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Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 **and ending** JUN 30, 2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE HOWARD UNIVERSITY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 2400 6TH STREET NW

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20059

F Name and address of principal officer: REBECCA VAZQUEZ-SKILLINGS
SAME AS C ABOVE

D Employer identification number
53-0204707

E Telephone number
2028066100

G Gross receipts $ 2,604,002,988.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.HOWARD.EDU

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1867

M State of legal domicile: DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: WE EDUCATE STUDENTS, DEVELOP PROFESSIONALS, CONDUCT RESEARCH, AND SERVE PATIENTS.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	7834
6	Total number of volunteers (estimate if necessary)	6	130
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,222,073.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	345,116,000.	385,137,000.
9	Program service revenue (Part VIII, line 2g)	899,453,000.	943,697,000.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	72,754,467.	66,993,984.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,520,533.	37,174,016.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,362,844,000.	1,433,002,000.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	197,632,866.	216,047,598.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	597,716,576.	625,713,735.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 12,604,711.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	578,017,558.	570,258,667.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,373,367,000.	1,412,020,000.
19	Revenue less expenses. Subtract line 18 from line 12	-10,523,000.	20,982,000.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,737,036,000.	2,979,645,000.
21	Total liabilities (Part X, line 26)	1,363,167,000.	1,568,140,000.
22	Net assets or fund balances. Subtract line 21 from line 20	1,373,869,000.	1,411,505,000.

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.

Sign Here

Signature of officer — Date

REBECCA VAZQUEZ-SKILLINGS, SR. VICE PRESIDENT & CFO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
PAMELA GRAY			☐	P01237506

Firm's name SB & COMPANY, LLC — Firm's EIN 20-2153727

Firm's address 10200 GRAND CENTRAL AVE., SUITE 250
OWINGS MILLS, MD 21117 — 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 12 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
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 663,671,000. including grants of $ 208,355,000.) (Revenue $ 606,563,000.)
EDUCATION, GENERAL/OTHER - HOWARD UNIVERSITY IS A COMPREHENSIVE RESEARCH-ORIENTED HISORICALLY 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 APPROXIMATELY 12,000 STUDENTS.

4b (Code:) (Expenses $ 229,514,000. including grants of $) (Revenue $ 273,803,000.)
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 $ 63,505,948. including grants of $) (Revenue $ 63,331,000.)
THE UNIVERSITY OFFERS EDUCATIONAL SUPPORT THROUGH ITS AUXILIARY SERVICES FOR THE BENEFIT OF ITS STAFF, FACULTY AND STUDENTS AND COMPLEMENT THE QUALITY OF THE ACADEMIC LIFE. AUXILIARY SERVICES INCLUDE STUDENT HOUSING, FOOD SERVICES, PARKING, TRANSPORTATION SERVICES AND A PUBLIC TELEVISION STATION.

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

4e Total program service expenses 956,690,948.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

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 ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	2197		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7834		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country NIGERIA, MALAWI, SOUTH AFRICA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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.

X Own website ☐ Another's website ☐ Upon request X 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

REBECCA VAZQUEZ-SKILLINGS - 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, box 6 of 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) WAYNE FREDERICK	40.00									
FORMER PRESIDENT, RET 9/1/23							X	1,471,974.	0.	48,264.
(2) BEN VINSON III	40.00									
PRESIDENT				X				1,043,005.	0.	37,693.
(3) ANDREA A. HAYES DIXON	40.00									
DEAN COLLEGE OF MEDICINE				X				984,422.	0.	44,545.
(4) KAKRA HUGHES	40.00									
VASCULAR AND ENDOVASCULAR SURGEON						X		910,130.	0.	46,898.
(5) ALEXANDER EVANS	40.00									
TRAUMA MEDICAL DIRECTOR						X		855,301.	0.	40,375.
(6) DAMIREZ FOSSETT	40.00									
CHAIR OF NEUROSURGERY						X		854,195.	0.	37,266.
(7) EDWARD CORNWELL	40.00									
TRAUMA AND CRITICAL CARE SURGEON						X		843,016.	0.	46,350.
(8) GAL LEVY	40.00									
CHIEF DIVISION CARDIOTHORACIC SURGER						X		817,053.	0.	37,189.
(9) TASHNI-ANN DUBROY	40.00									
EXECUTIVE VICE PRESIDENT AND CHIEF O				X				702,846.	0.	36,113.
(10) FLORENCE PRIOLEAU	40.00									
SENIOR VICE PRESIDENT & GENERAL COUN				X				659,530.	0.	34,751.
(11) HUGH MIGHTY	40.00									
SENIOR VICE PRESIDENT OF HEALTH AFFA				X				626,609.	0.	46,461.
(12) ANTHONY WUTOH	40.00									
PROVOST AND CHIEF ACADEMIC OFFICER				X				475,298.	0.	47,001.
(13) RASHAD YOUNG	40.00									
SENIOR VICE PRESIDENT FOR ADMINISTRA				X				463,570.	0.	34,751.
(14) WARREN PETTY	40.00									
VICE PRESIDENT AND CHIEF HUMAN RESOU				X				451,167.	0.	28,995.
(15) DAVID BENNETT	40.00									
VICE PRESIDENT AND CHIEF DEVELOPMENT				X				403,297.	0.	36,613.
(16) BRUCE JONES	40.00									
SENIOR VICE PRESIDENT OF RESEARCH				X				377,021.	0.	46,461.
(17) CHRISTIE TAYLOR	40.00									
SECRETARY OF BOARD				X				323,518.	0.	32,098.

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) CYNTHIA EVERS	40.00									
SENIOR VICE PRESIDENT FOR STUDENT AF				X				296,544.	0.	23,371.
(19) LYDIA SERMONS	40.00									
VICE PRESIDENT OF COMMUNICATIONS AND				X				275,613.	0.	32,014.
(20) ALLISON BRYANT	40.00									
VICE PRESIDENT OF CORPORATE RELATION				X				267,582.	0.	19,741.
(21) PAUL TIYAMBE ZELEZA	40.00									
SENIOR ADVISOR FOR STRATEGIC INITIAT				X				241,591.	0.	27,257.
(22) STEPHEN GRAHAM	40.00									
SENIOR VICE PRESIDENT AND CHIEF FINA				X				203,520.	0.	26,391.
(23) ODALYS DIAZ PINEIRO	40.00									
CHIEF OF STAFF				X				191,652.	0.	31,939.
(24) MS. LESLIE D. HALE	1.00									
CHAIR		X						0.	0.	0.
(25) MR. MARK A. L. MASON	1.00									
VICE CHAIR		X						0.	0.	0.
(26) MINNIE V. BAYLOR- HENRY, ESQ.	1.00									
BOARD TRUSTEE		X						0.	0.	0.
1b Subtotal								13,738,454.	0.	842,537.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								13,738,454.	0.	842,537.

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 1,158

		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*	3	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*	4	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*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BUILDING HOPE REAL ESTATE, 177 6 EYE ST. NW SUITE 200, WASHINGTON, DC 20006	CONSTRUCTION	37,071,420.
GILBANE BUILDING COMPANY 7 JACKSON WALKWAY, PROVIDENCE, RI 02903	CONSTRUCTION	22,489,768.
SODEXO OPERATIONS, LLC, 9801 WASHINGTONIAN BLVD, GAITHERSBURG, MD 20878	FOOD SERVICES	18,213,747.
THOMPSON FACILITIES SERVICES LLC 1741 BUSINESS CENTER DR., RESTON, VA 20190	FACILITIES MANAGEMENT	14,312,759.
AMERICAN COMBUSTION INDUSTRIES, INC., 7100 HOLLADAY TYLER ROAD. SUITE 233, DALE, MD	STEAM PLANT MODERNIZATION	13,724,568.

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 421

SEE PART VII, SECTION A CONTINUATION SHEETS

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			
(27) DR. RICHARD E. BESSER	1.00									
BOARD TRUSTEE		X						0.	0.	0.
(28) MR. CHRIS CARR	1.00									
BOARD TRUSTEE		X						0.	0.	0.
(29) MR. DONALD B. CHRISTIAN	1.00									
BOARD TRUSTEE		X						0.	0.	0.
(30) THE HONORABLE ARNE DUNCAN	1.00									
BOARD TRUSTEE		X						0.	0.	0.
(31) MR. GODFREY GILL	1.00									
BOARD TRUSTEE		X						0.	0.	0.
(32) REVEREND DR. MICHELE V. HAGANS	1.00									
BOARD TRUSTEE		X						0.	0.	0.
(33) DR. LENA HILL	1.00									
BOARD TRUSTEE		X						0.	0.	0.
(34) DR. DANETTE G. HOWARD	1.00									
BOARD TRUSTEE		X						0.	0.	0.
(35) MR. MARC S. LAMPKIN	1.00									
BOARD TRUSTEE		X						0.	0.	0.
(36) MR. KEVIN E. LOFTON	1.00									
BOARD TRUSTEE		X						0.	0.	0.
(37) MS. DEPELSHA MCGRUDER	1.00									
BOARD TRUSTEE		X						0.	0.	0.
(38) MR. JAMES J. MURREN	1.00									
BOARD TRUSTEE		X						0.	0.	0.
(39) MR. ZIAD OJAKLI	1.00									
BOARD TRUSTEE		X						0.	0.	0.
(40) MR. LEVOYD E. ROBINSON	1.00									
BOARD TRUSTEE		X						0.	0.	0.
(41) MS. HILARY ROSEN	1.00									
BOARD TRUSTEE		X						0.	0.	0.
(42) MR. SHELLEY STEWART JR.	1.00									
BOARD TRUSTEE		X						0.	0.	0.
(43) MR. BRUCE E. THOMPSON	1.00									
BOARD TRUSTEE		X						0.	0.	0.
(44) MR. CHRISTOPHER J. TYSON	1.00									
BOARD TRUSTEE		X						0.	0.	0.
(45) DR. A. EUGENE WASHINGTON	1.00									
BOARD TRUSTEE		X						0.	0.	0.
(46) MR. CHRIS WASHINGTON	1.00									
BOARD TRUSTEE		X						0.	0.	0.
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) DR. JOHN E. JACOB	1.00									
CHAIRMAN EMERITUS		X						0.	0.	0.
(48) THE HONORABLE MARIE C. JOHNS	1.00									
TRUSTEE EMERITA		X						0.	0.	0.
(49) MR. ROBERT LUMPKINS	1.00									
TRUSTEE EMERITUS		X						0.	0.	0.
(50) THE HONORABLE GABRIELLE K. MCDO	1.00									
TRUSTEE EMERITA		X						0.	0.	0.
(51) STACEY J. MOBLEY, ESQ.	1.00									
CHAIRMAN EMERITUS		X						0.	0.	0.
(52) DR. LAURENCE C. MORSE	1.00									
CHAIRMAN EMERITUS		X						0.	0.	0.
(53) MARTIN D. PAYSON, ESQ.	1.00									
TRUSTEE EMERITUS		X						0.	0.	0.
(54) THE HONORABLE M. KASIM REED	1.00									
TRUSTEE EMERITUS		X						0.	0.	0.
(55) THE HONORABLE L. DOUGLAS WILDER	1.00									
TRUSTEE EMERITUS		X						0.	0.	0.
(56) MRS. BENAREE PRATT WILEY	1.00									
TRUSTEE EMERITA		X						0.	0.	0.
(57) THE HONORABLE LINDA MCMAHON	1.00									
PATRON EX OFFICIO		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	452,867.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	324,479,000.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	60,205,133.			
	g	Noncash contributions included in lines 1a-1f	1g	$			
	h	**Total.** Add lines 1a-1f			385,137,000.		
Program Service Revenue			Business Code				
	2a	ACADEMIC SERIVCES	611710		581,871,000.	581,871,000.	
	b	PATIENT SERVICES	611710		298,495,000.	298,495,000.	
	c	AUXILIARY SERVICES	611710		63,331,000.	57,396,256.	5,934,744.
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f			943,697,000.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			43,916,000.		-712,671.	44,628,671.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real	(ii) Personal			
	6a	Gross rents	6a	3,096,694.				
	b	Less: rental expenses	6b	0.				
	c	Rental income or (loss)	6c	3,096,694.				
	d	Net rental income or (loss)			3,096,694.			3,096,694.
				(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a	1190397235.	3,127,266.			
	b	Less: cost or other basis and sales expenses	7b	1167349823.	3,096,694.			
	c	Gain or (loss)	7c	23,047,412.	30,572.			
	d	Net gain or (loss)			23,077,984.			23,077,984.
	8a	Gross income from fundraising events (not including $ 452,867. of contributions reported on line 1c). See Part IV, line 18	8a	554,471.				
	b	Less: direct expenses	8b	554,471.				
	c	Net income or (loss) from fundraising events			0.			
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a	OTHER REVENUE	900099		34,077,322.			34,077,322.
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d			34,077,322.			
	12	**Total revenue.** See instructions			1,433,002,000.	937,762,256.	5,222,073.	104,880,671.

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,568,725.	7,568,725.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	191,592,294.	191,592,294.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	16,886,579.	16,886,579.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	10,505,556.	10,505,556.		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	486,864,440.	394,320,475.	86,745,533.	5,798,432.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,002,847.	24,085,249.	5,517,303.	400,295.
9 Other employee benefits	64,774,620.	51,877,045.	12,128,276.	769,299.
10 Payroll taxes	33,566,272.	26,950,705.	6,211,802.	403,765.
11 Fees for services (nonemployees):				
a Management				
b Legal	9,804,901.	596,731.	9,207,603.	567.
c Accounting	2,841,627.	344,306.	2,495,650.	1,671.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	10,488,000.		10,488,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	158,896,859.	74,245,737.	82,698,377.	1,952,745.
12 Advertising and promotion	532,647.	197,660.	333,887.	1,100.
13 Office expenses	44,297,409.	40,128,133.	3,908,463.	260,813.
14 Information technology	1,569,003.	990,774.	551,221.	27,008.
15 Royalties	2,408,272.	880,181.	1,528,081.	10.
16 Occupancy	70,886,795.	23,908,858.	46,865,242.	112,695.
17 Travel	20,408,825.	3,892,568.	16,130,509.	385,748.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,358,823.	5,491,009.	2,483,518.	2,384,296.
20 Interest	33,376,288.	3,202,376.	30,173,912.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,482,865.	25,300,146.	21,127,256.	55,463.
23 Insurance	16,708,603.	11,019,551.	5,689,052.	
24 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.)				
a FOOD SERVICE COSTS	28,334,484.	2,696,547.	25,637,937.	
b REPAIRS AND MAINTENANCE	27,300,314.	16,545,979.	10,703,531.	50,804.
c GRANTS SUBCONTRACTS/TRA	22,407,658.	22,407,658.		
d INSTITUTIONAL SUPPORT P	10,884,075.		10,884,075.	
e All other expenses	52,271,219.	1,056,106.	51,215,113.	
25 **Total functional expenses.** Add lines 1 through 24e	1,412,020,000.	956,690,948.	442,724,341.	12,604,711.
26 **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
Assets	1	Cash - non-interest-bearing		95,789,000.	1	109,839,000.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		73,710,000.	3	64,429,000.
	4	Accounts receivable, net		97,639,000.	4	123,121,000.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		2,940,000.	7	2,565,000.
	8	Inventories for sale or use		5,972,000.	8	5,117,000.
	9	Prepaid expenses and deferred charges		36,845,000.	9	33,569,000.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,225,624,000.			
	b	Less: accumulated depreciation	10b 1,266,476,000.	816,298,000.	10c	959,148,000.
	11	Investments - publicly traded securities		542,795,437.	11	577,152,743.
	12	Investments - other securities. See Part IV, line 11		566,318,563.	12	619,236,257.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		498,729,000.	15	485,468,000.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		2,737,036,000.	16	2,979,645,000.
Liabilities	17	Accounts payable and accrued expenses		231,283,000.	17	323,765,000.
	18	Grants payable			18	
	19	Deferred revenue		123,599,000.	19	130,600,000.
	20	Tax-exempt bond liabilities		811,021,000.	20	486,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	25,000,000.
	24	Unsecured notes and loans payable to unrelated third parties		97,354,000.	24	980,975,000.
	25	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		99,910,000.	25	107,314,000.
	26	**Total liabilities.** Add lines 17 through 25		1,363,167,000.	26	1,568,140,000.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		464,799,000.	27	407,445,000.
	28	Net assets with donor restrictions		909,070,000.	28	1,004,060,000.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,373,869,000.	32	1,411,505,000.
	33	Total liabilities and net assets/fund balances		2,737,036,000.	33	2,979,645,000.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,433,002,000.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,412,020,000.
3	Revenue less expenses. Subtract line 2 from line 1	3	20,982,000.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,373,869,000.
5	Net unrealized gains (losses) on investments	5	26,205,000.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-9,551,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,411,505,000.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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?	2c	X	
	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
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	3b	X	

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 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

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

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
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) 12

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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2024.** 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 - 2023.** 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 - 2024.** 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 - 2023.** 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

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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.** (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** 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 on line 12 of 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
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? *If "Yes," provide detail in* **Part VI.**	9b		
c	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? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	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? *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.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described 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? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*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? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described 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? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	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? If "Yes" or "No," provide details in **Part VI**.	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	**3b**		

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 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 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			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 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 Other distributions (describe in **Part VI**). See instructions.	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9 Distributable amount for 2024 from Section C, line 6	**9**	
10 Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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.)

