEE TO REVIEW THE PRESIDENT'S RECOMMENDED COMPENSATION,  
BONUS/INCENTIVE AWARDS, TITLES, POWERS, AND DUTIES FOR THE OFFICERS, KEY  
EMPLOYEES AND OTHER TOP MANAGEMENT OFFICIALS OF THE UNIVERSITY AND TO MAKE  
RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE FOR APPROVAL REGARDING SUCH  
MATTERS. IN MAKING ITS ASSESSMENTS, THE SUBCOMMITTEE OBTAINS COMPENSATION  
INFORMATION THAT INCLUDES MARKET DATA, AND PERFORMANCE, GOALS AND  
ACCOMPLISHMENTS, LENGTH OF SERVICE, AND PRIOR SALARY HISTORY IN REVIEWING  
THE REASONABLENESS OF THE OFFICERS', KEY EMPLOYEES', AND OTHER TOP  
MANAGEMENT OFFICIALS' COMPENSATION. THE EXECUTIVE COMMITTEE IS AUTHORIZED  
TO REVIEW AND RATIFY OR APPROVE SUCH RECOMMENDATIONS OF THE COMPENSATION  
AND SUCCESSION SUBCOMMITTEE.

FORM 990, PART VI, SECTION C, LINE 18:

THE UNIVERSITY WAS NOT REQUIRED TO SUBMIT FORM 1023 BECAUSE IT WAS GRANTED  
EXEMPTION BY ITS ESTABLISHMENT AS AN EDUCATIONAL INSTITUTION BY AN ACT OF  
CONGRESS IN 1867.

FORM 990, PART VI, SECTION C, LINE 19:

PUBLIC DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND  
FINANCIAL STATEMENTS: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF  
INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC  
ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER:

PROGRAM SERVICE EXPENSES	82,382,141.
MANAGEMENT AND GENERAL EXPENSES	80,021,012.
FUNDRAISING EXPENSES	244,258.



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TOTAL EXPENSES 162,647,411.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 162,647,411.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED CHANGE IN FUNDED STATUS OF DEFINED BENEFIT

PENSION PLAN 22,678,000.

UNREALIZED CHANGE IN OBLIGATION FOR POST RETIREMENT BENEFIT

PLAN 5,713,000.

NET PERIOD BENEFIT COST OTHER THAN SERVICE COST 7,016,000.

CHANGE IN FUNDED STATUS OF SUPPLEMENTAL BENEFIT COST 78,000.

NET ASSET RECONCILIATION -626.

TOTAL TO FORM 990, PART XI, LINE 9 35,484,374.

FORM 990, PART XII, LINE 2C:

THE PROCESS HASN'T BEEN CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **THE HOWARD UNIVERSITY** Employer identification number **53-0204707**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HOWARD UNIVERSITY GLOBAL INITIATIVE- NIGERIA 2400 6TH STREET NW WASHINGTON, DC 20059	EDUCATION	NIGERIA	1,962,726.		HOWARD UNIVERSITY

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
WASHINGTON RESEARCH LIBRARY CONSORTIUM - 52-1559828, 901 COMMERCE DRIVE, UPPER MARLBORO, MD 20774	LIBRARY SERVICES	DISTRICT OF COLUMBIA	501 (C)(3)	LINE 11B, II	N/A		X
HOWARD UNIVERSITY INTERNATIONAL 2400 6TH STREET NW WASHINGTON, DC 20059	EDUCATION	DISTRICT OF COLUMBIA	501 (C)(3)		HOWARD UNIVERSITY		X

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

Schedule R (Form 990) 2021

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HOWARD UNIVERSITY CAPITOL INSURANCE COMPANY	CAPTIVE INSURANCE	CAYMAN ISLANDS	HOWARD UNIVERSITY	C CORP	100,314.	440,614.	100%	X	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WASHINGTON RESEARCH LIBRARY CONSORTIUM	M	602,285.	CASH
(2) HOWARD UNIVERSITY GLOBAL INITIATIVE - NIGERIA	R	1,962,726.	CASH
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