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... $ _____

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

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 8,119.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 175,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 69,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 45,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 5,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 6,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 658,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29		$ 676,392.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32		$ 10,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33		$ 24,098.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34		$ 42,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		$ 5,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38		$ 5,163.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41		$ 60,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44		$ 5,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46		$ 30,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
47		$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
48		$ 65,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		$ 14,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
50		$ 1,003,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
51		$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
52		$ 125,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
53		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
54		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		$ 41,550.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
56		$ 89,470.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
57		$ 6,650.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
58		$ 393,098.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
59		$ 5,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
60		$ 48,894.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
62		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
63		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
64		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
65		$ 74,734.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
66		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
68		$ 950,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
69		$ 164,587.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
70		$ 60,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
71		$ 287,024.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
72		$ 33,190.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
74		$ 13,780,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
75		$ 250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
76		$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
77		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
78		$ 7,425.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		$ 11,215.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
80		$ 28,907.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
81		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
82		$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
83		$ 13,393.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
84		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
86		$ 71,425.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
87		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
88		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
89		$ 5,080.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
90		$ 5,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		$ 6,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
92		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
93		$ 11,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
94		$ 15,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
95		$ 50,939.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
96		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
98		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
99		$ 700,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
100		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
101		$ 45,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
102		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		$ 31,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
104		$ 64,665.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
105		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
106		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
107		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
108		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
110		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
111		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
112		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
113		$ 6,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
114		$ 19,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
116		$ 6,536.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
117		$ 418,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
118		$ 217,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
119		$ 86,766.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
120		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
122		$ 32,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
123		$ 115,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
124		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
125		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
126		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
128		$ 8,663.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
129		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
130		$ 5,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
131		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
132		$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		$ 35,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
134		$ 22,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
135		$ 6,483.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
136		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
137		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
138		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		$ 7,535.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
140		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
141		$ 17,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
142		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
143		$ 7,246.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
144		$ 29,446.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		$ 41,762.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
146		$ 27,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
147		$ 8,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
148		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
149		$ 25,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
150		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
152		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
153		$ 19,490.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
154		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
155		$ 128,236.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
156		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
158		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
159		$ 14,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
160		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
161		$ 5,290.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
162		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		$ 16,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
164		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
165		$ 22,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
166		$ 569,275.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
167		$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
168		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
170		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
171		$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
172		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
173		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
174		$ 8,108.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		$ 5,350.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
176		$ 5,975.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
177		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
178		$ 240,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
179		$ 6,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
180		$ 5,956.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
182		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
183		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
184		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
185		$ 9,827.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
186		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		$ 223,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
188		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
189		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
190		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
191		$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
192		$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
194		$ 142,553.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
195		$ 8,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
196		$ 46,904.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
197		$ 60,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
198		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
200		$ 5,050.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
201		$ 150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
202		$ 5,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
203		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
204		$ 22,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
206		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
207		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
208		$ 7,660.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
209		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
210		$ 404,537.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
212		$ 28,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
213		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
214		$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
215		$ 2,250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
216		$ 7,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
218		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
219		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
220		$ 8,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
221		$ 35,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
222		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
224		$ 5,550.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
225		$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
226		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
227		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
228		$ 6,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229		$ 6,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
230		$ 125,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
231		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
232		$ 2,001,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
233		$ 13,339.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
234		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235		$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
236		$ 18,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
237		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
238		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
239		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
240		$ 14,538.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
242		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
243		$ 526,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
244		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
245		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
246		$ 690,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
248		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
249		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
250		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
251		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
252		$ 5,675.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
254		$ 51,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
255		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
256		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
257		$ 16,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
258		$ 50,145.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
260		$ 183,438.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
261		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
262		$ 17,697.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
263		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
264		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
266		$ 8,658.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
267		$ 25,401.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
268		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
269		$ 6,180.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
270		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
271		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
272		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
273		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
274		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
275		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
276		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
277		$ 7,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
278		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
279		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
280		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
281		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
282		$ 519,328.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
283		$ 22,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
284		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
285		$ 50,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
286		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
287		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
288		$ 688,953.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
290		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
291		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
292		$ 7,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
293		$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
294		$ 508,956.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
296		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
297		$ 22,320.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
298		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
299		$ 14,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
300		$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
301		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
302		$ 120,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
303		$ 7,675.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
304		$ 21,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
305		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
306		$ 500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
307		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
308		$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
309		$ 10,075.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
310		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
311		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
312		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313		$ 10,550.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
314		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
315		$ 128,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
316		$ 2,500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
317		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
318		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
319		$ 6,578.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
320		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
321		$ 60,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
322		$ 19,550.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
323		$ 551,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
324		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
325		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
326		$ 8,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
327		$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
328		$ 31,634.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
329		$ 280,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
330		$ 16,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
331		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
332		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
333		$ 120,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
334		$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
335		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
336		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
337		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
338		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
339		$ 59,730.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
340		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
341		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
342		$ 295,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
343		$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
344		$ 10,010.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
345		$ 400,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
346		$ 16,846.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
347		$ 8,150.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
348		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
349		$ 9,568.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
350		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
351		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
352		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
353		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
354		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
355		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
356		$ 15,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
357		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
358		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
359		$ 65,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
360		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
361		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
362		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
363		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
364		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
365		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
366		$ 12,025.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
367		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
368		$ 21,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
369		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
370		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
371		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
372		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
373		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
374		$ 8,855.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
375		$ 62,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
376		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
377		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
378		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
379		$ 60,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
380		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
381		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
382		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
383		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
384		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
385		$ 252,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
386		$ 83,333.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
387		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
388		$ 14,560.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
389		$ 5,990.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
390		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
391		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
392		$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
393		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
394		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
395		$ 67,183.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
396		$ 51,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
397		$ 511,122.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
398		$ 5,442.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
399		$ 37,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
400		$ 25,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
401		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
402		$ 220,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
403		$ 10,002.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
404		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
405		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
406		$ 134,435.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
407		$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
408		$ 43,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
409		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
410		$ 164,997.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
411		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
412		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
413		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
414		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
415		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
416		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
417		$ 125,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
418		$ 30,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
419		$ 533,333.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
420		$ 102,279.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
421		$ 250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
422		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
423		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
424		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
425		$ 9,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
426		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
427		$ 1,200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
428		$ 50,495.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
429		$ 23,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
430		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
431		$ 101,648.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
432		$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
433		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
434		$ 10,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
435		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
436		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
437		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
438		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
439		$ 600,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
440		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
441		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
442		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
443		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
444		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
445		$ 7,850.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
446		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
447		$ 1,130,521.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
448		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
449		$ 77,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
450		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
451		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
452		$ 32,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
453		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
454		$ 5,390.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
455		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
456		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
457		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
458		$ 31,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
459		$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
460		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
461		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
462		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
463		$ 249,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
464		$ 125,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
465		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
466		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
467		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
468		$ 17,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
469		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
470		$ 200,025.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
471		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
472		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
473		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
474		$ 88,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
475		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
476		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
477		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
478		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
479		$ 13,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
480		$ 53,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
481		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
482		$ 14,716.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
483		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
484		$ 6,390.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
485		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
486		$ 49,416.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
487		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
488		$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
489		$ 6,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
490		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
491		$ 18,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
492		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
493		$ 108,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
494		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
495		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
496		$ 10,849.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
497		$ 388,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
498		$ 6,239.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
499		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
500		$ 11,155.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
501		$ 27,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
502		$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
503		$ 24,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
504		$ 356,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
505		$ 25,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
506		$ 43,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
507		$ 50,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
508		$ 2,744,437.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
509		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
510		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
511		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
512		$ 60,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
513		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
514		$ 17,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
515		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
516		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
517		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
518		$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
519		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
520		$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
521		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
522		$ 6,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
524		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
525		$ 23,241.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
526		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
527		$ 234,393.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
528		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
529		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
530		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
531		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
532		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
533		$ 37,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
534		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
535		$ 875,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
536		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
537		$ 6,505.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
538		$ 2,012,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
539		$ 17,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
540		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
541		$ 24,860.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
542		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
543		$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
544		$ 65,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
545		$ 220,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
546		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
547		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
548		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
549		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
550		$ 47,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
551		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
552		$ 21,203.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
553		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
554		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
555		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
556		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
557		$ 6,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
558		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
559		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
560		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
561		$ 19,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
562		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
563		$ 17,736.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
564		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
565		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
566		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
567		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
568		$ 167,050.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
569		$ 21,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
570		$ 5,464.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
571		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
572		$ 115,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
573		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
574		$ 14,001.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
575		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
576		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
577		$ 18,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
578		$ 201,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
579		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
580		$ 24,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
581		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
582		$ 18,138.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
583		$ 5,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
584		$ 2,065,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
585		$ 5,940.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
586		$ 5,555.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
587		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
588		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
589		$ 10,810.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
590		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
591		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
592		$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
593		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
594		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
595		$ 33,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
596		$ 150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
597		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
598		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
599		$ 8,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
600		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
601		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
602		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
603		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
604		$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
605		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
606		$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
607		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
608		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
609		$ 7,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
610		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
611		$ 20,450.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
612		$ 37,135.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
613		$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization

THE HOWARD UNIVERSITY

Employer identification number

53-0204707

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 on line 2a	2c	1
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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? ☐ Yes ☒ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 65

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 13,496.

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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 $ 43,758,000.

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 $ _____

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 in 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	1,043,811,000.	932,706,000.	858,925,000.	818,393,000.	719,900,000.
b Contributions	24,535,000.	39,717,000.	25,173,000.	70,712,000.	25,571,000.
c Net investment earnings, gains, and losses	78,826,000.	94,469,000.	61,997,000.	-12,586,000.	173,474,000.
d Grants or scholarships	31,018,000.	28,580,000.	21,533,000.	21,173,000.	20,902,000.
e Other expenditures for facilities and programs	-5,697,000.	-5,499,000.	-8,144,000.	-3,579,000.	79,650,000.
f Administrative expenses					
g End of year balance	1,121,851,000.	1,043,811,000.	932,706,000.	858,925,000.	818,393,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 49.0000 %
b Permanent endowment 21.0000 %
c Term endowment 30.0000 %

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? 3a(i)		X
(ii) Related organizations? 3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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		63,546,793.		63,546,793.
b Buildings		1,152,323,506.	681,917,813.	470,405,693.
c Leasehold improvements		35,029,765.	30,559,383.	4,470,382.
d Equipment		370,807,636.	335,303,926.	35,503,710.
e Other		603,916,300.	218,694,878.	385,221,422.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				959,148,000.

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	502,215,979.	END-OF-YEAR MARKET VALUE
(B) REAL ESTATE	54,373,641.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	62,646,637.	COST
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	619,236,257.	

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

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	250,941,000.
(2)	OPERATING RIGHT OF USE ASSETS	101,988,000.
(3)	DEPOSITS WITH TRUSTEES	28,944,000.
(4)	FINANCING RIGHT OF USE ASSETS	61,108,000.
(5)	OVERFUNDED DEFINED BENEFIT PENSION PLAN	14,771,000.
(6)	OTHER	15,899,000.
(7)	SELF-INSURED ASSETS	5,574,000.
(8)	BENEFICIAL INTEREST IN TRUST	3,679,000.
(9)	HEALTHCARE CONTRACT ASSETS	1,872,000.
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*		485,468,000.

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	56,039,000.
(3)	REFUNDABLE ADVANCES	4,583,000.
(4)	ENVIRONMENTAL LIABILITIES	167,000.
(5)	RESIDENCE HALL	9,327,000.
(6)	UNCLAIMED PROPERTY	7,452,000.
(7)	STUDENT DEPOSITS AND REFUNDS	11,374,000.
(8)	RESERVES FOR LEGAL CONTINGENCIES	2,880,000.
(9)	DEPOSITS HELD IN CUSTODY FOR OTHERS	3,064,000.
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*		107,314,000.

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 ... X

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.

1	Total revenue, gains, and other support per audited financial statements			1	1,230,813,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	26,205,000.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-9,551,000.		
e	Add lines 2a through 2d			2e	16,654,000.
3	Subtract line 2e from line 1			3	1,214,159,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,488,000.		
b	Other (Describe in Part XIII.)	4b	208,355,000.		
c	Add lines 4a and 4b			4c	218,843,000.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	1,433,002,000.

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.

1	Total expenses and losses per audited financial statements			1	1,193,177,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,193,177,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,488,000.		
b	Other (Describe in Part XIII.)	4b	208,355,000.		
c	Add lines 4a and 4b			4c	218,843,000.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	1,412,020,000.

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 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

Part XIII Supplemental Information *(continued)*

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, 2025 AND 2024, HOWARD HAD NO NET 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, 2025 AND 2024 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	-9,551,000.
UNREALIZED CHANGE IN OBLIGATION FOR POST RETIREMENT BENEFIT PLAN	
NET PERIOD BENEFIT COST OTHER THAN SERVICE COST	
CHANGE IN FUNDED STATUS OF SUPPLEMENTAL BENEFIT COST	

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS AND GRANTS	208,355,000.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIPS AND GRANTS	208,355,000.

Part XIII Supplemental Information *(continued)*

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

(a) Description	(b) Book value
INTELLECTUAL PROPERTY COSTS	692,000.

Part XIII Supplemental Information *(continued)*

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
OTHER	12,428,000.

SCHEDULE E (Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Schools

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

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE HOWARD UNIVERSITY

Employer identification number
53-0204707

Part I

			YES	NO
1	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?	1	X	
2	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?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax 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	3	X	
	THE UNIVERSITY MAINTAINS A WELL-PUBLICIZED RACIALLY NONDISCRIMINATORY POLICY. THE POLICY IS AVAILABLE IN WRITTEN BROCHURES, AS WELL AS AVAILABLE VIA THE ORGANIZATION'S WEBSITE (WWW.HOWARD.EDU).			
4	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
c	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
e	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain in Part II.			
7	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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain in Part II	7	X	

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. See instructions.

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)
(Rev. December 2024)
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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE HOWARD UNIVERSITY

Employer identification number

53-0204707

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	48	PROGRAM SERVICES	MEDICAL AND EDUCATIONAL SERVICES	1,348,159.
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		41,435,988.
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		461,423.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,			INVESTMENTS		12,398,637.
3 a Subtotal	8	48			55,644,207.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	8	48			55,644,207.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) (Rev. 12-2024)**

LHA 432071 01-15-25

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	29,251.	CHECK	0.		FMV
		NORTH AMERICA	SUPPORT RESEARCH & EDUCATION	94,575.		0.		

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	930	4804085.	CHECK	0.		BOOK VALUE
SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	527	3238789.	CHECK	0.		BOOK VALUE
SCHOLARSHIPS	EUROPE (INCLUDING ICELAND AND GREENLAND)	144	764,116.	CHECK	0.		BOOK VALUE
SCHOLARSHIPS	MIDDLE EAST	16	186,326.	CHECK	0.		BOOK VALUE
SCHOLARSHIPS	NORTH AMERICA	69	366,423.	CHECK	0.		BOOK VALUE
SCHOLARSHIPS	SOUTH AMERICA	69	328,803.	CHECK	0.		BOOK VALUE
SCHOLARSHIPS	SUB-SAHARAN AFRICA	1,105	7012702.	CHECK	0.		BOOK VALUE
SCHOLARSHIPS	RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	7	61,510.	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 the Instructions for Form 926)*	[X] 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	[ ] Yes	[X] 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 the Instructions for Form 5471)*	[ ] Yes	[X] 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 the Instructions for Form 8621)*	[X] 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 the Instructions for Form 8865)*	[X] 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 the Instructions for Form 5713; don't file with Form 990)*	[ ] Yes	[X] 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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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 nongovernment 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? Yes	**(iii)** No	**(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
Total						

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 CHARTER DAY DINNER (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,007,338.			1,007,338.
	2 Less: Contributions	452,867.			452,867.
	3 Gross income (line 1 minus line 2)	554,471.			554,471.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	263,340.			263,340.
	7 Food and beverages				
	8 Entertainment	110,800.			110,800.
	9 Other direct expenses	180,331.			180,331.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				554,471.
	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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ 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:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

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 the 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)*

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
THE HOWARD UNIVERSITY

Employer identification number
53-0204707

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3 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.			
a Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☒ 150% ☐ 200% ☐ Other _____ %	3a	X	
b Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 600 %	3b	X	
c 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.			
4 Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4		X
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	5a		X
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		
c 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?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a		X
b If "Yes," did the organization make it available to the public?	6b		

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

Financial Assistance and Means-Tested Government Programs	(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
a Financial assistance at cost (from Worksheet 1)			4,453,863.		4,453,863.	.32%
b Medicaid (from Worksheet 3, column a)			130,177,818.	143,735,594.	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)			11,462,888.	7,015,687.	4,447,201.	.31%
d **Total.** Financial assistance and means-tested government programs			146,094,569.	150,751,281.	8,901,064.	.63%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			41,292,108.	30,735,320.	10,556,788.	.75%
g Subsidized health services (from Worksheet 6)			55,356,864.	27,068,769.	28,288,095.	2.00%
h Research (from Worksheet 7)			64,878,000.		64,878,000.	4.59%
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other benefits			161,526,972.	57,804,089.	103,722,883.	7.34%
k **Total.** Add lines 7d and 7j			307,621,541.	208,555,370.	112,623,947.	7.97%

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.

		(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
1	Physical improvements and housing						
2	Economic development						
3	Community support			319,244,436.		319,244,436.	22.61%
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	Total			319,244,436.		319,244,436.	22.61%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	20,832,361.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	57,276,737.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	85,601,034.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-28,324,297.		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other				

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	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? Describe in Part VI	9b	X	

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

(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 - see instructions)

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):	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
1 HOWARD UNIVERSITY HOSPITAL 2041 GEORGIA AVENUE WASHINGTON, DC 20060	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
Community Health Needs Assessment (CHNA)			
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?	1		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	2		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA			
j [X] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 22			
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	5	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	6a	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	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): HTTPS://WWW.HUHEALTHCARE.COM/ABOUT-US/CHNA/			
b [X] Other website (list url): HTTPS://WWW.DCHEALTHMATTERS.ORG			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [ ] 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	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 22			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," list url: SEE PART V, PAGE 8			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
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 FAP that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] FPG, with FPG family income limit for eligibility for free care of and FPG family income limit 150 % for eligibility for discounted care of 600 %			
b	[X] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[ ] Medical indigency			
e	[X] Insurance status			
f	[ ] Underinsurance status			
g	[ ] Residency			
h	[X] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	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):			
a	[X] Described the information the hospital facility may require an individual to provide as part of their application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of their application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE PART V, PAGE 8			
b	[X] The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] 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			
h	[ ] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] 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			
j	[X] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

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

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18	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:		
a ☐	Reporting to credit agency(ies)		
b ☐	Selling an individual's debt to another party		
c ☐	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		
d ☐	Actions that require a legal or judicial process		
e ☐	Other similar actions (describe in Section C)		
f ☒	None of these actions or other similar actions were permitted		
19	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:		
a ☐	Reporting to credit agency(ies)		
b ☐	Selling an individual's debt to another party		
c ☐	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		
d ☐	Actions that require a legal or judicial process		
e ☐	Other similar actions (describe in Section C)		

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):

- **a** ☐ Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☐ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☐ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

21	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 FAP?	X	
	If "No," indicate why:		
a ☐	The hospital facility did not provide care for any emergency medical conditions		
b ☐	The hospital facility's policy was not in writing		
c ☐	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d ☐	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
22	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	[X] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b	[ ] 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	[ ] 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	[ ] The hospital facility used a prospective Medicare or Medicaid method			
23	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.	**23**		X
24	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.	**24**		X

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.

IN THE POST PANDEMIC ENVIRONMENT, THE FINAL CHNA DOCUMENT WAS REFLECTIVE OF THIS NEW REALITY AND INCLUDED 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. 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) WORSENED BEHAVIORAL HEALTH AND MENTAL WELL-BEING (INCLUDING, BUT NOT LIMITED TO, SOCIAL ISOLATION, SUBSTANCE ABUSE, 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 AFRICAN-AMERICAN D.C. RESIDENTS, WHICH LEADS TO WORSE CHRONIC DISEASE BURDEN, HIGHER MORTALITY RATES, 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 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

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.

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: THE 2024 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.
THE STEERING COMMITTEE IDENTIFIED A LIST OF KEY LEADERS REPRESENTING A VARIETY OF SECTORS AND DIFFERENT COMMUNITIES WITHIN THE DISTRICT WHO WERE INVITED TO PARTICIPATE IN INTERVIEWS. MOST WERE CONDUCTED VIRTUALLY AND WERE FACILITATED BY ASCENDIENT HEALTHCARE ADVISORS. INTERVIEWS WITH SIBLEY MEMORIAL AND HOWARD UNIVERSITY HOSPITALS' RESPECTIVE LEADERSHIP WERE CONDUCTED BY MEMBERS OF THE STEERING COMMITTEE. INTERVIEWEES WERE ASKED QUESTIONS ABOUT THE COMMUNITY THEY SERVE, SPECIFICALLY RELATING TO HEALTH, SOCIAL, AND ENVIRONMENTAL ISSUES AND ACCESS TO HEALTHCARE CHALLENGES AND BARRIERS. INTERVIEWS WITH OUR MEMBER ORGANIZATION'S LEADERSHIP HAVE BEEN A KEY ELEMENT OF OUR NEEDS ASSESSMENT PROCESS THROUGH THE LAST DECADE.
INFORMATION WAS ALSO GLEANED FROM A NEWLY FORMED COMMITTEE, THE PATIENT FAMILY ADVISORY COMMITTEE (PFAC). THIS COMMITTEE WAS FORMED TO BETTER UNDERSTAND THE NEEDS OF THE COMMUNITY. THE PFAC ALLOWS INPUT FROM COMMUNITY MEMBERS TO BE SHARED WITH THE ORGANIZATION IN ORDER TO BETTER ALIGN AND DESIGN PROGRAMS AND INITIATIVES TO MEET THE NEEDS OF THE COMMUNITY.

HOWARD UNIVERSITY HOSPITAL:
PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITY'S CHNA WAS CONDUCTED WITH TWO OTHER HOSPITAL FACILITIES AS FOLLOWS: CHILDREN'S NATIONAL HOSPITAL 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

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.

DEVELOPMENT OF THE HEALTHCARE WORKFORCE).

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, AND 4) IMPLEMENT MOTHERS FIRST, AN HUH COLLABORATIVE MATERNAL BEHAVIORAL HOME-BASED CARE SERVCE.

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, AND 2) INCREASE ACCESS TO CULTURALLY APPROPRIATE COMMUNITY-BASED SUD TREATMENT SERVICS 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 LIMIT, 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 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

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.

THOSE WHO QUALIFY. A TOLL-FREE NUMBER IS PROVIDED FOR PATIENTS TO CALL FOR ADDITIONAL INFORMATION. THE HOSPITAL EMPLOYS AND PROVIDES FINANCIAL COUNSELORS AND PATIENT ACCOUNT CUSTOMER SERVICE REPRESENTATIVES WHO ASSIST PATIENTS 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 ASSISTANCE APPLICATION IF THE PATIENT IS DETERMINED INELIGIBLE FOR FEDERAL AND/OR DISTRICT MEDICAL FINANCIAL ASSISTANCE PROGRAMS.

FORM 990, SCHEDULE H, PART V, SECTION B, LINE 10A
THE IMPLEMENTATION PLAN WAS AVAILABLE AT
HTTPS://WWW.HUHEALTHCARE.COM/ABOUT-US/CHNA/--VIEW REPORTS AND STRATEGY

PART V, SECTION B, LINE 16A, LINE 16B, AND LINE 16C:

THE FINANCIAL ASSISTANCE PROGRAM (FAP) WAS PUBLICLY AVAILABLE AND POSTED ON THE FOLLOWING WEBSITE:
HTTP://HUHEALTHCARE.COM/HEALTHCARE/HOSPITAL/PATIENTS-AND-VISITORS/PATIEN T-FINANCIAL-SERVICES/FINANCIAL-ASSISTANCE

THE FINANCIAL ASSISTANCE PROGRAM (FAP) APPLICATION WAS PUBLICLY AVAILABLE AND POSTED ON THE FOLLOWING WEBSITE:
HTTP://HUHEALTHCARE.COM/HEALTHCARE/HOSPITAL/PATIENTS-AND-VISITORS/PATIEN T-FINANCIAL-SERVICES/FINANCIAL-ASSISTANCE

A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE PROGRAM (FAP) WAS PUBLICLY AVAILABLE AND POSTED ON THE FOLLOWING WEBSITE:
HTTP://HUHEALTHCARE.COM/HEALTHCARE/HOSPITAL/PATIENTS-AND-VISITORS/PATIEN T-FINANCIAL-SERVICES/FINANCIAL-ASSISTANCE

A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY (FAP) WAS PUBLICLY AVAILABLE AND POSTED ON THE FOLLOWING WEBSITE:
HTTP://HUHEALTHCARE.COM/HEALTHCARE/HOSPITAL/PATIENTS-AND-VISITORS/PATIEN T-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)

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 FAP.

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 (for example, 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 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, 7C: 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,

Part VI Supplemental Information *(Continuation)*

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 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 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 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

Part VI Supplemental Information *(Continuation)*

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:

PAYMENTS MADE ON PATIENT ACCOUNTS OR DISCOUNTS PROVIDED ARE APPLIED TO A PATIENT ACCOUNT PRIOR TO ANY BAD DEBT ADJUSTMENT WRITE-OFF. AS SUCH, PAYMENTS AND DISCOUNTS ARE NOT INCLUDED IN BAD DEBT EXPENSE AND ARE ABLE TO BE REPORTED AS BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

PART III, LINE 3:

HOWARD UNIVERSITY HOSPITAL IS COMMITTED TO PROVIDING, WITHIN THE LIMITS OF ITS RESOURCES, FINANCIAL ASSISTANCE FOR NON-ELECTIVE MEDICALLY NECCESARY TREATEMENT 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 ELIGIBLITY, ELIGIBILITY FOR OTHER PUBLICLY-FUNDED PROGRAM ASSISTANCE, PATIENT ESTIMATED HOUSEHOLD 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 ABLE 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 ELIGIBLITY 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.
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:

Part VI Supplemental Information *(Continuation)*

NEEDS ASSESSMENT-IN ORDER TO COMPLY WITH THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, HOWARD UNIVERSITY HOSPITAL (HUH) COMPLETED 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 WHOSE FINANCIAL ABILITY TO PAY COULD NOT BE DETERMINED PRIOR TO DELIVERING SERVICES.
- PATIENTS WHOSE 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 MAD AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

IN THE EVENT THAT A PATIENT DOES NOT QUALITY 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 Supplemental Information *(Continuation)*

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 2023 OUR GENERAL ADMITTANCE PAYOR MIX FOR MEDICARE AND MEDICAID BENEFIT COVERED PATIENTS WAS 32% AND 54%, RESPECTIVELY.

HOWARD UNIVERSITY IS HISTORICALLY AMONG THE TOP PRODUCERS OF AFRICAN AMERICAN 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). 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

Part VI Supplemental Information *(Continuation)*

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 AFRICAN AMERICAN 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 LIVING ALUMNI, MORE THAN 4,000, ARE A TESTIMONY THAT AN EXCELLENT MEDICAL EDUCATION CAN BE 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 AFRICAN AMERICAN, 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 AFRICAN AMERICAN 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 CHILD 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 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.

Part VI Supplemental Information *(Continuation)*

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.

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.

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)
(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

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? ..... [X] 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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
GEORGETOWN UNIVERSITY PO BOX 825738 PHILADELPHIA, PA 19182-5738	53-0196603	501(C)(3)	1,015,724.	0.			SUPPORT & EDUCATION
TEXAS SOUTHERN UNIVERSITY 3100 CLEBURNE ST 3100 HOUSTON, TX 77004-4598	74-6001391		630,849.	0.			SUPPORT & EDUCATION
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE 360 BOSTON, MA 02115	04-1679980	501(C)(3)	498,538.	0.			SUPPORT & EDUCATION
UNIVERSITY OF MARYLAND, COLLEGE PARK - 4101 CHESAPEAKE BUILDING, 4300 TERRAPAIN TRAIL - COLLEGE PARK, MD 20742	52-6002033		475,360.	0.			SUPPORT & EDUCATION
MORGAN STATE UNIVERSITY 1700 E COLD SPRING LN BALTIMORE, MD 21251-0002	52-6002033	501(C)(3)	439,287.	0.			SUPPORT & EDUCATION
SAN JOSE STATE UNIVERSITY RESEARCH FOUNDATION - 210 N 4TH ST FL 3 - SAN JOSE, CA 95112-5569	94-6017638		434,344.	0.			SUPPORT & EDUCATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 54.

3 Enter total number of other organizations listed in the line 1 table ..... 10.

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
OLD DOMINION UNIVERSITY RESEARCH FOUNDATION - P.O. BOX 6369 - NORFOLK, VA 23508	54-6068198	501(C)(3)	374,993.	0.			SUPPORT & EDUCATION
BOWIE STATE UNIVERSITY 14000 JERICHO PARK ROAD BOWIE, MD 20715	52-6002033	501(C)(3)	249,032.	0.			SUPPORT & EDUCATION
CLARK ATLANTA UNIVERSITY 223 JAMES P. BRAWLEY DRIVE, SW ATLANTA, GA 30314-4391	58-1825259	501(C)(3)	218,271.	0.			SUPPORT & EDUCATION
UNIVERSITY OF MASSACHUSETTS AMHERST - 215 WHITMORE ADMIN BLDG 181 PRESIDENTS DRIVE - AMHERST, MA 01003	04-3167352	501(C)(3)	199,671.	0.			SUPPORT & EDUCATION
NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY - 1601 E MARKET ST DOWDY - SGREENSBORO, NC 27411-0001	56-6000007		196,993.	0.			SUPPORT & EDUCATION
NORFOLK STATE UNIVERSITY 700 PARK AVE NORFOLK, VA 23504-8090	54-6002808	501(C)(3)	181,269.	0.			SUPPORT & EDUCATION
UNIVERSITY OF NEVADA, LAS VEGAS (UNLV) - 4505 S. MARYLAND PKWY BOX 451055 - LAS VEGAS, NV 89154-1055	88-6000024	501(C)(3)	174,306.	0.			SUPPORT & 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)	161,230.	0.			SUPPORT & EDUCATION
HAMPTON UNIVERSITY 200 WILLIAM R HARVEY WAY HAMPTON, VA 23669-4561	54-0505990	501(C)(3)	145,471.	0.			SUPPORT & EDUCATION

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
TUSKEGEE UNIVERSITY 1200 W MONTGOMERY RD TUSKEGEE INSTITUTE, AL 36088	72-1576109	501(C)(3)	131,396.	0.			SUPPORT & EDUCATION
SPELMAN COLLEGE 350 SPELMAN LANE SW - BOX 10 ATLANTA, GA 30314	58-0566243	501(C)(3)	109,448.	0.			SUPPORT & EDUCATION
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 9201 UNIVERSITY CITY BLVD - CHARLOTTE, NC 28223-0001	14-2440326	501(C)(3)	107,339.	0.			SUPPORT & EDUCATION
FLORIDA A & M UNIVERSITY 1601 S MRTN L KING JR BLV TALLAHASSEE, FL 32307-0001	59-0977035	501(C)(3)	101,788.	0.			SUPPORT & EDUCATION
HEALTHHIV 1630 CONNECTICUT AVE NW STE 500 WASHINGTON, DC 20009	52-2253960	501(C)(3)	100,429.	0.			SUPPORT & EDUCATION
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY DBA STANFORD UNIV - 485 BROADWAY MAIL CODE 8838 - REDWOOD CITY, CA	94-1156365	501(C)(3)	94,272.	0.			SUPPORT & EDUCATION
DELAWARE STATE UNIVERSITY 1200 N DUPONT HWY DOVER, DE 19901-2202	51-0305893	501(C)(3)	93,982.	0.			SUPPORT & EDUCATION
UNIVERSITY OF HOUSTON SYSTEM 5000 GULF FWY, TECH BLDG. 1, RM . 2 HOUSTON, TX 77204	74-6001399	501(C)(3)	85,556.	0.			SUPPORT & EDUCATION
WOMEN'S INSTITUTE FOR SCIENCE, EQUITY, AND RACE - 9291 LAUREL GROVE ROAD SUITE 92 - MECHANICSVILLE, VA 23116	81-1741783	501(C)(3)	79,674.	0.			SUPPORT & EDUCATION

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 GEORGE WASHINGTON UNIVERSITY C/O TAX DEPARTMENT, 45155 RESEARCH PLACE, SUITE 260 - ASHBURN, VA 20147	53-0156584	501(C)(3)	72,617.	0.			SUPPORT & EDUCATION
MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC. - 2333 ONTARIO RD NW - WASHINGTON, DC 20009-2627	52-1594116	501(C)(3)	69,408.	0.			SUPPORT & 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)	66,910.	0.			SUPPORT & EDUCATION
TOUGALOO COLLEGE 500 WEST COUNTY LINE ROAD TOUGALOO, MS 39174	64-0303093	501(C)(3)	65,971.	0.			SUPPORT & EDUCATION
UNIVERSITY OF PUERTO RICO RESEARCH AND DEV CENTER MAYAGUEZ, PR 00681	66-0433760	170(B)(A)(II)	65,865.	0.			SUPPORT & EDUCATION
ALBERT EINSTEIN COLLEGE OF MEDICINE STUDENT HOUSING CO., INC. - 1300 MORRIS PARK 1300 - BRONX, NY 10461-1900	83-0621846	501(C)(3)	65,433.	0.			SUPPORT & EDUCATION
TRUSTEES OF TUFTS COLLEGE DBA TUFTS UNIVERSITY - 80 GEORGE STREET - MEDFORD, MA 02155	04-2103634	501(C)(3)	64,522.	0.			SUPPORT & EDUCATION
UNIVERSITY OF MARYLAND BALTIMORE COUNTY - 220 ARCH ST OFFICE LEVEL 2 - BALTIMORE, MD 21201	52-6002033		64,092.	0.			SUPPORT & EDUCATION
PRAIRIE VIEW A&M UNIVERSITY 1801 MAIN ST STE 801 HOUSTON, TX 77002-8119	76-0336834	501(C)(3)	56,793.	0.			SUPPORT & EDUCATION

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
UNIVERSITY OF TEXAS AT EL PASO 500 W UNIVERSITY AVE EL PASO, TX 79968-8900	74-6000813	501(C)(3)	46,029.	0.			SUPPORT & EDUCATION
THE BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA DBA UNIVERSITY OF NEBRASKA - - 151 PREM S PAUL RESEARCH CENTER 2200	47-0049123	501(C)(3)	42,306.	0.			SUPPORT & EDUCATION
TEXAS TECH UNIVERSITY SYSTEM BOX 41092 LUBBOCK, TX 79409-1092	75-6002622	501(C)(3)	41,859.	0.			SUPPORT & EDUCATION
INSTITUTE FOR PUBLIC HEALTH INNOVATION - 1250 CONN AVE NW STE 202 - WASHINGTON, DC 20036-2661	46-3039129	501(C)(3)	41,445.	0.			SUPPORT & EDUCATION
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA ON BEHALF OF ITS LOS ANGELES CAMPUS - BOX 957089 , 1125 MURPHY , 405 HILGARD AVE - LOS	95-6006143	501(C)(3)	40,642.	0.			SUPPORT & EDUCATION
BALTIMORE CITY COMMUNITY COLLEGE 2901 LIBERTY HEIGHTS BALTIMORE, MD 21215	52-6002033	501(C)(3)	39,753.	0.			SUPPORT & EDUCATION
UNIVERSITY OF GEORGIA 120 HOOPER ST FL 3 FL 3 ATHENS, GA 30602-5042	38-2665868	501(C)(3)	36,954.	0.			SUPPORT & EDUCATION
UNIVERSITY OF TEXAS AT AUSTIN 110 INNER CAMPUS DR AUSTIN, TX 78712-1139	78-7137398	501(C)(3)	31,244.	0.			SUPPORT & EDUCATION
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, 5TH FLOOR FRANKLIN BUILDING - PHILADELPHIA, PA 19104-6205	23-1352685	501(C)(3)	30,167.	0.			SUPPORT & EDUCATION

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
MILLER MEDICAL COMMUNICATIONS, LLC 501 5TH AVE. , SUITE 2003 NEW YORK, NY 10017	20-5677299		28,125.	0.			SUPPORT & EDUCATION
PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION - 4061 POWDER MILL ROAD, SUITE 350 - BELTSVILLE, MD 20705-3113	94-2243283	501(C)(3)	27,361.	0.			SUPPORT & EDUCATION
UNIVERSITY OF GEORGIA RESEARCH FOUNDATION INC. - 310 E, CAMPUS ROAD - ATHENS, GA 30602	58-1353149	501(C)(3)	26,524.	0.			SUPPORT & EDUCATION
FAIR HEALTH INC 800 THIRD AVENUE SUITE 900 NEW YORK, NY 10022	90-0524293	501(C)(3)	25,000.	0.			SUPPORT & EDUCATION
THE FAMILY & YOUTH INSTITUTE 42807 FORD RD 203 CANTON, MI 48187	31-1651432	501(C)(3)	22,000.	0.			SUPPORT & EDUCATION
ZANE NETWORKS, LLC 1205 GOOD HOPE ROAD, SE WASHINGTON, DC 20020	52-2221847		18,000.	0.			SUPPORT & EDUCATION
UNIVERSITY OF CALIFORNIA SANTA BARBA - UNIVERSITY OF CALIFORNIA - SANTA BARBARA, CA 93106	95-6006145	501(C)(3)	17,433.	0.			SUPPORT & EDUCATION
VANDERBILT UNIVERSITY MEDICAL CENTER - 3319 WEST END AVE. SUITE 700 - NASHVILLE, TN 37203	35-2528741	501(C)(3)	17,136.	0.			SUPPORT & EDUCATION
UNIVERSITY OF MICHIGAN 2226 SAB 515 E. JEFFERSON ANN ARBOR, MI 48109	38-6006309	501(C)(3)	16,307.	0.			SUPPORT & EDUCATION

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
KENTUCKY STATE UNIVERSITY 400 E. MAIN STREET FRANKFORT, KY 40601	61-1099712	501(C)(3)	14,975.	0.			SUPPORT & EDUCATION
COLUMBIA UNIVERSITY 630 W 168TH ST INTERLIBRARY LOAN 701 W 168TH STREET - NEW YORK, NY 10032-372	13-5598093	501(C)(3)	14,621.	0.			SUPPORT & EDUCATION
THE JOHNS HOPKINS UNIVERSITY JHU THIRD PARTY PAYER TEAM BALTIMORE, MD 21218	52-0595110	501(C)(3)	14,000.	0.			SUPPORT & EDUCATION
AMERICAN UNIVERSITY OF BEIRUT 1107 2020 LEBANON	13-5596846	501(C)(3)	13,098.	0.			SUPPORT & EDUCATION
UNIVERSITY OF OREGON P.O. BOX 3237 EUGENE, OR 97403	46-4727800		12,886.	0.			SUPPORT & EDUCATION
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297041 FORT WORTH, TX 76129	75-0827465	501(C)(3)	10,581.	0.			SUPPORT & EDUCATION
MOREHOUSE COLLEGE 830 WESTVIEW DRIVE, S.W. ATLANTA, GA 30314	58-0566205	501(C)(3)	9,000.	0.			SUPPORT & EDUCATION
COPPIN STATE UNIVERSITY 2500 W. NORTH AVENUE BALTIMORE, MD 21216	23-7127440	501(C)(3)	8,994.	0.			SUPPORT & EDUCATION
ALABAMA A & M UNIVERSITY 4900 MERIDIAN ST N HUNTSVILLE, AL 35810	63-6001097	501(C)(3)	7,548.	0.			SUPPORT & EDUCATION

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
BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLZ HOUSTON, TX 77030-3498	74-1613878	501(C)(3)	7,525.	0.			SUPPORT & EDUCATION
UNIVERSITY OF PITTSBURGH PO BOX 640458 PITTSBURGH, PA 15264-0458	25-0965591	501(C)(3)	5,782.	0.			SUPPORT & EDUCATION
THE VANDERBILT UNIVERSITY PMB 401591 NASHVILLE, TN 37240-1591	62-0476822	501(C)(3)	5,387.	0.			SUPPORT & EDUCATION
VIRGINIA STATE UNIVERSITY 1 HAYDEN DRIVE. P.O. BOX 9075 PETERSBURG, VA 23806	54-6001811		5,210.	0.			SUPPORT & 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	48491	191,592,294.	0.		

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

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE HOWARD UNIVERSITY

Employer identification number

53-0204707

Part I Questions Regarding Compensation

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

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 FREDERICK	(i)	1,331,974.	0.	140,000.	27,600.	20,664.	1,520,238.	0.
FORMER PRESIDENT, RET 9/1/23	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BEN VINSON III	(i)	923,005.	120,000.	0.	27,600.	10,093.	1,080,698.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANDREA A. HAYES DIXON	(i)	984,422.	0.	0.	27,012.	17,533.	1,028,967.	0.
DEAN COLLEGE OF MEDICINE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KAKRA HUGHES	(i)	910,130.	0.	0.	27,600.	19,298.	957,028.	0.
VASCULAR AND ENDOVASCULAR SURGEON	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALEXANDER EVANS	(i)	855,301.	0.	0.	26,371.	14,004.	895,676.	0.
TRAUMA MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAMIREZ FOSSETT	(i)	854,195.	0.	0.	27,600.	9,666.	891,461.	0.
CHAIR OF NEUROSURGERY	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) EDWARD CORNWELL	(i)	843,016.	0.	0.	27,600.	18,750.	889,366.	0.
TRAUMA AND CRITICAL CARE SURGEON	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GAL LEVY	(i)	817,053.	0.	0.	27,600.	9,589.	854,242.	0.
CHIEF DIVISION CARDIOTHORACIC SURGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TASHNI-ANN DUBROY	(i)	438,072.	42,500.	222,274.	26,574.	9,539.	738,959.	0.
EXECUTIVE VICE PRESIDENT AND CHIEF O	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) FLORENCE PRIOLEAU	(i)	411,530.	40,000.	208,000.	26,640.	8,111.	694,281.	0.
SENIOR VICE PRESIDENT & GENERAL COUN	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) HUGH MIGHTY	(i)	596,609.	30,000.	0.	27,600.	18,861.	673,070.	0.
SENIOR VICE PRESIDENT OF HEALTH AFFA	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ANTHONY WUTOH	(i)	440,298.	35,000.	0.	27,600.	19,401.	522,299.	0.
PROVOST AND CHIEF ACADEMIC OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) RASHAD YOUNG	(i)	428,570.	35,000.	0.	26,640.	8,111.	498,321.	0.
SENIOR VICE PRESIDENT FOR ADMINISTRA	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) WARREN PETTY	(i)	391,167.	60,000.	0.	27,600.	1,395.	480,162.	0.
VICE PRESIDENT AND CHIEF HUMAN RESOU	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) DAVID BENNETT	(i)	343,297.	60,000.	0.	27,600.	9,013.	439,910.	0.
VICE PRESIDENT AND CHIEF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) BRUCE JONES	(i)	347,021.	30,000.	0.	26,700.	19,761.	423,482.	0.
SENIOR VICE PRESIDENT OF RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.

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				
(17) CHRISTIE TAYLOR	(i)	280,554.	28,000.	14,964.	22,567.	9,531.	355,616.	0.
SECRETARY OF BOARD	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) CYNTHIA EVERS	(i)	276,544.	20,000.	0.	21,959.	1,412.	319,915.	0.
SENIOR VICE PRESIDENT FOR STUDENT AF	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) LYDIA SERMONS	(i)	250,613.	25,000.	0.	18,404.	13,610.	307,627.	0.
VICE PRESIDENT OF COMMUNICATIONS AND	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) ALLISON BRYANT	(i)	232,582.	35,000.	0.	18,720.	1,021.	287,323.	0.
VICE PRESIDENT OF CORPORATE RELATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) PAUL TIYAMBE ZELEZA	(i)	241,591.	0.	0.	18,846.	8,411.	268,848.	0.
SENIOR ADVISOR FOR STRATEGIC INITIAT	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) STEPHEN GRAHAM	(i)	203,520.	0.	0.	16,615.	9,776.	229,911.	0.
SENIOR VICE PRESIDENT AND CHIEF FINA	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) ODALYS DIAZ PINEIRO	(i)	191,652.	0.	0.	16,000.	15,939.	223,591.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 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 K (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE HOWARD UNIVERSITY

Employer identification number
53-0204707

Part I Bond Issues

	(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
A	DISTRICT OF COLUMBIA	53-6001131	NONE	08/26/10	10,400,000.	SEE PART VI		X		X		X
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	9,913,868.			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	10,400,000.			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	196,236.			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	10,400,000.			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2011			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	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						
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	%		%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	%		%		%		%	
6	Total of lines 4 and 5	%		%		%		%	
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	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 O (Form 990)
(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

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 DURING THE FISCAL YEAR COVERED BY THIS RETURN, WAS ALSO EMPLOYED BY ADVENTIST HEALTHCARE. A NEW ADVENTIST HIRE ASSUMED THE RESPONSIBILITIES OF THE CFO SUBSEQUENT TO YEAR END.

FORM 990, PART VI, SECTION B, LINE 11B:
A COMPLETE DRAFT OF THE FORM 990 IS POSTED TO THE BOARD OF TRUSTEES PORTAL FOR REVIEW AND COMMENTS. 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 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. SUBCOMMITTEE TO REVIEW THE PRESIDENT'S RECOMMENDED COMPENSATION, BONUS/INCENTIVE AWARDS TITLES POWERS AND DUTIES FOR THE OFFICERS KEY

Name of the organization: THE HOWARD UNIVERSITY

Employer identification number: 53-0204707

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	74,245,737.
MANAGEMENT AND GENERAL EXPENSES	82,698,377.
FUNDRAISING EXPENSES	1,952,745.
TOTAL EXPENSES	158,896,859.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	158,896,859.

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

UNREALIZED CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PENSION PLAN	-7,463,000.
UNREALIZED CHANGE IN OBLIGATION FOR POST RETIREMENT BENEFIT PLAN	-1,033,000.
NET PERIOD BENEFIT COST OTHER THAN SERVICE COST	-1,046,000.
CHANGE IN FUNDED STATUS OF SUPPLEMENTAL BENEFIT COST	-9,000.
TOTAL TO FORM 990, PART XI, LINE 9	-9,551,000.

FORM 990, PART XII, LINE 2C:
THE PROCESS HASN'T BEEN CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)
(Rev. January 2025)
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 for instructions and the latest information.

OMB No. 1545-0047

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 - 47-2591463, 2400 6TH STREET NW, WASHINGTON, DC 20059	EDUCATION	NIGERIA	505,910.		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	(g) Section 512(b)(13) controlled entity? 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
HOWARD UNIVERSITY HOSPITAL CORP - 87-3454381 2041 GEORGIA AVENUE NW WASHINGTON, DC 20060	HEALTHCARE	DISTRICT OF COLUMBIA	501 (C)(3)		HOWARD UNIVERSITY		X

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
HOWARD UNIVERSITY CAPITOL INSURANCE COMPANY	CAPTIVE INSURANCE	CAYMAN ISLANDS	HOWARD UNIVERSITY	C CORP	115,423.	515,493.	100%	X	

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

		Yes	No
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?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s		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	712,539.	CASH
(2)	HOWARD UNIVERSITY GLOBAL INITIATIVE - NIGERIA	R	472,050.	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) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2024

Attachment Sequence No. **27**

Name(s) shown on return

THE HOWARD UNIVERSITY

Identifying number

53-0204707

1a	Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a	
b	Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b	
c	Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SEE STATEMENT 14						

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7	535,479.
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	535,479.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18b	

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** See line 1a before completing.)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis. Subtract line 22 from line 21	23				
24 Total gain. Subtract line 23 from line 20	24				
25 **If section 1245 property:**					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 **If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975. See instructions	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a. See instructions	26b				
c Subtract line 26a from line 24. If residential rental property **or** line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 **If section 1252 property:** Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 **If section 1254 property:**					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 **If section 1255 property:**					
a Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b Enter the **smaller** of line 24 or 29a. See instructions	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation. See instructions	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.
Information furnished for the foreign partnership's tax year
beginning JAN 1 , 2024, and ending DEC 31 , 2024

OMB No. 1545-1668

2024

Attachment Sequence No. **865**

Name of person filing this return

THE HOWARD UNIVERSITY

Filer's identification number
53-0204707

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):
1 ☐ 2 ☐ 3 ☒ 4 ☐

B Filer's tax year beginning JUL 1 , 2024 , and ending JUN 30 , 2025

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:
Name EIN
Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
AIPCF VII INDIRECT INVESTOR AIV, LP

450 LEXINGTON AVENUE
NEW YORK, NY 10017

2(a) EIN (if any)
98-1472049

2(b) Reference ID number

3 Country under whose laws organized
CAYMAN ISLANDS

4 Date of organization	**5** Principal place of business	**6** Principal business activity code number	**7** Principal business activity	**8a** Functional currency	**8b** Exchange rate (see instructions)
02/13/2019	CAYMAN ISLANDS		523900	USD	

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:
☐ Form 1042 ☐ Form 8804 ☒ Form 1065
Service Center where Form 1065 is filed:
E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

5	During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions	☐ Yes	☐ No
	If "Yes," enter the total amount of the disallowed deductions $		
6	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?	☐ Yes	☒ No
7	Were any special allocations made by the foreign partnership?	☐ Yes	☒ No
8	Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions		
9	How is this partnership classified under the law of the country in which it's organized? PARTNERSHIP		
10 a	Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b	☐ Yes	☐ No
b	If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?	☐ Yes	☐ No
11	Does this partnership meet **both** of the following requirements? 1. The partnership's total receipts for the tax year were less than $250,000. 2. The value of the partnership's total assets at the end of the tax year was less than $1 million. If "Yes," **don't** complete Schedules L, M-1, and M-2.	☐ Yes	☐ No

12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☐ No

b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI

d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI

13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership

14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☐ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.
	Signature of general partner or limited liability company member — Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☐ Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				☐	%	%
				☐	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

Schedule A-3 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
STMT 15				

SCHEDULE O (Form 8865)

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

▶ **Attach to Form 8865. See the Instructions for Form 8865.**

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor	Filer's identifying number
THE HOWARD UNIVERSITY	53-0204707

Name of foreign partnership	EIN (if any)	Reference ID number (see instr)
AIPCF VII INDIRECT INVESTOR AIV, LP	98-1472049	

1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ☐ **Yes** ☐ **No**

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ☐ **Yes** ☐ **No**

2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ **Yes** ☐ **No**

Part I **Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/24		1,818,334.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			1,818,334.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer .3700 % (b) After the transfer .3700 %

Supplemental Information Required To Be Reported (see instructions):

Part II **Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ▶ ☐ **Yes** ☒ **No**

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.
Information furnished for the foreign partnership's tax year
beginning JUL 1 , 2024, and ending JUN 30 , 2025

OMB No. 1545-1668

2024

Attachment Sequence No. **865**

Name of person filing this return

THE HOWARD UNIVERSITY

Filer's identification number
53-0204707

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):
1 ☐ 2 ☐ 3 ☒ 4 ☐

B Filer's tax year beginning JUL 1 , 2024 , and ending JUN 30 , 2025

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:
Name EIN
Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
SK CAPITAL PARTNERS V-B LP

430 PARK AVENUE 18TH FLOOR
NEW YORK, NY 10022

2(a) EIN (if any)
98-1409405

2(b) Reference ID number

3 Country under whose laws organized
CAYMAN ISLANDS

4 Date of organization	**5** Principal place of business	**6** Principal business activity code number	**7** Principal business activity	**8a** Functional currency	**8b** Exchange rate (see instructions)
01/11/2018	CAYMAN ISLANDS		523900	USD	

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States
SK CAPITAL PARTNERS, LP
430 PARK AVENUE, 18TH FLOOR
NEW YORK, NY 10022

2 Check if the foreign partnership must file:
☐ Form 1042 ☐ Form 8804 ☒ Form 1065
Service Center where Form 1065 is filed:
E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any
SK CAPITAL INVESTMENT V
430 PARK AVENUE, 18TH FLOOR
NEW YORK, NY 10022

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different
SK CAPITAL INVESTMENT V
430 PARK AVENUE, 18TH FLOOR
NEW YORK, NY 10022

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions ☐ Yes ☐ No
If "Yes," enter the total amount of the disallowed deductions $

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? ☐ Yes ☒ No

7 Were any special allocations made by the foreign partnership? ☐ Yes ☒ No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized? LTD PARTNERSHIP

10a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b ☐ Yes ☒ No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? ☐ Yes ☐ No

11 Does this partnership meet **both** of the following requirements?
1. The partnership's total receipts for the tax year were less than $250,000.
2. The value of the partnership's total assets at the end of the tax year was less than $1 million.
If "Yes," **don't** complete Schedules L, M-1, and M-2. ☐ Yes ☐ No

12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☐ No

b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI

d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI

13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership

14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☐ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.
	Signature of general partner or limited liability company member — Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a [X] Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				☐	%	%
				☐	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

Schedule A-3 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

SCHEDULE O (Form 8865)

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

▶ **Attach to Form 8865. See the Instructions for Form 8865.**

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor	Filer's identifying number
THE HOWARD UNIVERSITY	53-0204707

Name of foreign partnership	EIN (if any)	Reference ID number (see instr)
SK CAPITAL PARTNERS V-B LP	98-1409405	

1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ☐ **Yes** ☐ **No**

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ☐ **Yes** ☐ **No**

2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ **Yes** ☐ **No**

Part I **Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/24		841,576.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			841,576.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer 1.6461 % (b) After the transfer 1.7255 %

Supplemental Information Required To Be Reported (see instructions):

Part II **Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ▶ ☐ **Yes** ☒ **No**

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.
Information furnished for the foreign partnership's tax year
beginning JAN 1 , 2024, and ending DEC 31 , 2024

OMB No. 1545-1668

2024

Attachment Sequence No. **865**

Name of person filing this return

THE HOWARD UNIVERSITY

Filer's identification number
53-0204707

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):
1 ☐ 2 ☒ 3 ☐ 4 ☐

B Filer's tax year beginning JUL 1 , 2024 , and ending JUN 30 , 2025

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:
Name EIN
Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
AIPCF VI SMART INDIRECT INVESTOR AIV, LP

450 LEXINGTON AVENUE
NEW YORK, NY 10017

2(a) EIN (if any)
98-1273620

2(b) Reference ID number

3 Country under whose laws organized
CAYMAN ISLANDS

4 Date of organization	**5** Principal place of business	**6** Principal business activity code number	**7** Principal business activity	**8a** Functional currency	**8b** Exchange rate (see instructions)
09/30/2015	CAYMAN ISLANDS	523900	INVESTMENTS	USD	

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:
☐ Form 1042 ☐ Form 8804 ☒ Form 1065
Service Center where Form 1065 is filed:
E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

5	During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions	☐ Yes	☐ No
	If "Yes," enter the total amount of the disallowed deductions $		
6	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?	☐ Yes	☒ No
7	Were any special allocations made by the foreign partnership?	☐ Yes	☒ No
8	Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions		
9	How is this partnership classified under the law of the country in which it's organized? LTD PARTNERSHIP		
10 a	Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b	☐ Yes	☐ No
b	If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?	☐ Yes	☐ No
11	Does this partnership meet **both** of the following requirements? 1. The partnership's total receipts for the tax year were less than $250,000. 2. The value of the partnership's total assets at the end of the tax year was less than $1 million. If "Yes," **don't** complete Schedules L, M-1, and M-2.	☐ Yes	☐ No

12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☐ No

b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI

d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI

13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership

14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☐ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.
	Signature of general partner or limited liability company member — Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☐ Owns a direct interest **b** ☒ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				☐	%	%
				☐	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

Schedule A-3 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales of inventory				
2 Sales of property rights (patents, trademarks, etc.)				
3 Compensation received for technical, managerial, engineering, construction, or like services				
4 Commissions received				
5 Rents, royalties, and license fees received				
6 Distributions received				
7 Interest received				
8 Other				
9 Add lines 1 through 8				
10 Purchases of inventory				
11 Purchases of tangible property other than inventory				
12 Purchases of property rights (patents, trademarks, etc.)				
13 Compensation paid for technical, managerial, engineering, construction, or like services				
14 Commissions paid				
15 Rents, royalties, and license fees paid				
16 Distributions paid				
17 Interest paid				
18 Other				
19 Add lines 10 through 18				
20 Amounts borrowed (enter the maximum loan balance during the tax year). See instructions				
21 Amounts loaned (enter the maximum loan balance during the tax year). See instructions				

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year beginning JAN 1 , 2024, and ending DEC 31 , 2024

OMB No. 1545-1668

2024

Attachment Sequence No. **865**

Name of person filing this return

THE HOWARD UNIVERSITY

Filer's identification number

53-0204707

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1 ☐ 2 ☐ 3 ☒ 4 ☐

B Filer's tax year beginning JUL 1 , 2024 , and ending JUN 30 , 2025

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name EIN

Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership

SYCAMORE PARTNERS III-A LP

9 WEST 57TH STREET, 31ST FLOOR
NEW YORK, NY 10019

2(a) EIN (if any) 98-1391684

2(b) Reference ID number

3 Country under whose laws organized CAYMAN ISLANDS

4 Date of organization	**5** Principal place of business	**6** Principal business activity code number	**7** Principal business activity	**8a** Functional currency	**8b** Exchange rate (see instructions)
01/01/2018		523900	INVESTING	USD	

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

SYCAMORE PARTNERS MANAGEMENT, L.P.
9 WEST 57TH STREET, 35TH FL
NEW YORK, NY 10019

2 Check if the foreign partnership must file:

☐ Form 1042 ☐ Form 8804 ☒ Form 1065

Service Center where Form 1065 is filed: E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any

SYCAMORE PARTNERS MANAGEMENT LP
9 WEST 57TH STREET, 35TH FL
NEW YORK, NY 10019

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

SYCAMORE PARTNERS MANAGEMENT LP
9 WEST 57TH STREET, 35TH FL
NEW YORK, NY 10019

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions ☐ Yes ☐ No

If "Yes," enter the total amount of the disallowed deductions $

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? ☐ Yes ☐ No

7 Were any special allocations made by the foreign partnership? ☐ Yes ☒ No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized? PARTNERSHIP

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b ☐ Yes ☐ No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? ☐ Yes ☐ No

11 Does this partnership meet **both** of the following requirements?

1. The partnership's total receipts for the tax year were less than $250,000.
2. The value of the partnership's total assets at the end of the tax year was less than $1 million.

If "Yes," **don't** complete Schedules L, M-1, and M-2. ☐ Yes ☐ No

12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☐ No

b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI

d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI

13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership

14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☐ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.
	Signature of general partner or limited liability company member — Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a [X] Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				☐	%	%
				☐	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

Schedule A-3 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
STMT 16				

SCHEDULE O (Form 8865)

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

▶ **Attach to Form 8865. See the Instructions for Form 8865.**

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor	Filer's identifying number
THE HOWARD UNIVERSITY	53-0204707

Name of foreign partnership	EIN (if any)	Reference ID number (see instr)
SYCAMORE PARTNERS III-A LP	98-1391684	

1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ☐ **Yes** ☐ **No**

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ☐ **Yes** ☐ **No**

2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ **Yes** ☐ **No**

Part I **Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/24		1,053,658.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			1,053,658.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer .2587 % (b) After the transfer .2587 %

Supplemental Information Required To Be Reported (see instructions):

Part II **Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ▶ ☐ **Yes** ☒ **No**

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.
Information furnished for the foreign partnership's tax year
beginning JAN 1 , 2024, and ending DEC 31 , 2024

OMB No. 1545-1668

2024

Attachment Sequence No. **865**

Name of person filing this return

THE HOWARD UNIVERSITY

Filer's identification number
53-0204707

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):
1 ☐ 2 ☐ 3 ☒ 4 ☐

B Filer's tax year beginning JUL 1 , 2024 , and ending JUN 30 , 2025

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:
Name EIN
Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
WNG AIRCRAFT OPPORTUNITIES FUND II
(CAYMAN), LP
27 HOSPITAL ROAD
GEORGE TOWN, CAYMAN ISLANDS KY1-9008

2(a) EIN (if any)
98-1404362

2(b) Reference ID number

3 Country under whose laws organized
CAYMAN ISLANDS

4 Date of organization	**5** Principal place of business	**6** Principal business activity code number	**7** Principal business activity	**8a** Functional currency	**8b** Exchange rate (see instructions)
05/29/2018		523900	INVESTING	USD	

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:
☐ Form 1042 ☐ Form 8804 ☒ Form 1065
Service Center where Form 1065 is filed:
E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any
WALKERS CORP LIMITED
27 HOSPITAL ROAD
GEORGE TOWN, CAYMAN ISLANDS KY1-9008

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different
WNG AIRCRAFT OPP FUND II GP
7950 LEGACY DRIVE
PLANO, TX 75024

5	During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions	☐ Yes	☐ No
	If "Yes," enter the total amount of the disallowed deductions $		
6	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?	☐ Yes	☒ No
7	Were any special allocations made by the foreign partnership?	☒ Yes	☐ No
8	Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions		
9	How is this partnership classified under the law of the country in which it's organized?	EXEMPT COMPANY	
10 a	Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b	☒ Yes	☐ No
b	If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?	☐ Yes	☒ No
11	Does this partnership meet **both** of the following requirements? 1. The partnership's total receipts for the tax year were less than $250,000. 2. The value of the partnership's total assets at the end of the tax year was less than $1 million. If "Yes," **don't** complete Schedules L, M-1, and M-2.	☐ Yes	☐ No

12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☐ No

b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI

d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI

13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership

14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☐ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.
	Signature of general partner or limited liability company member — Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a [X] Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				☐	%	%
				☐	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

Schedule A-3 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
STMT 17				

SCHEDULE O (Form 8865)

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership
(Under Section 6038B)

▶ **Attach to Form 8865. See the Instructions for Form 8865.**

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor	Filer's identifying number
THE HOWARD UNIVERSITY	53-0204707

Name of foreign partnership	EIN (if any)	Reference ID number (see instr)
WNG AIRCRAFT OPPORTUNITIES FUND II (CAYMAN), LP	98-1404362	

1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ..... ☐ **Yes** ☒ **No**

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ..... ☐ **Yes** ☐ **No**

2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ..... ☐ **Yes** ☒ **No**

Part I **Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/24		153,507.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			153,507.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer 8.4400 % (b) After the transfer 8.4400 %

Supplemental Information Required To Be Reported (see instructions):

Part II **Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ..... ▶ ☐ **Yes** ☒ **No**

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year beginning JAN 1 , 2024, and ending DEC 31 , 2024

OMB No. 1545-1668

2024

Attachment Sequence No. **865**

Name of person filing this return

THE HOWARD UNIVERSITY

Filer's identification number

53-0204707

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1 ☐ 2 ☐ 3 ☒ 4 ☐

B Filer's tax year beginning JUL 1 , 2024 , and ending JUN 30 , 2025

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name EIN

Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership

BESSEMER VENTURE PARTNERS INDIA
INSTITUTIONAL LP
1865 PALMER AVE, STE 104
LARCHMONT, NY 10538

2(a) EIN (if any)
98-1631750

2(b) Reference ID number

3 Country under whose laws organized
CAYMAN ISLANDS

4 Date of organization	**5** Principal place of business	**6** Principal business activity code number	**7** Principal business activity	**8a** Functional currency	**8b** Exchange rate (see instructions)
10/01/2021	CAYMAN ISLANDS	523900	INVESTMENTS	USD	

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:
☐ Form 1042 ☐ Form 8804 ☒ Form 1065
Service Center where Form 1065 is filed:
E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any

MAPLES CORPORATE SERVICES LTD
PO BOX 309 UGLAND HOUSE
GRAND CAYMAN, CAYMAN ISLANDS KY1-110

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

SARA BYRNE
1865 PALMER AVE STE 104
LARCHMONT, NY 10538

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions ☐ Yes ☐ No
If "Yes," enter the total amount of the disallowed deductions $

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? ☐ Yes ☒ No

7 Were any special allocations made by the foreign partnership? ☐ Yes ☒ No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized? LTD PARTNERSHIP

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b ☐ Yes ☒ No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? ☐ Yes ☐ No

11 Does this partnership meet **both** of the following requirements?
1. The partnership's total receipts for the tax year were less than $250,000.
2. The value of the partnership's total assets at the end of the tax year was less than $1 million.
If "Yes," **don't** complete Schedules L, M-1, and M-2. ☐ Yes ☐ No

12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☐ No

b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI

d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI

13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership

14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☐ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.
	Signature of general partner or limited liability company member — Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☐ Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				☐	%	%
				☐	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

Schedule A-3 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
BVP INDIA HOLDINGS	1865 PALMER AVE STE 104	98-1642846		X
	LARCHMONT, NY 10538			

SCHEDULE O (Form 8865)

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

▶ **Attach to Form 8865. See the Instructions for Form 8865.**

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor	Filer's identifying number
THE HOWARD UNIVERSITY	53-0204707

Name of foreign partnership	EIN (if any)	Reference ID number (see instr)
BESSEMER VENTURE PARTNERS INDIA INSTITUTIONAL LP	98-1631750	

1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ☐ **Yes** ☐ **No**

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ☐ **Yes** ☐ **No**

2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ **Yes** ☐ **No**

Part I **Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/24		769,393.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			769,393.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer 1.8079 % (b) After the transfer 1.8080 %

Supplemental Information Required To Be Reported (see instructions):

Part II **Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ▶ ☐ **Yes** ☒ **No**

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year beginning JAN 1 , 2024, and ending DEC 31 , 2024

OMB No. 1545-1668

2024

Attachment Sequence No. **865**

Name of person filing this return

THE HOWARD UNIVERSITY

Filer's identification number

53-0204707

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1 ☐ 2 ☐ 3 ☒ 4 ☐

B Filer's tax year beginning JUL 1 , 2024 , and ending JUN 30 , 2025

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name EIN

Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership

TIGER GLOBAL PRIVATE INVESTMENT PARTNERS

FLOOR 4, WILLOW HOUSE
CAYMAN ISLANDS KY1-9010

2(a) EIN (if any)
98-1611846

2(b) Reference ID number

3 Country under whose laws organized
CAYMAN ISLANDS

4 Date of organization	**5** Principal place of business	**6** Principal business activity code number	**7** Principal business activity	**8a** Functional currency	**8b** Exchange rate (see instructions)
06/16/2021	CAYMAN ISLANDS	523900	INVESTMENTS	USD	

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

TIGER GLOBAL MGMT LLC
9 WEST 57TH STREET, 35TH FL
NEW YORK, NY 10019

2 Check if the foreign partnership must file:
☐ Form 1042 ☐ Form 8804 ☒ Form 1065
Service Center where Form 1065 is filed:
E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any

CAMPBELLS CORP SERVICES LTD
4TH FLOOR WILLOW HOUSE
, CAYMAN ISLANDS KY1-9010

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

TIGER GLOBAL MGMT LLC
9 WEST 57TH STREET, 35TH FL
NEW YORK, NY 10019

5	During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions	☐ Yes	☐ No
	If "Yes," enter the total amount of the disallowed deductions $		
6	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?	☐ Yes	☒ No
7	Were any special allocations made by the foreign partnership?	☒ Yes	☐ No
8	Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions		
9	How is this partnership classified under the law of the country in which it's organized? TAX EXEMPT LTD PTR		
10 a	Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b	☐ Yes	☐ No
b	If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?	☐ Yes	☐ No
11	Does this partnership meet **both** of the following requirements? 1. The partnership's total receipts for the tax year were less than $250,000. 2. The value of the partnership's total assets at the end of the tax year was less than $1 million. If "Yes," **don't** complete Schedules L, M-1, and M-2.	☐ Yes	☐ No

12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☐ No

b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI

d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI

13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership

14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☐ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.
	Signature of general partner or limited liability company member — Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☐ Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				☐	%	%
				☐	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

Schedule A-3 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
STMT 18				

SCHEDULE O (Form 8865)

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership
(Under Section 6038B)

▶ **Attach to Form 8865. See the Instructions for Form 8865.**

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor	Filer's identifying number
THE HOWARD UNIVERSITY	53-0204707

Name of foreign partnership	EIN (if any)	Reference ID number (see instr)
TIGER GLOBAL PRIVATE INVESTMENT PARTNERS	98-1611846	

1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ☐ **Yes** ☐ **No**

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ☐ **Yes** ☐ **No**

2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ **Yes** ☐ **No**

Part I **Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/24		250,000.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			250,000.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer % (b) After the transfer %

Supplemental Information Required To Be Reported (see instructions):

SHARE OF FOREIGN PARTNERSHIP'S LIABILITIES:

NONRECOURSE: $196,010

QUALIFIED NONRECOURSE: NONE

Part II **Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ▶ ☐ **Yes** ☒ **No**

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.
Information furnished for the foreign partnership's tax year
beginning JUL 1 , 2024, and ending JUN 30 , 2025

OMB No. 1545-1668

2024

Attachment Sequence No. **865**

Name of person filing this return

THE HOWARD UNIVERSITY

Filer's identification number
53-0204707

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):
1 ☐ 2 ☐ 3 ☒ 4 ☐

B Filer's tax year beginning JUL 1 , 2024 , and ending JUN 30 , 2025

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:
Name EIN
Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
SK CAPITAL PARTNERS VI-B LP

430 PARK AVENUE 18TH FLOOR
NEW YORK, NY 10022

2(a) EIN (if any)
98-1615574

2(b) Reference ID number

3 Country under whose laws organized
CAYMAN ISLANDS

4 Date of organization	**5** Principal place of business	**6** Principal business activity code number	**7** Principal business activity	**8a** Functional currency	**8b** Exchange rate (see instructions)
07/12/2021	CAYMAN ISLANDS		523900	USD	

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States
SK CAPITAL PARTNERS, LP, 27-3460446
430 PARK AVENUE, 18TH FLOOR
NEW YORK, NY 10022

2 Check if the foreign partnership must file:
☐ Form 1042 ☐ Form 8804 ☒ Form 1065
Service Center where Form 1065 is filed:
E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any
SK CAPITAL INVESTMENT VI, L.P.
430 PARK AVENUE, 18TH FLOOR
NEW YORK, NY 10022

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different
SK CAPITAL INVESTMENT VI, L.P.
430 PARK AVENUE, 18TH FLOOR
NEW YORK, NY 10022

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions ☐ Yes ☐ No
If "Yes," enter the total amount of the disallowed deductions $

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? ☐ Yes ☒ No

7 Were any special allocations made by the foreign partnership? ☐ Yes ☒ No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized? LTD PARTNERSHIP

10a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b ☐ Yes ☒ No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? ☐ Yes ☐ No

11 Does this partnership meet **both** of the following requirements?
1. The partnership's total receipts for the tax year were less than $250,000.
2. The value of the partnership's total assets at the end of the tax year was less than $1 million.
If "Yes," **don't** complete Schedules L, M-1, and M-2. ☐ Yes ☐ No

12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☐ No

b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI

d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI

13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership

14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☐ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.
	Signature of general partner or limited liability company member — Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a [X] Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				☐	%	%
				☐	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

Schedule A-3 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

SCHEDULE O (Form 8865)

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

▶ **Attach to Form 8865. See the Instructions for Form 8865.**

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor	Filer's identifying number
THE HOWARD UNIVERSITY	53-0204707

Name of foreign partnership	EIN (if any)	Reference ID number (see instr)
SK CAPITAL PARTNERS VI-B LP	98-1615574	

1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ☐ **Yes** ☐ **No**

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ☐ **Yes** ☐ **No**

2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ **Yes** ☐ **No**

Part I **Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/24		345,878.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			345,878.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer .6305 % (b) After the transfer .2376 %

Supplemental Information Required To Be Reported (see instructions):

Part II **Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ▶ ☐ **Yes** ☒ **No**

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.
Information furnished for the foreign partnership's tax year
beginning JUL 1 , 2024, and ending JUN 30 , 2025

OMB No. 1545-1668

2024

Attachment Sequence No. **865**

Name of person filing this return

THE HOWARD UNIVERSITY

Filer's identification number
53-0204707

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):
1 ☐ 2 ☐ 3 ☒ 4 ☐

B Filer's tax year beginning JUL 1 , 2024 , and ending JUN 30 , 2025

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:
Name EIN
Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
SKCP CATALYST FUND II-A LP

430 PARK AVENUE 18TH FLOOR
NEW YORK, NY 10022

2(a) EIN (if any)
98-1679783

2(b) Reference ID number

3 Country under whose laws organized
CAYMAN ISLANDS

4 Date of organization	**5** Principal place of business	**6** Principal business activity code number	**7** Principal business activity	**8a** Functional currency	**8b** Exchange rate (see instructions)
04/19/2022	CAYMAN ISLANDS	523900	INVESTING	USD	

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States
SK CAPITAL PARTNERS, LP, 27-3460446
430 PARK AVENUE, 18TH FLOOR
NEW YORK, NY 10022

2 Check if the foreign partnership must file:
☐ Form 1042 ☐ Form 8804 ☒ Form 1065
Service Center where Form 1065 is filed:
E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any
SKCP CATALYST INVESTMENT II LP
430 PARK AVENUE, 18TH FLOOR
NEW YORK, NY 10022

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different
SKCP CATALYST INVESTMENT II LP
430 PARK AVENUE, 18TH FLOOR
NEW YORK, NY 10022

5	During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions	☐ Yes	☐ No
	If "Yes," enter the total amount of the disallowed deductions $		
6	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?	☐ Yes	☒ No
7	Were any special allocations made by the foreign partnership?	☐ Yes	☒ No
8	Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions		
9	How is this partnership classified under the law of the country in which it's organized? EXEMPTED LTD PTRSP		
10 a	Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b	☐ Yes	☒ No
b	If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?	☐ Yes	☐ No
11	Does this partnership meet **both** of the following requirements? 1. The partnership's total receipts for the tax year were less than $250,000. 2. The value of the partnership's total assets at the end of the tax year was less than $1 million. If "Yes," **don't** complete Schedules L, M-1, and M-2.	☐ Yes	☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **8865** (2024)

12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☐ No

b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI

d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI

13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership

14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☐ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.
	Signature of general partner or limited liability company member — Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a [X] Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				☐	%	%
				☐	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

Schedule A-3 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

SCHEDULE O (Form 8865)

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership
(Under Section 6038B)

▶ **Attach to Form 8865. See the Instructions for Form 8865.**

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor	Filer's identifying number
THE HOWARD UNIVERSITY	53-0204707

Name of foreign partnership	EIN (if any)	Reference ID number (see instr)
SKCP CATALYST FUND II-A LP	98-1679783	

1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ☐ **Yes** ☐ **No**

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ☐ **Yes** ☐ **No**

2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ **Yes** ☐ **No**

Part I **Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/24		554,190.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			554,190.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer .7159 % (b) After the transfer .6510 %

Supplemental Information Required To Be Reported (see instructions):

Part II **Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ▶ ☐ **Yes** ☒ **No**

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year beginning JUL 1 , 2024, and ending JUN 30 , 2025

OMB No. 1545-1668

2024

Attachment Sequence No. **865**

Name of person filing this return

THE HOWARD UNIVERSITY

Filer's identification number

53-0204707

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1 ☐ 2 ☐ 3 ☒ 4 ☐

B Filer's tax year beginning JUL 1 , 2024 , and ending JUN 30 , 2025

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name EIN

Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership

VISTA EQUITY ENDEAVOR FUND II-A, L.P.

401 CONGRESS AVENUE, SUITE 3100
AUSTIN, TX 78701

2(a) EIN (if any)
98-1491453

2(b) Reference ID number

3 Country under whose laws organized
CAYMAN ISLANDS

4 Date of organization	**5** Principal place of business	**6** Principal business activity code number	**7** Principal business activity	**8a** Functional currency	**8b** Exchange rate (see instructions)
04/24/2019	CAYMAN ISLANDS	523900	INVESTING	USD	

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:
☐ Form 1042 ☐ Form 8804 ☒ Form 1065
Service Center where Form 1065 is filed:
E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any

VISTA EQUITY ENDEAVOR FUND II-A, LP
PO BOX 309 UGLAND HOUSE
GEORGE TOWN, GRAND CAYMAN CAYMAN ISLA

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

VISTA EQUITY PARTNERS
4 EMBARCADERO CENTER, 20TH FLOOR
SAN FRANCISCO, CA 94111

5	During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions $	☐ Yes	☐ No
6	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?	☐ Yes	☒ No
7	Were any special allocations made by the foreign partnership?	☐ Yes	☒ No
8	Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions		
9	How is this partnership classified under the law of the country in which it's organized? LTD PARTNERSHIP		
10 a	Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b	☐ Yes	☒ No
b	If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?	☐ Yes	☐ No
11	Does this partnership meet **both** of the following requirements? 1. The partnership's total receipts for the tax year were less than $250,000. 2. The value of the partnership's total assets at the end of the tax year was less than $1 million. If "Yes," **don't** complete Schedules L, M-1, and M-2.	☐ Yes	☐ No

12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☐ No

b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI

d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI

13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership

14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☐ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.
	Signature of general partner or limited liability company member — Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a [X] Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				☐	%	%
				☐	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

Schedule A-3 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
STMT 19				

SCHEDULE O (Form 8865)

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership
(Under Section 6038B)

▶ **Attach to Form 8865. See the Instructions for Form 8865.**

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor	Filer's identifying number
THE HOWARD UNIVERSITY	53-0204707

Name of foreign partnership	EIN (if any)	Reference ID number (see instr)
VISTA EQUITY ENDEAVOR FUND II-A, L.P.	98-1491453	

1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ☐ **Yes** ☐ **No**

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ☐ **Yes** ☐ **No**

2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ **Yes** ☐ **No**

Part I **Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/24		421,650.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			421,650.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer % (b) After the transfer %

Supplemental Information Required To Be Reported (see instructions):

Part II **Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ▶ ☐ **Yes** ☒ **No**

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.
Information furnished for the foreign partnership's tax year
beginning JUL 1 , 2024, and ending JUN 30 , 2025

OMB No. 1545-1668

2024

Attachment Sequence No. **865**

Name of person filing this return

THE HOWARD UNIVERSITY

Filer's identification number
53-0204707

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):
1 ☐ 2 ☐ 3 ☒ 4 ☐

B Filer's tax year beginning JUL 1 , 2024 , and ending JUN 30 , 2025

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:
Name EIN
Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
VISTA FOUNDATION FUND III, L.P.

401 CONGRESS AVENUE, SUITE 3100
AUSTIN, TX 78701

2(a) EIN (if any)
98-1285676

2(b) Reference ID number

3 Country under whose laws organized
CAYMAN ISLANDS

4 Date of organization	**5** Principal place of business	**6** Principal business activity code number	**7** Principal business activity	**8a** Functional currency	**8b** Exchange rate (see instructions)
05/19/2016	CAYMAN ISLANDS	523900	FINANCE INVEST	USD	

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:
☐ Form 1042 ☐ Form 8804 ☒ Form 1065
Service Center where Form 1065 is filed:
E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any
MAPLES AND CALDER
PO BOX 309 UGLAND HOUSE
GEORGE TOWN, CAYMAN ISLANDS KY1-1104

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different
VISTA EQUITY PARTNERS
401 CONGRESS STREET SUITE 3100
AUSTIN, TX 78701

5	During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions $	☐ Yes	☐ No
6	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?	☐ Yes	☒ No
7	Were any special allocations made by the foreign partnership?	☐ Yes	☒ No
8	Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions		
9	How is this partnership classified under the law of the country in which it's organized? LTD PARTNERSHIP		
10 a	Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b	☐ Yes	☒ No
b	If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?	☐ Yes	☐ No
11	Does this partnership meet **both** of the following requirements? 1. The partnership's total receipts for the tax year were less than $250,000. 2. The value of the partnership's total assets at the end of the tax year was less than $1 million. If "Yes," **don't** complete Schedules L, M-1, and M-2.	☐ Yes	☐ No

12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☐ No

b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI

d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI

13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership

14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☐ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.
	Signature of general partner or limited liability company member — Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☐ Owns a direct interest **b** ☒ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				☐	%	%
				☐	%	%

Does the partnership have any other foreign person as a direct partner? ☒ Yes ☐ No

Schedule A-3 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
STMT 20				

SCHEDULE O (Form 8865)

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

▶ **Attach to Form 8865. See the Instructions for Form 8865.**

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor	Filer's identifying number
THE HOWARD UNIVERSITY	53-0204707

Name of foreign partnership	EIN (if any)	Reference ID number (see instr)
VISTA FOUNDATION FUND III, L.P.	98-1285676	

1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ☐ **Yes** ☐ **No**

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ☐ **Yes** ☐ **No**

2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ **Yes** ☐ **No**

Part I **Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/24		313,243.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			313,243.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer .3396 % (b) After the transfer 33.9440 %

Supplemental Information Required To Be Reported (see instructions):

Part II **Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ▶ ☐ **Yes** ☒ **No**

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.
Information furnished for the foreign partnership's tax year
beginning JUL 1 , 2024, and ending JUN 30 , 2025

OMB No. 1545-1668

2024

Attachment Sequence No. **865**

Name of person filing this return

THE HOWARD UNIVERSITY

Filer's identification number
53-0204707

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):
1 [ ] 2 [ ] 3 [X] 4 [ ]

B Filer's tax year beginning JUL 1 , 2024 , and ending JUN 30 , 2025

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:
Name EIN
Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions [ ]

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
BATTERY VENTURES XIV AIV I CAYMAN LP

PO BOX 309
CAYMAN ISLANDS KY1-1104

2(a) EIN (if any)
98-1656106

2(b) Reference ID number

3 Country under whose laws organized
CAYMAN ISLANDS

4 Date of organization	**5** Principal place of business	**6** Principal business activity code number	**7** Principal business activity	**8a** Functional currency	**8b** Exchange rate (see instructions)
04/18/2022	CAYMAN ISLANDS	523900	INVESTING	USD	

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States
BATTERY MANAGEMENT CORPORATION
1 MARINA PARK DRIVE STE 1100
BOSTON, MA 02210

2 Check if the foreign partnership must file:
[ ] Form 1042 [ ] Form 8804 [X] Form 1065
Service Center where Form 1065 is filed:
E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

5	During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions	[ ] Yes	[ ] No
	If "Yes," enter the total amount of the disallowed deductions $		
6	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?	[ ] Yes	[X] No
7	Were any special allocations made by the foreign partnership?	[ ] Yes	[X] No
8	Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions		
9	How is this partnership classified under the law of the country in which it's organized? PARTNERSHIP		
10 a	Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b	[ ] Yes	[ ] No
b	If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?	[ ] Yes	[ ] No
11	Does this partnership meet **both** of the following requirements? 1. The partnership's total receipts for the tax year were less than $250,000. 2. The value of the partnership's total assets at the end of the tax year was less than $1 million. If "Yes," **don't** complete Schedules L, M-1, and M-2.	[ ] Yes	[ ] No

12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☐ No

b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI

d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI

13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership

14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☐ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.
	Signature of general partner or limited liability company member — Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a [X] Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				☐	%	%
				☐	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

Schedule A-3 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

SCHEDULE O (Form 8865)

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

▶ **Attach to Form 8865. See the Instructions for Form 8865.**

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor	Filer's identifying number
THE HOWARD UNIVERSITY	53-0204707

Name of foreign partnership	EIN (if any)	Reference ID number (see instr)
BATTERY VENTURES XIV AIV I CAYMAN LP	98-1656106	

1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ☐ **Yes** ☐ **No**

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ☐ **Yes** ☐ **No**

2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ **Yes** ☐ **No**

Part I **Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/24		649,834.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			649,834.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer .1540 % (b) After the transfer .0154 %

Supplemental Information Required To Be Reported (see instructions):

Part II **Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ▶ ☐ **Yes** ☒ **No**

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.
Information furnished for the foreign partnership's tax year
beginning JAN 1 , 2024, and ending DEC 31 , 2024

OMB No. 1545-1668

2024

Attachment Sequence No. **865**

Name of person filing this return

THE HOWARD UNIVERSITY

Filer's identification number
53-0204707

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):
1 ☐ 2 ☐ 3 ☒ 4 ☐

B Filer's tax year beginning JUL 1 , 2024 , and ending JUN 30 , 2025

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:
Name EIN
Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
THOMA BRAVO FUND XV GLOBAL, L.P.
C/O MAPLES CORPORATE SERVICES LIMITED
UGLAND HOUSE PO BOX 309
CAYMAN ISLANDS KY1-1104

2(a) EIN (if any)
98-1661959

2(b) Reference ID number

3 Country under whose laws organized
CAYMAN ISLANDS

4 Date of organization	**5** Principal place of business	**6** Principal business activity code number	**7** Principal business activity	**8a** Functional currency	**8b** Exchange rate (see instructions)
09/24/2024	CAYMAN ISLANDS	523900	INVESTMENTS	USD	

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:
☐ Form 1042 ☐ Form 8804 ☐ Form 1065
Service Center where Form 1065 is filed:
E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different
THOMA BRAVO LP.
110 N. WACKER DRIVE, 32ND FLOOR
CHICAGO, IL 60606

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions ☐ Yes ☐ No
If "Yes," enter the total amount of the disallowed deductions $

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? ☐ Yes ☐ No

7 Were any special allocations made by the foreign partnership? ☐ Yes ☐ No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized? EXEMPTED LTD PTRSP

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b ☐ Yes ☐ No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? ☐ Yes ☐ No

11 Does this partnership meet **both** of the following requirements?
1. The partnership's total receipts for the tax year were less than $250,000.
2. The value of the partnership's total assets at the end of the tax year was less than $1 million.
If "Yes," **don't** complete Schedules L, M-1, and M-2. ☐ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **8865** (2024)

12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☐ No

b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI

d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI

13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership

14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☐ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.
	Signature of general partner or limited liability company member — Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a [X] Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				☐	%	%
				☐	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

Schedule A-3 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
LUKE TOPCO, L.P.	110 N. WACKER DRIVE, 32 FL	98-1831878		
	CHICAGO, IL 60606			

SCHEDULE O (Form 8865)

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

▶ **Attach to Form 8865. See the Instructions for Form 8865.**

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor	Filer's identifying number
THE HOWARD UNIVERSITY	53-0204707

Name of foreign partnership	EIN (if any)	Reference ID number (see instr)
THOMA BRAVO FUND XV GLOBAL, L.P. C/O MAPLES CORPORATE SERVICES LIMITED	98-1661959	

1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ☐ **Yes** ☐ **No**

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ☐ **Yes** ☐ **No**

2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ **Yes** ☐ **No**

Part I **Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/11/24		339,009.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			339,009.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer .0000 % (b) After the transfer .0455 %

Supplemental Information Required To Be Reported (see instructions):

Part II **Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ▶ ☐ **Yes** ☒ **No**

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.
Information furnished for the foreign partnership's tax year
beginning JUL 1 , 2024, and ending JUN 30 , 2025

OMB No. 1545-1668

2024

Attachment Sequence No. **865**

Name of person filing this return

THE HOWARD UNIVERSITY

Filer's identification number
53-0204707

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):
1 ☐ 2 ☐ 3 ☒ 4 ☐

B Filer's tax year beginning JUL 1 , 2024 , and ending JUN 30 , 2025

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:
Name EIN
Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
SEQUOIA CAPITAL FUND, L.P.

2800 SAND HILL RD, SUITE 101
MENLO PARK, CA 94025

2(a) EIN (if any)
98-1639975

2(b) Reference ID number

3 Country under whose laws organized
CAYMAN ISLANDS

4 Date of organization	**5** Principal place of business	**6** Principal business activity code number	**7** Principal business activity	**8a** Functional currency	**8b** Exchange rate (see instructions)
02/08/2022	CAYMAN ISLANDS	525990	VENTURE CAPITAL	USD	

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:
☐ Form 1042 ☐ Form 8804 ☒ Form 1065
Service Center where Form 1065 is filed:
E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any
MAPLES CORPORATE SERVICES LTD
UGLAND HOUSE, S CHURCH ST
GEORGE TOWN, GRAND CAYMAN CAYMAN ISLA

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different
MARIE KLEMCHUK
2800 SAND HILL ROAD, SUITE 101
MENLO PARK, CA 94025

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions ☐ Yes ☐ No
If "Yes," enter the total amount of the disallowed deductions $

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? ☐ Yes ☐ No

7 Were any special allocations made by the foreign partnership? ☐ Yes ☐ No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized? PARTNERSHIP

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b ☐ Yes ☐ No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? ☐ Yes ☐ No

11 Does this partnership meet **both** of the following requirements?
1. The partnership's total receipts for the tax year were less than $250,000.
2. The value of the partnership's total assets at the end of the tax year was less than $1 million.
If "Yes," **don't** complete Schedules L, M-1, and M-2. ☐ Yes ☐ No

12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☐ No

b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI

d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI

13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership

14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☒ Yes ☐ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.
	Signature of general partner or limited liability company member — Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☐ Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				☐	%	%
				☐	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

Schedule A-3 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
STMT 21				

SCHEDULE O (Form 8865)

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership
(Under Section 6038B)

▶ **Attach to Form 8865. See the Instructions for Form 8865.**

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor	Filer's identifying number
THE HOWARD UNIVERSITY	53-0204707

Name of foreign partnership	EIN (if any)	Reference ID number (see instr)
SEQUOIA CAPITAL FUND, L.P.	98-1639975	

1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ☐ **Yes** ☐ **No**

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ☐ **Yes** ☐ **No**

2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ **Yes** ☐ **No**

Part I **Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/24		5,000,000.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			5,000,000.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer .0682 % (b) After the transfer .0908 %

Supplemental Information Required To Be Reported (see instructions):

Part II **Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ▶ ☐ **Yes** ☒ **No**

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.
Information furnished for the foreign partnership's tax year
beginning JAN 1 , 2024, and ending DEC 31 , 2024

OMB No. 1545-1668

2024

Attachment Sequence No. **865**

Name of person filing this return

THE HOWARD UNIVERSITY

Filer's identification number
53-0204707

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):
1 ☐ 2 ☐ 3 ☒ 4 ☐

B Filer's tax year beginning JUL 1 , 2024 , and ending JUN 30 , 2025

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:
Name EIN
Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
ICONIQ STRATEGIC PARTNERS VI-B, L.P

50 BEALE ST. STE 2300
SAN FRANCISCO, CA 94105

2(a) EIN (if any)
98-1600480

2(b) Reference ID number

3 Country under whose laws organized

4 Date of organization	**5** Principal place of business	**6** Principal business activity code number	**7** Principal business activity	**8a** Functional currency	**8b** Exchange rate (see instructions)
06/01/2021	CAYMAN ISLANDS	523900	INVESTMENTS	USD	

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:
☐ Form 1042 ☐ Form 8804 ☒ Form 1065
Service Center where Form 1065 is filed:
E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different
ICONIQ CAPITAL LLC
50 BEALE ST. STE 2300
SAN FRANCISCO, CA 94105

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions ☐ Yes ☐ No
If "Yes," enter the total amount of the disallowed deductions $

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? ☐ Yes ☐ No

7 Were any special allocations made by the foreign partnership? ☐ Yes ☐ No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized? PARTNERSHIP

10a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b ☐ Yes ☐ No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? ☐ Yes ☐ No

11 Does this partnership meet **both** of the following requirements?
1. The partnership's total receipts for the tax year were less than $250,000.
2. The value of the partnership's total assets at the end of the tax year was less than $1 million.
If "Yes," **don't** complete Schedules L, M-1, and M-2. ☐ Yes ☐ No

12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☐ No

b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI

d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI

13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership

14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☐ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.
	Signature of general partner or limited liability company member — Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☐ Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				☐	%	%
				☐	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

Schedule A-3 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
STMT 22				

SCHEDULE O (Form 8865)

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership
(Under Section 6038B)

▶ **Attach to Form 8865. See the Instructions for Form 8865.**

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor	Filer's identifying number
THE HOWARD UNIVERSITY	53-0204707

Name of foreign partnership	EIN (if any)	Reference ID number (see instr)
ICONIQ STRATEGIC PARTNERS VI-B, L.P	98-1600480	

1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ☐ **Yes** ☐ **No**

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ☐ **Yes** ☐ **No**

2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ **Yes** ☐ **No**

Part I **Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/24		321,622.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			321,622.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer .2060 % (b) After the transfer .2030 %

Supplemental Information Required To Be Reported (see instructions):

Part II **Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ▶ ☐ **Yes** ☒ **No**

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.
Information furnished for the foreign partnership's tax year
beginning JUL 1 , 2024, and ending JUN 30 , 2025

OMB No. 1545-1668

2024

Attachment Sequence No. **865**

Name of person filing this return

THE HOWARD UNIVERSITY

Filer's identification number
53-0204707

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):
1 ☐ 2 ☐ 3 ☒ 4 ☐

B Filer's tax year beginning JUL 1 , 2024 , and ending JUN 30 , 2025

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:
Name EIN
Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
BESSEMER VENTURE PARTNERS XII INSTITUTIO

1865 PALMER AVENUE, SUITE 104
LARCHMONT, NY 10538

2(a) EIN (if any)
98-1673317

2(b) Reference ID number

3 Country under whose laws organized
CAYMAN ISLANDS

4 Date of organization	**5** Principal place of business	**6** Principal business activity code number	**7** Principal business activity	**8a** Functional currency	**8b** Exchange rate (see instructions)
05/06/2022	CAYMAN ISLANDS	523900	INVESTING	USD	

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:
☐ Form 1042 ☐ Form 8804 ☒ Form 1065
Service Center where Form 1065 is filed:
E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any
MAPLES CORPORATE SERVICES LIMITED
PO BOX 309 UGLAND HOUSE
, GRAND CAYMAN CAYMAN ISLANDS KY1-110

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different
SARA BYRNE
1865 PALMER AVE STE 104
LARCHMONT, NY 10538

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions ☐ Yes ☐ No
If "Yes," enter the total amount of the disallowed deductions $

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? ☐ Yes ☐ No

7 Were any special allocations made by the foreign partnership? ☐ Yes ☐ No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized? LTD PARTNERSHIP

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b ☐ Yes ☐ No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? ☐ Yes ☐ No

11 Does this partnership meet **both** of the following requirements?
1. The partnership's total receipts for the tax year were less than $250,000.
2. The value of the partnership's total assets at the end of the tax year was less than $1 million.
If "Yes," **don't** complete Schedules L, M-1, and M-2. ☐ Yes ☐ No

12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☐ No

b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI

d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI

13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership

14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☐ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.
	Signature of general partner or limited liability company member — Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☐ Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				☐	%	%
				☐	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

Schedule A-3 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
STMT 23				

SCHEDULE O (Form 8865)

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

▶ **Attach to Form 8865. See the Instructions for Form 8865.**

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor	Filer's identifying number
THE HOWARD UNIVERSITY	53-0204707

Name of foreign partnership	EIN (if any)	Reference ID number (see instr)
BESSEMER VENTURE PARTNERS XII INSTITUTIO	98-1673317	

1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ☐ **Yes** ☐ **No**

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ☐ **Yes** ☐ **No**

2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ **Yes** ☐ **No**

Part I **Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/24		366,160.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			366,160.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer .0000 % (b) After the transfer .0710 %

Supplemental Information Required To Be Reported (see instructions):

Part II **Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ▶ ☐ **Yes** ☒ **No**

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year beginning JUL 1, 2024, and ending JUN 30, 2025

OMB No. 1545-1668

2024

Attachment Sequence No. **865**

Name of person filing this return

THE HOWARD UNIVERSITY

Filer's identification number

53-0204707

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1 ☐ 2 ☐ 3 ☒ 4 ☐

B Filer's tax year beginning JUL 1, 2024, and ending JUN 30, 2025

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name EIN

Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership

ARROWSTREET CAPITAL GLOBAL ALL COUNTRY
ALPHA EXTENSION FUND (CAYMAN) LIMITED
P.O. BOX 309, UGLAND HOUSE
CAYMAN ISLANDS

2(a) EIN (if any) 98-1296664

2(b) Reference ID number

3 Country under whose laws organized CAYMAN ISLANDS

4 Date of organization	**5** Principal place of business	**6** Principal business activity code number	**7** Principal business activity	**8a** Functional currency	**8b** Exchange rate (see instructions)
06/01/2016	CAYMAN ISLANDS	523900	INVESTMENTS	USD	

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:
☐ Form 1042 ☐ Form 8804 ☒ Form 1065
Service Center where Form 1065 is filed:
E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

SS&C TECHNOLOGIES INC
50 MILK STREET
BOSTON, MA 02109

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions ☐ Yes ☐ No
If "Yes," enter the total amount of the disallowed deductions $

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? ☐ Yes ☐ No

7 Were any special allocations made by the foreign partnership? ☒ Yes ☐ No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized? EXEMPTED LIMITED

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b ☐ Yes ☐ No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? ☐ Yes ☐ No

11 Does this partnership meet **both** of the following requirements?
1. The partnership's total receipts for the tax year were less than $250,000.
2. The value of the partnership's total assets at the end of the tax year was less than $1 million.
If "Yes," **don't** complete Schedules L, M-1, and M-2. ☐ Yes ☐ No

12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☐ No

b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI

d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI

13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership

14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☐ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.
	Signature of general partner or limited liability company member — Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☐ Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				☐	%	%
				☐	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

Schedule A-3 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

SCHEDULE O (Form 8865)

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

▶ **Attach to Form 8865. See the Instructions for Form 8865.**

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor	Filer's identifying number
THE HOWARD UNIVERSITY	53-0204707

Name of foreign partnership	EIN (if any)	Reference ID number (see instr)
ARROWSTREET CAPITAL GLOBAL ALL COUNTRY ALPHA EXTENSION FUND (CAYMAN) LIMITED	98-1296664	

1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ☐ **Yes** ☐ **No**

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ☐ **Yes** ☐ **No**

2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ **Yes** ☐ **No**

Part I **Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	07/01/24		4,000,000.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			4,000,000.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer .0000 % (b) After the transfer .0000 %

Supplemental Information Required To Be Reported (see instructions):

Part II **Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ▶ ☐ **Yes** ☒ **No**

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.
Information furnished for the foreign partnership's tax year
beginning JUL 1 , 2024, and ending JUN 30 , 2025

OMB No. 1545-1668

2024

Attachment Sequence No. **865**

Name of person filing this return

THE HOWARD UNIVERSITY

Filer's identification number
53-0204707

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):
1 ☐ 2 ☐ 3 ☒ 4 ☐

B Filer's tax year beginning JUL 1 , 2024 , and ending JUN 30 , 2025

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:
Name EIN
Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
AIPCF VI INDIRECT INVESTOR AIV LP

450 LEXINGTON AVENUE
NEW YORK, NY 10017

2(a) EIN (if any)
98-1318664

2(b) Reference ID number

3 Country under whose laws organized
CAYMAN ISLANDS

4 Date of organization	**5** Principal place of business	**6** Principal business activity code number	**7** Principal business activity	**8a** Functional currency	**8b** Exchange rate (see instructions)
06/27/2016	CAYMAN ISLANDS	523900	INVESTMENTS	USD	

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:
☐ Form 1042 ☐ Form 8804 ☒ Form 1065
Service Center where Form 1065 is filed:
E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions ☐ Yes ☐ No
If "Yes," enter the total amount of the disallowed deductions $

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? ☐ Yes ☐ No

7 Were any special allocations made by the foreign partnership? ☐ Yes ☐ No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized? PARTNERSHIP

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b ☐ Yes ☐ No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? ☐ Yes ☐ No

11 Does this partnership meet **both** of the following requirements?
1. The partnership's total receipts for the tax year were less than $250,000.
2. The value of the partnership's total assets at the end of the tax year was less than $1 million.
If "Yes," **don't** complete Schedules L, M-1, and M-2. ☐ Yes ☐ No

12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☐ No

b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI

d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI

13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership

14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☐ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.
	Signature of general partner or limited liability company member — Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☐ Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				☐	%	%
				☐	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

Schedule A-3 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
STMT 24				

SCHEDULE O (Form 8865)

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership
(Under Section 6038B)

▶ **Attach to Form 8865. See the Instructions for Form 8865.**

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor	Filer's identifying number
THE HOWARD UNIVERSITY	53-0204707

Name of foreign partnership	EIN (if any)	Reference ID number (see instr)
AIPCF VI INDIRECT INVESTOR AIV LP	98-1318664	

1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ☐ **Yes** ☐ **No**

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ☐ **Yes** ☐ **No**

2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ **Yes** ☐ **No**

Part I **Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/24		111,764.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			111,764.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer .7800 % (b) After the transfer .7800 %

Supplemental Information Required To Be Reported (see instructions):

Part II **Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ▶ ☐ **Yes** ☒ **No**

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.
Go to www.irs.gov/Form8865 for instructions and the latest information.
Information furnished for the foreign partnership's tax year
beginning JUL 1 , 2024, and ending JUN 30 , 2025

OMB No. 1545-1668

2024

Attachment Sequence No. **865**

Name of person filing this return

THE HOWARD UNIVERSITY

Filer's identification number
53-0204707

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):
1 ☐ 2 ☐ 3 ☒ 4 ☐

B Filer's tax year beginning JUL 1 , 2024 , and ending JUN 30 , 2025

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:
Name EIN
Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
ACCEL INDIA VII L.P.

190 ELGIN AVENUE
GEORGE TOWN, CAYMAN ISLANDS KY1-9008

2(a) EIN (if any)
98-1649313

2(b) Reference ID number

3 Country under whose laws organized
CAYMAN ISLANDS

4 Date of organization	**5** Principal place of business	**6** Principal business activity code number	**7** Principal business activity	**8a** Functional currency	**8b** Exchange rate (see instructions)
03/01/2022	MAURITIUS	525990	INVESTMENTS	USD	

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States

2 Check if the foreign partnership must file:
☐ Form 1042 ☐ Form 8804 ☒ Form 1065
Service Center where Form 1065 is filed:
E-FILE

3 Name and address of foreign partnership's agent in country of organization, if any
WALKERS CORP LIMITED
190 ELGIN AVENUE
GEORGE TOWN, GRAND CAYMAN CAYMAN ISLA

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different
WALKERS CORP LIMITED
190 ELGIN AVENUE
GEORGE TOWN, GRAND CAYMAN CAYMAN ISLA

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions ☐ Yes ☐ No
If "Yes," enter the total amount of the disallowed deductions $

6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? ☐ Yes ☐ No

7 Were any special allocations made by the foreign partnership? ☐ Yes ☐ No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized? LTD PARTNERSHIP

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b ☐ Yes ☐ No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? ☐ Yes ☐ No

11 Does this partnership meet **both** of the following requirements?
1. The partnership's total receipts for the tax year were less than $250,000.
2. The value of the partnership's total assets at the end of the tax year was less than $1 million.
If "Yes," **don't** complete Schedules L, M-1, and M-2. ☐ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **8865** (2024)

12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions ☐ Yes ☐ No

b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)

c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI

d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI

13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership

14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ☐ Yes ☐ No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.	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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.
	Signature of general partner or limited liability company member — Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a [X] Owns a direct interest **b** ☐ Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				☐	%	%
				☐	%	%

Does the partnership have any other foreign person as a direct partner? ☐ Yes ☐ No

Schedule A-3 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
STMT 25				

SCHEDULE O (Form 8865)

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership
(Under Section 6038B)

▶ **Attach to Form 8865. See the Instructions for Form 8865.**

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor	Filer's identifying number
THE HOWARD UNIVERSITY	53-0204707

Name of foreign partnership	EIN (if any)	Reference ID number (see instr)
ACCEL INDIA VII L.P.	98-1649313	

1a Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions ☐ **Yes** ☐ **No**

b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? ☐ **Yes** ☐ **No**

2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ **Yes** ☐ **No**

Part I **Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/24		545,000.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			545,000.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer .3070 % (b) After the transfer .3070 %

Supplemental Information Required To Be Reported (see instructions):

Part II **Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ▶ ☐ **Yes** ☒ **No**

Form **926**
(Rev. November 2018)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor
The Howard University

Identifying number (see instructions)
53-0204707

1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ Yes ☒ No

2 If the transferor was a corporation, complete questions 2a through 2d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ Yes ☐ No

b Did the transferor remain in existence after the transfer? ☐ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(4) been made? ☐ Yes ☐ No

3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☐ No

c Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☐ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☐ No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)
BANNER RIDGE SECONDARY FUND V (OFFSHORE), LP

5a Identifying number, if any
98-1680974

6 Address (including country)
94 SOLARIS AVENUE
CAMANA BAY, GRAND CAYMAN KY1-1108 CAYMAN ISLANDS

5b Reference ID number
BANNERRIDGE

7 Country code of country of incorporation or organization
CJ

8 Foreign law characterization (see instructions)
EXEMPTED LIMITED PARTNERSHIP

9 Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	06/30/2025		3,739,025.		

10 Was cash the only property transferred? ..... [X] **Yes** [ ] **No**
If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ..... [ ] **Yes** [ ] **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ▶ $ _____

13 Did the transferor transfer property described in section 367(d)(4)? ..... [ ] **Yes** [ ] **No**
If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No

d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ $ _____

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before 1.500 % **(b)** After 1.470 %

17 Type of nonrecognition transaction (see instructions) ▶ SECTION 351

18 Indicate whether any transfer reported in Part III is subject to any of the following.

a Gain recognition under section 904(f)(3) ☐ Yes ☒ No

b Gain recognition under section 904(f)(5)(F) ☐ Yes ☒ No

c Recapture under section 1503(d) ☐ Yes ☒ No

d Exchange gain under section 987 ☐ Yes ☒ No

19 Did this transfer result from a change in entity classification? ☐ Yes ☒ No

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No
If "Yes," complete lines 20b and 20c.

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ $ _____

c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

Form **926**
(Rev. November 2018)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

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OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor	Identifying number (see instructions)
The Howard University	53-0204707

1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ Yes ☒ No

2 If the transferor was a corporation, complete questions 2a through 2d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ Yes ☒ No

b Did the transferor remain in existence after the transfer? ☒ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☒ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(4) been made? ☐ Yes ☒ No

3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
BESSEMER VENTURE PARTNERS INDIA INSTITUTIONAL LP	98-1631750

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No

c Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)	5a **Identifying number**, if any
AVRIO TECHNOLOGIES PRIVATE LIMITED (DBA TELERADIOLOGY SOLUTIO	
6 Address (including country) 378, UDYOG VIHAR PHASE 4 RD GURUGRAM, 122022 INDIA	**5b** Reference ID number AVRIO

7 Country code of country of incorporation or organization
IN

8 Foreign law characterization (see instructions)
CORPORATION

9 Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/04/2024		131,517.		

10 Was cash the only property transferred? ..... [X] **Yes** [ ] **No**
If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ..... [ ] **Yes** [ ] **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ▶ $ _____

13 Did the transferor transfer property described in section 367(d)(4)? ..... [ ] **Yes** [ ] **No**
If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No

d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ $ _____

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .000 % **(b)** After .064 %

17 Type of nonrecognition transaction (see instructions) ▶ SECTION 351

18 Indicate whether any transfer reported in Part III is subject to any of the following.

a Gain recognition under section 904(f)(3) ☐ Yes ☒ No

b Gain recognition under section 904(f)(5)(F) ☐ Yes ☒ No

c Recapture under section 1503(d) ☐ Yes ☒ No

d Exchange gain under section 987 ☐ Yes ☒ No

19 Did this transfer result from a change in entity classification? ☐ Yes ☒ No

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No
If "Yes," complete lines 20b and 20c.

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ $ _____

c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

Form **926**
(Rev. November 2018)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

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▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor
The Howard University

Identifying number (see instructions)
53-0204707

1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ Yes ☒ No

2 If the transferor was a corporation, complete questions 2a through 2d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ Yes ☒ No

b Did the transferor remain in existence after the transfer? ☒ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☒ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(4) been made? ☐ Yes ☒ No

3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
BESSEMER VENTURE PARTNERS INDIA INSTITUTIONAL LP	98-1631750

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No

c Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)
BLING BRANDS PRIVATE LIMITED (DBA BOLDFIT)

5a Identifying number, if any

6 Address (including country)
SARAKKI INDUSTRIAL LAYOUT, 3RD PHASE
BENGALURU, 560078 INDIA

5b Reference ID number
BLING

7 Country code of country of incorporation or organization
IN

8 Foreign law characterization (see instructions)
CORPORATION

9 Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	10/16/2024		110,211.		

10 Was cash the only property transferred? ..... [X] **Yes** [ ] **No**
If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ..... [ ] **Yes** [ ] **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ▶ $ _____

13 Did the transferor transfer property described in section 367(d)(4)? ..... [ ] **Yes** [ ] **No**
If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No

d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ $ _____

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .000 % **(b)** After .149 %

17 Type of nonrecognition transaction (see instructions) ▶ SECTION 351

18 Indicate whether any transfer reported in Part III is subject to any of the following.

a Gain recognition under section 904(f)(3) ☐ Yes ☒ No

b Gain recognition under section 904(f)(5)(F) ☐ Yes ☒ No

c Recapture under section 1503(d) ☐ Yes ☒ No

d Exchange gain under section 987 ☐ Yes ☒ No

19 Did this transfer result from a change in entity classification? ☐ Yes ☒ No

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No
If "Yes," complete lines 20b and 20c.

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ $ _____

c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

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Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor	Identifying number (see instructions)
The Howard University	53-0204707

1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ Yes ☒ No

2 If the transferor was a corporation, complete questions 2a through 2d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ Yes ☒ No

b Did the transferor remain in existence after the transfer? ☒ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☒ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(4) been made? ☐ Yes ☒ No

3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
BESSEMER VENTURE PARTNERS INDIA INSTITUTIONAL LP	98-1631750

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No

c Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)	5a **Identifying number**, if any
MOVEINSYNC TECHNOLOGY SOLUTIONS PRIVATE LIMITED (DBA MOVEINSY	
6 Address (including country) NO. 439, 17TH CROSS RD, SECTOR 4 BENGALURU, 560102 INDIA	**5b** Reference ID number MOVEIN

7 Country code of country of incorporation or organization
IN

8 Foreign law characterization (see instructions)
CORPORATION

9 Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2024		209,646.		

10 Was cash the only property transferred? ..... [X] **Yes** [ ] **No**
If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ..... [ ] **Yes** [ ] **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ▶ $ _____

13 Did the transferor transfer property described in section 367(d)(4)? ..... [ ] **Yes** [ ] **No**
If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No

d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ $ _____

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .000 % **(b)** After .190 %

17 Type of nonrecognition transaction (see instructions) ▶ SECTION 351

18 Indicate whether any transfer reported in Part III is subject to any of the following.

a Gain recognition under section 904(f)(3) ☐ Yes ☒ No

b Gain recognition under section 904(f)(5)(F) ☐ Yes ☒ No

c Recapture under section 1503(d) ☐ Yes ☒ No

d Exchange gain under section 987 ☐ Yes ☒ No

19 Did this transfer result from a change in entity classification? ☐ Yes ☒ No

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No
If "Yes," complete lines 20b and 20c.

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ $ _____

c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

Form **926**
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Internal Revenue Service

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OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor	**Identifying number** (see instructions)
The Howard University	53-0204707

1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ **Yes** ☒ **No**

2 If the transferor was a corporation, complete questions 2a through 2d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ **Yes** ☒ **No**

b Did the transferor remain in existence after the transfer? ☒ **Yes** ☐ **No**

If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☒ **Yes** ☐ **No**

If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(4) been made? ☐ **Yes** ☒ **No**

3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
GOODWATER INFINITY III, LP	88-4186369

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ **Yes** ☒ **No**

c Is the partner disposing of its **entire** interest in the partnership? ☐ **Yes** ☒ **No**

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ **Yes** ☒ **No**

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)

KIRANAKART PTE LTD (DBA ZEPTO)

5a **Identifying number**, if any

6 Address (including country)

4TH FLOOR, WEWORK CHROMIUM POWAI,
MUMBAI, MAHARASHTRA 400076 INDIA

5b Reference ID number

KIRANAK

7 Country code of country of incorporation or organization

IN

8 Foreign law characterization (see instructions)

CORPORATION

9 Is the transferee foreign corporation a controlled foreign corporation? ☐ **Yes** ☒ **No**

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2024		106,338.		

10 Was cash the only property transferred? ..... [X] **Yes** [ ] **No**
If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ..... [ ] **Yes** [ ] **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ▶ $ _____

13 Did the transferor transfer property described in section 367(d)(4)? ..... [ ] **Yes** [ ] **No**
If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No

d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ $ _____

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before 1.700 % **(b)** After _____ %

17 Type of nonrecognition transaction (see instructions) ▶ SECTION 351

18 Indicate whether any transfer reported in Part III is subject to any of the following.

a Gain recognition under section 904(f)(3) ☐ Yes ☒ No

b Gain recognition under section 904(f)(5)(F) ☐ Yes ☒ No

c Recapture under section 1503(d) ☐ Yes ☒ No

d Exchange gain under section 987 ☐ Yes ☒ No

19 Did this transfer result from a change in entity classification? ☐ Yes ☒ No

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No
If "Yes," complete lines 20b and 20c.

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ $ _____

c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

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OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor	**Identifying number** (see instructions)
The Howard University	53-0204707

1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ **Yes** ☒ **No**

2 If the transferor was a corporation, complete questions 2a through 2d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ **Yes** ☒ **No**

b Did the transferor remain in existence after the transfer? ☒ **Yes** ☐ **No**

If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☒ **Yes** ☐ **No**

If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(4) been made? ☐ **Yes** ☒ **No**

3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
GREAT HILL EQUITY PARTNERS VIII, LP	87-2534715

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ **Yes** ☒ **No**

c Is the partner disposing of its **entire** interest in the partnership? ☐ **Yes** ☒ **No**

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ **Yes** ☒ **No**

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)

BENEFICIUM TOPCO LIMITED

5a **Identifying number**, if any

6 Address (including country)

60 CHARLOTTE STREET
LONDON, W1T 2NU UNITED KINGDOM

5b Reference ID number

BENEFICIUM

7 Country code of country of incorporation or organization

UK

8 Foreign law characterization (see instructions)

CORPORATION

9 Is the transferee foreign corporation a controlled foreign corporation? ☒ **Yes** ☐ **No**

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/30/2024		211,173.		

10 Was cash the only property transferred? ..... [X] **Yes** [ ] **No**
If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ..... [ ] **Yes** [ ] **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ▶ $ _____

13 Did the transferor transfer property described in section 367(d)(4)? ..... [ ] **Yes** [ ] **No**
If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No

d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ $ _____

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .000 % **(b)** After .067 %

17 Type of nonrecognition transaction (see instructions) ▶ SECTION 351

18 Indicate whether any transfer reported in Part III is subject to any of the following.

a Gain recognition under section 904(f)(3) ☐ Yes ☒ No

b Gain recognition under section 904(f)(5)(F) ☐ Yes ☒ No

c Recapture under section 1503(d) ☐ Yes ☒ No

d Exchange gain under section 987 ☐ Yes ☒ No

19 Did this transfer result from a change in entity classification? ☐ Yes ☒ No

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No
If "Yes," complete lines 20b and 20c.

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ $ _____

c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

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OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor	**Identifying number** (see instructions)
The Howard University	53-0204707

1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ **Yes** ☒ **No**

2 If the transferor was a corporation, complete questions 2a through 2d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ **Yes** ☐ **No**

b Did the transferor remain in existence after the transfer? ☐ **Yes** ☐ **No**

If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ **Yes** ☐ **No**

If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(4) been made? ☐ **Yes** ☐ **No**

3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
SKCP CATALYST FUND II-A LP	98-1679783

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ **Yes** ☐ **No**

c Is the partner disposing of its **entire** interest in the partnership? ☐ **Yes** ☐ **No**

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ **Yes** ☐ **No**

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)

SPECTRA CONFECTIONERY LIMITED

5a **Identifying number**, if any

6 Address (including country)

110 CITATION DRIVE
VAUGHAN, ONTARIO L4K 2W9 CANADA

5b Reference ID number

SPECTRA

7 Country code of country of incorporation or organization

CA

8 Foreign law characterization (see instructions)

CORPORATION

9 Is the transferee foreign corporation a controlled foreign corporation? ☐ **Yes** ☒ **No**

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	11/15/2024		217,416.		

10 Was cash the only property transferred? ..... [X] **Yes** [ ] **No**
If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ..... [ ] **Yes** [ ] **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ▶ $ _____

13 Did the transferor transfer property described in section 367(d)(4)? ..... [ ] **Yes** [ ] **No**
If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No

d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ $ _____

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .000 % **(b)** After .436 %

17 Type of nonrecognition transaction (see instructions) ▶ SECTION 351

18 Indicate whether any transfer reported in Part III is subject to any of the following.

a Gain recognition under section 904(f)(3) ☐ Yes ☒ No

b Gain recognition under section 904(f)(5)(F) ☐ Yes ☒ No

c Recapture under section 1503(d) ☐ Yes ☒ No

d Exchange gain under section 987 ☐ Yes ☒ No

19 Did this transfer result from a change in entity classification? ☐ Yes ☒ No

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No
If "Yes," complete lines 20b and 20c.

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ $ _____

c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

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Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor	**Identifying number** (see instructions)
The Howard University	53-0204707

1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ **Yes** ☒ **No**

2 If the transferor was a corporation, complete questions 2a through 2d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ **Yes** ☐ **No**

b Did the transferor remain in existence after the transfer? ☐ **Yes** ☐ **No**

If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ **Yes** ☐ **No**

If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(4) been made? ☐ **Yes** ☐ **No**

3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
THOMA BRAVO FUND XV GLOBAL LP	98-1661959

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ **Yes** ☐ **No**

c Is the partner disposing of its **entire** interest in the partnership? ☐ **Yes** ☐ **No**

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ **Yes** ☐ **No**

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)

LUKE MIDCO I LIMITED

5a **Identifying number**, if any

6 Address (including country)

SUITE 1, 7TH FLOOR 50 BROADWAY
LONDON, SW1H0DB UNITED KINGDOM

5b Reference ID number

LUKE

7 Country code of country of incorporation or organization

GB

8 Foreign law characterization (see instructions)

LIMITED COMPANY

9 Is the transferee foreign corporation a controlled foreign corporation? ☐ **Yes** ☒ **No**

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	10/01/2024		361,515.		

10 Was cash the only property transferred? ..... [X] **Yes** [ ] **No**
If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ..... [ ] **Yes** [ ] **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ▶ $ _____

13 Did the transferor transfer property described in section 367(d)(4)? ..... [ ] **Yes** [ ] **No**
If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No

d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ $ _____

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .000 % **(b)** After .010 %

17 Type of nonrecognition transaction (see instructions) ▶ SECTION 351

18 Indicate whether any transfer reported in Part III is subject to any of the following.

a Gain recognition under section 904(f)(3) ☐ Yes ☒ No

b Gain recognition under section 904(f)(5)(F) ☐ Yes ☒ No

c Recapture under section 1503(d) ☐ Yes ☒ No

d Exchange gain under section 987 ☐ Yes ☒ No

19 Did this transfer result from a change in entity classification? ☐ Yes ☒ No

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No
If "Yes," complete lines 20b and 20c.

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ $ _____

c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

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(Rev. November 2018)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

▶ **Go to www.irs.gov/Form926 for instructions and the latest information.**
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OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor	**Identifying number** (see instructions)
The Howard University	53-0204707

1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ **Yes** ☒ **No**

2 If the transferor was a corporation, complete questions 2a through 2d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ **Yes** ☐ **No**

b Did the transferor remain in existence after the transfer? ☐ **Yes** ☐ **No**

If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ **Yes** ☐ **No**

If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(4) been made? ☐ **Yes** ☐ **No**

3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
VISTA EQUITY ENDEAVOR FUND II-A, LP	98-1491453

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ **Yes** ☒ **No**

c Is the partner disposing of its **entire** interest in the partnership? ☐ **Yes** ☒ **No**

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ **Yes** ☒ **No**

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)

PRISM TOPCO LIMITED (UK)

5a **Identifying number**, if any

6 Address (including country)

2 PRINTER'S YARD, 90A, THE BROADWAY
LONDON, SW19 1RD UNITED KINGDOM

5b Reference ID number

PRISM

7 Country code of country of incorporation or organization

UK

8 Foreign law characterization (see instructions)

CONTROLLED FOREIGN CORPORATION

9 Is the transferee foreign corporation a controlled foreign corporation? ☒ **Yes** ☐ **No**

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2024		150,508.		

10 Was cash the only property transferred? ..... [X] **Yes** [ ] **No**
If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ..... [ ] **Yes** [ ] **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ▶ $ _____

13 Did the transferor transfer property described in section 367(d)(4)? ..... [ ] **Yes** [ ] **No**
If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No

d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ $ _____

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .114 % **(b)** After .114 %

17 Type of nonrecognition transaction (see instructions) ▶ SECTION 351

18 Indicate whether any transfer reported in Part III is subject to any of the following.

a Gain recognition under section 904(f)(3) ☐ Yes ☒ No

b Gain recognition under section 904(f)(5)(F) ☐ Yes ☒ No

c Recapture under section 1503(d) ☐ Yes ☒ No

d Exchange gain under section 987 ☐ Yes ☒ No

19 Did this transfer result from a change in entity classification? ☐ Yes ☒ No

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No
If "Yes," complete lines 20b and 20c.

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ $ _____

c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

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OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor	**Identifying number** (see instructions)
The Howard University	53-0204707

1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ **Yes** ☒ **No**

2 If the transferor was a corporation, complete questions 2a through 2d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ **Yes** ☒ **No**

b Did the transferor remain in existence after the transfer? ☒ **Yes** ☐ **No**

If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☒ **Yes** ☐ **No**

If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(4) been made? ☐ **Yes** ☒ **No**

3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
VSS ASCENDA HOLDINGS LP	33-2475603

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ **Yes** ☒ **No**

c Is the partner disposing of its **entire** interest in the partnership? ☐ **Yes** ☒ **No**

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ **Yes** ☒ **No**

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)

NUVEM INC.

5a **Identifying number**, if any

6 Address (including country)

15 WELLESLEY STREET WEST SUITE 227
TORONTO, ONTARIO M4Y 0G7 CANADA

5b Reference ID number

NUVEM

7 Country code of country of incorporation or organization

CA

8 Foreign law characterization (see instructions)

CANADA

9 Is the transferee foreign corporation a controlled foreign corporation? ☐ **Yes** ☒ **No**

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	10/22/2024		136,632.		

10 Was cash the only property transferred? ..... [X] **Yes** [ ] **No**
If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ..... [ ] **Yes** [ ] **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ▶ $ _____

13 Did the transferor transfer property described in section 367(d)(4)? ..... [ ] **Yes** [ ] **No**
If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No

d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ $ _____

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .000 % **(b)** After .301 %

17 Type of nonrecognition transaction (see instructions) ▶ _____

18 Indicate whether any transfer reported in Part III is subject to any of the following.

a Gain recognition under section 904(f)(3) ☐ Yes ☒ No

b Gain recognition under section 904(f)(5)(F) ☐ Yes ☒ No

c Recapture under section 1503(d) ☐ Yes ☒ No

d Exchange gain under section 987 ☐ Yes ☒ No

19 Did this transfer result from a change in entity classification? ☐ Yes ☒ No

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No
If "Yes," complete lines 20b and 20c.

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ $ _____

c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

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OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor	**Identifying number** (see instructions)
The Howard University	53-0204707

1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ **Yes** ☒ **No**

2 If the transferor was a corporation, complete questions 2a through 2d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ **Yes** ☐ **No**

b Did the transferor remain in existence after the transfer? ☐ **Yes** ☐ **No**

If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ **Yes** ☐ **No**

If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(4) been made? ☐ **Yes** ☐ **No**

3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ **Yes** ☐ **No**

c Is the partner disposing of its **entire** interest in the partnership? ☐ **Yes** ☐ **No**

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ **Yes** ☐ **No**

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)	**5a Identifying number**, if any
WELLINGTON INDIA SELECT FUND, LTD.	98-1328013
6 Address (including country) 89 NEXUS WAY CAMANA BAY, GRAND CAYMAN KY1-9007 CAYMAN ISLANDS	**5b** Reference ID number WELLINGTON

7 Country code of country of incorporation or organization
CJ

8 Foreign law characterization (see instructions)
LTD

9 Is the transferee foreign corporation a controlled foreign corporation? ☒ **Yes** ☐ **No**

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	07/01/2024		3,000,000.		

10 Was cash the only property transferred? ..... [X] **Yes** [ ] **No**
If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ..... [ ] **Yes** [ ] **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ▶ $ _____

13 Did the transferor transfer property described in section 367(d)(4)? ..... [ ] **Yes** [ ] **No**
If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No

d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ $ _____

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .000 % **(b)** After 2.240 %

17 Type of nonrecognition transaction (see instructions) ▶ _____

18 Indicate whether any transfer reported in Part III is subject to any of the following.

a Gain recognition under section 904(f)(3) ☐ Yes ☒ No

b Gain recognition under section 904(f)(5)(F) ☐ Yes ☒ No

c Recapture under section 1503(d) ☐ Yes ☒ No

d Exchange gain under section 987 ☐ Yes ☒ No

19 Did this transfer result from a change in entity classification? ☐ Yes ☒ No

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No
If "Yes," complete lines 20b and 20c.

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ $ _____

c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

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Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor	Identifying number (see instructions)
The Howard University	53-0204707

1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ Yes ☒ No

2 If the transferor was a corporation, complete questions 2a through 2d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ Yes ☐ No

b Did the transferor remain in existence after the transfer? ☐ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(4) been made? ☐ Yes ☐ No

3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No

c Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☒ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)	5a **Identifying number**, if any
WNG AIRCRAFT OPPORTUNITIES INTERNATIONAL HOLDINGS LP	98-1404095
6 Address (including country) 27 HOSPITAL ROAD GEORGE TOWN, GRAND CAYMAN KY1-9008 CAYMAN ISLANDS	**5b** Reference ID number WNGAIRCRAFT

7 Country code of country of incorporation or organization
CJ

8 Foreign law characterization (see instructions)
EXEMPT COMPANY

9 Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2024		261,538.		

10 Was cash the only property transferred? ..... [X] **Yes** [ ] **No**
If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ..... [ ] **Yes** [ ] **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ..... [ ] **Yes** [ ] **No**
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ▶ $ _____

13 Did the transferor transfer property described in section 367(d)(4)? ..... [ ] **Yes** [ ] **No**
If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No

d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ $ _____

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before _____ % **(b)** After _____ %

17 Type of nonrecognition transaction (see instructions) ▶ _____

18 Indicate whether any transfer reported in Part III is subject to any of the following.

a Gain recognition under section 904(f)(3) ☐ Yes ☒ No

b Gain recognition under section 904(f)(5)(F) ☐ Yes ☒ No

c Recapture under section 1503(d) ☐ Yes ☒ No

d Exchange gain under section 987 ☐ Yes ☒ No

19 Did this transfer result from a change in entity classification? ☐ Yes ☒ No

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No
If "Yes," complete lines 20b and 20c.

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ $ _____

c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

FORM 4797 PROPERTY HELD MORE THAN ONE YEAR STATEMENT 14

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
BLUE POINT CAPITAL PARTNERS IV, LP						535,263.
CS ADJACENT INVESTMENT PARTNERS, LP						-760.
METROPOLITAN REAL ESTATE PARTNERS SECOND						976.
TOTAL TO 4797, PART I, LINE 2						535,479.

FORM 8865 AFFILIATION SCHEDULE STATEMENT 15

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR-EIGN P'SH
AIPCF VII GLOBAL CORP HOLD	450 LEXINGTON AVENUE, 40TH NEW YORK, NY 10017	98-1471984		X
JOURNEY PERSONAL CARE HOLD	3RD FLOOR, 1 ASHLEY ROAD ALTRINCHAM CHESHIRE, UNITE	98-1589029		X
VEONEER GROUP HOLDING, LP	450 LEXINGTON AVENUE, 40TH NEW YORK, NY 10017	99-1911062		X

FORM 8865 AFFILIATION SCHEDULE STATEMENT 16

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR-EIGN P'SH
SP PF CAYMAN AGGREGATOR LP	9 WEST 57TH STREET 31ST FL NEW YORK, NY 10019	98-1458633		X
SP CRUISES CAYMAN TOPCO II	9 WEST 57TH STREET 31ST FL NEW YORK, NY 10019	98-1586744		X
SP DRI AGGREGATOR LP	9 WEST 57TH STREET 31ST FL NEW YORK, NY 10019	87-3868674		
SP LHI TOPCO ONVESTORS	9 WEST 57TH STREET 31ST FL NEW YORK, NY 10019	87-1401174		
SMWE AGGREGATOR LP	9 WEST 57TH STREET 31ST FL NEW YORK, NY 10019	87-2372005		
SP III GODDARD AGGREGATOR	9 WEST 57TH STREET 31ST FL NEW YORK, NY 10019	88-2795301		
SP COPPER AGGREGATOR LLC	9 WEST 57TH STREET 31ST FL NEW YORK, NY 10019	88-4291220		
SP LB HOLDINGS TOPCO INVES	9 WEST 57TH STREET 31ST FL NEW YORK, NY 10019	87-1398974		
SP III PB AGGREGATOR LP	9 WEST 57TH STREET 31ST FL NEW YORK, NY 10019	99-4283267		

FORM 8865 AFFILIATION SCHEDULE STATEMENT 17

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR-EIGN P'SH
WNG AIRCRAFT OPPORTUNITIES	27 HOSPITAL ROAD GEORGE TOWN, CAYMAN ISLAND	98-1404095		X
WNG INTERNATIONAL MASTER F	27 HOSPITAL ROAD GEORGE TOWN, CAYMAN ISLAND	98-1404726		X

FORM 8865 AFFILIATION SCHEDULE STATEMENT 18

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR-EIGN P'SH
WALKERS CORPORATE LTD	27 HOSPITAL ROAD GEORGE TOWN, CAYMAN ISLAND	98-1584711		X
INVENTA HOLDINGS LIMITED	JOSE MARIA LISBOA 880 #22 SAO PAULO, BRAZIL 01423-91	98-1582468		X
SWAP AMERICAS LTD	RUA DR EDUARDO DE SOUZA AR SAO PAULO, BRAZIL 04543-90	98-1539603		X
CEP SPV I LLC	4291 CALLE MEJILLONES SAN DIEGO, CA 92130	92-0323423		
ZIPPI LTD	FLOOR 4 WILLOW HOUSE CAYMAN ISLANDS KY1-9010	98-1465924		X
TIGER GLOBAL INTERMEDIARY4	FLOOR 4 WILLOW HOUSE CAYMAN ISLANDS KY1-9010	98-1608256		X
TIGER GLOBAL INTERMEDIARY3	9 WEST 57TH STREET 35ST FL NEW YORK, NY 10019	85-1471169		
INTERNET FUND HOLDING VI	FLOOR 4 WILLOW HOUSE CAYMAN ISLANDS KY1-9010	98-1519945		X
INTERNET FUND HOLDING VII	FLOOR 4 WILLOW HOUSE CAYMAN ISLANDS KY1-9010	98-1572067		X
TIGER GLOBAL PIP 15-17 LLC	9 WEST 57TH STREET 35ST FL NEW YORK, NY 10019	87-2109746		
TIGER GLOBAL PIP 15-28 LLC	9 WEST 57TH STREET 35ST FL NEW YORK, NY 10019	87-2862706		
TIGER GLOBAL PIP 15-33 LLC	9 WEST 57TH STREET 35ST FL NEW YORK, NY 10019	87-3065193		
TIGER GLOBAL PIP 15-42 LLC	9 WEST 57TH STREET 35ST FL NEW YORK, NY 10019	87-3472757		
CORA CAYMAN LTD	WILLOW HOUSE CRICKET SQUAR CAYMAN ISLANDS KY1-1001	APPLIED FOR		X
NOTCO LTD	635 CAMPBELL TECH PKWY CAMPBELL, CA 95008	98-1406256		X
POMELO HOLDINGS LIMITED	5 NEW STREET SQUARE LONDON, UNITED KINGDOM EC4	APPLIED FOR		X
REBILL GLOBAL LIMITED	WILLOW HOUSE CRICKET SQUAR CAYMAN ISLANDS KY1-1001	APPLIED FOR		X
WATI LIMITED	PO BOX 309 UGLAND HOUSE GEORGE TOWN, CAYMAN ISLAND	APPLIED FOR		X
AESTAS, LLC	1455 3RD STREET SAN FRANCISCO, CA 94158	83-1969811		

AESTAS 13	1455 3RD STREET SAN FRANCISCO, CA 94158	92-1396940
TIGER GLOBAL PIP 15-86 LLC	9 WEST 57TH STREET 31ST FL NEW YORK, NY 10019	99-4994562

FORM 8865 AFFILIATION SCHEDULE STATEMENT 19

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR-EIGN P'SH
ATLANTIC AGGREGATOR, LP	401 CONGRESS STREET SUITE AUSTIN, TX 78701	87-4058635		
AX AGGREGATOR, LP	401 CONGRESS STREET SUITE AUSTIN, TX 78701	87-1351016		
MAY AGGREGATOR, LP	401 CONGRESS STREET SUITE AUSTIN, TX 78701	87-3451433		
JEB AGGREGATOR, LP	401 CONGRESS STREET SUITE AUSTIN, TX 78701	87-4379890		
ALVA AGGREGATOR, LP	401 CONGRESS STREET SUITE AUSTIN, TX 78701	87-4372069		
BENCH AGGREGATOR, LP	401 CONGRESS STREET SUITE AUSTIN, TX 78701	92-3513193		
IBEX AGGREGATOR, LP	401 CONGRESS STREET SUITE AUSTIN, TX 78701	92-3616772		
BULLWHIP AGGREGATOR, LP	401 CONGRESS STREET SUITE AUSTIN, TX 78701	92-3792026		
PRISM AGGREGATOR, LP	401 CONGRESS STREET SUITE AUSTIN, TX 78701	93-3787480		
ISTANBUL AGGREGATOR, LP	401 CONGRESS STREET SUITE AUSTIN, TX 78701	99-2970630		

FORM 8865 AFFILIATION SCHEDULE STATEMENT 20

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR-EIGN P'SH
RESOLUTION TOPCO, LLC	1221 BROADWAY DENVER, CO 80203	83-3281244		
RESOLUTION PARENT, LLC	1221 BROADWAY DENVER, CO 80203	83-3304151		
VFF III AIV IV AGGREGATOR,	401 CONGRESS STREET SUITE AUSTIN, TX 78701	85-3367319		
MENLO AGGREGATOR, LLC	401 CONGRESS STREET SUITE AUSTIN, TX 78701	85-4039543		

FORM 8865 AFFILIATION SCHEDULE STATEMENT 21

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR-EIGN P'SH
SEQUOIA CAPITAL US/E ECOSY	2800 SAND HILL ROAD, SUITE MENLO PARK, CA 94025	98-1651684		X
SEQUOIA CAPITAL US/E EXPAN	2800 SAND HILL ROAD, SUITE MENLO PARK, CA 94025	98-1659597		X
SEQUOIA CAPITAL US/E CRYPT	2800 SAND HILL ROAD, SUITE MENLO PARK, CA 94025	98-1653905		X
SEQUOIA CAPITAL US/E GROWT	2800 SAND HILL ROAD, SUITE MENLO PARK, CA 94025	98-1680669		X
SEQUOIA CAPITAL US/E SEED	2800 SAND HILL ROAD, SUITE MENLO PARK, CA 94025	98-1714387		X
SEQUOIA CAPITAL US/E VENTU	2800 SAND HILL ROAD, SUITE MENLO PARK, CA 94025	98-1681692		X
SEQUOIA CAPITAL U.S. VENTU	2800 SAND HILL ROAD, SUITE MENLO PARK, CA 94025	98-1081719		
SEQUOIA CAPITAL U.S. SCOUT	2800 SAND HILL ROAD, SUITE MENLO PARK, CA 94025	37-1719100		

FORM 8865 AFFILIATION SCHEDULE STATEMENT 22

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR-EIGN P'SH
BO SPV, LLC	50 BEALE ST. STE 2300 SAN FRANCISCO, CA 94105	88-3349366		
R365 LENDER HOLDINGS III,	50 BEALE ST. STE 2300 SAN FRANCISCO, CA 94105	93-1546222		
R365 LENDER HOLDINGS IV, L	50 BEALE ST. STE 2300 SAN FRANCISCO, CA 94105	93-1386634		
R365 LENDER HOLDINGS V, LP	50 BEALE ST. STE 2300 SAN FRANCISCO, CA 94105	99-2806114		

FORM 8865 AFFILIATION SCHEDULE STATEMENT 23

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR-EIGN P'SH
MERLIN VENTURES FUND I L.P	8330 BOONE BLVD VIENNA, VA 22182	33-1562664		
HOLLY VENTURES FUND, L.P.	189 WARREN DRIVE SAN FRANCISCO, CA 94131	99-3263156		
MODERN TECHNICAL FUND LP	527 BAKER STREET SAN FRANCISCO, CA 94117	99-4773329		

FORM 8865 AFFILIATION SCHEDULE STATEMENT 24

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR-EIGN P'SH
AIPCF VI GLOBAL CORP HOLDI	450 LEXINGTON AVENUE, 40TH NEW YORK, NY 10017	98-1333604		X
AIPCF VI BROCK FUNDING LP	450 LEXINGTON AVENUE, 40TH NEW YORK, NY 10017	82-3038006		
AIPCF VI GERBER HOLDINGS L	450 LEXINGTON AVENUE, 40TH NEW YORK, NY 10017	98-1318692		X

FORM 8865 AFFILIATION SCHEDULE STATEMENT 25

NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR-EIGN P'SH
ACCEL INDIA VII (MAURITIUS	FIFTH FLOOR, EBENE ESPL EBENE, MAURITIUS	98-1654903		X
HASH3 CAPITAL FUND LP	35 JEFFERSON DR. RIDGEFIELD, CT 06877	98-1652262		X

Electronic Filing PDF Attachment

THE HOWARD UNIVERSITY

TAX YEAR 2024 – FYE 6/30/25

EIN: 53-0204707

THE HOWARD UNIVERSITY IS ELECTING PAYMENT ELECTION UNDER SECTION 48D.

The Howard University
Consolidated Financial Statements
For the Fiscal Year Ended June 30, 2025

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1 Management's Responsibility for the Consolidated Financial Statements

2 Independent Auditor's Report

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7 Consolidated Statements of Cash Flows

9 Notes to the Consolidated Financial Statements

OFFICE OF THE SENIOR VICE PRESIDENT
CHIEF FINANCIAL OFFICER

Management's Responsibility for the Consolidated Financial Statements

The administration of The Howard University is responsible for the preparation, accuracy, integrity and objectivity of the consolidated financial statements contained herein. Such consolidated financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America and, accordingly, include certain amounts that represent our best estimates and judgments. Actual amounts could differ from those estimates.

These consolidated financial statements have been prepared under my supervision. Based on my knowledge, these financial statements present fairly, in all material respects, the financial position, changes in net assets and cash flows of The Howard University for the periods presented herein.

Furthermore, I hereby certify that The Howard University, as Borrower under separate agreements with certain banks and lending institutions, is in compliance with the respective financial covenants as of June 30, 2025, as described in Note 14 of the accompanying consolidated financial statements.

Wayne A.I. Frederick, M.D., MBA
President

John D. Gordon, Jr. MS, CPA, CGMA
Controller and Chief Accounting Officer

December 17, 2025

Tel: 919-754-9370
Fax: 919-754-9369
www.bdo.com

421 Fayetteville Street
Suite 300 Raleigh, NC 27601

Independent Auditor's Report

Board of Trustees
The Howard University
Washington, DC

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the consolidated financial statements of The Howard University (the University or Howard), which comprise the consolidated statement of financial position as of June 30, 2025, and the related consolidated statements of activities and cash flows for the year then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the consolidated financial position of the University as of June 30, 2025, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the University and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Report on Summarized Comparative Information

We have previously audited the University's 2024 consolidated financial statements, and we expressed an unmodified audit opinion on those audited consolidated financial statements in our report dated December 5, 2024. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2024, is consistent in all material respects with the audited consolidated financial statements from which it has been derived.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Univerity's ability to continue as a going concern within one year after the date that the consolidated financial statements are available to be issued.

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the University's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the University's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated December 17, 2025 on our consideration of the University's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the University's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the University's internal control over financial reporting and compliance.

BDO USA, P.C.

December 17, 2025

The Howard University
Consolidated Statements of Financial Position
June 30, 2025 and 2024
(In thousands)

	2025	2024
Current Assets:		
Cash and cash equivalents	$ 109,839	$ 95,789
Operating investments	10,482	9,632
Deposits with trustees	—	14,093
Receivables, net	155,085	141,783
Healthcare contract assets, net	1,872	2,730
Inventories, prepaids and other assets	54,395	50,131
Restricted investments	56,053	57,611
Total Current Assets	387,726	371,769
Long Term Assets:		
Deposits with trustees	28,944	26,818
Receivables, net	35,030	32,506
Inventories, prepaids and other assets	10,135	10,679
Unexpended bond proceeds	250,941	315,096
Restricted investments	9,928	9,374
Endowment investments	1,119,926	1,032,497
Operating lease right of use assets, net	101,988	69,491
Finance lease right of use assets, net	61,108	31,118
Overfunded defined benefit pension plan	14,771	21,390
Long-lived assets, net	959,148	816,298
Total Long Term Assets	2,591,919	2,365,267
Total Assets	$ 2,979,645	$ 2,737,036
Current Liabilities:		
Accounts payable and accrued expenses	$ 285,234	$ 192,053
Deferred revenue	130,600	123,599
Other liabilities	43,628	32,256
Accrued post-retirement benefits	4,074	4,130
Reserve for self-insured liabilities	16,676	19,426
Line of credit	25,000	—
Notes payable	331	605
Operating lease obligations	14,913	15,542
Finance lease obligations	7,306	5,094
Bonds payable, net	24,596	13,617
Total Current Liabilities	552,358	406,322
Long Term Liabilities:		
Other liabilities	3,064	2,545
Accrued post-retirement benefits	34,457	35,100
Reserve for self-insured liabilities	39,363	41,100
Operating lease obligations	91,689	53,581
Finance lease obligations	50,967	22,532
Bonds payable, net	791,659	797,404
Refundable advances under Federal Student Loan Program	4,583	4,583
Total Long Term Liabilities	1,015,782	956,845
Total Liabilities	1,568,140	1,363,167
Net Assets:		
Without donor restrictions	407,445	464,799
With donor restrictions	1,004,060	909,070
Total Net Assets	1,411,505	1,373,869
Total Liabilities and Net Assets	$ 2,979,645	$ 2,737,036

The accompanying notes are an integral part of these consolidated financial statements.

The Howard University
Consolidated Statements of Activities
For the years ended June 30, 2025 and 2024
(In thousands)

For the year ended June 30, 2025 (with summarized comparative information for fiscal year ended June 30, 2024)	Without Donor Restrictions	With Donor Restrictions	Total 2025	Summarized 2024
Operating				
Revenues, support and reclassifications:				
Academic services:				
Tuition and fees, net of financial aid	$ 280,880	$ —	$ 280,880	$ 255,535
Grants and contracts	92,636	—	92,636	108,661
Auxiliary services	63,331	—	63,331	51,648
Clinical services:				
Patient service - Hospital, net	273,803	—	273,803	269,687
Patient service - Faculty Practice Plan, net	23,035	—	23,035	23,118
Patient service - Dental clinic, net	1,657	—	1,657	1,595
Public support:				
Federal appropriation	250,639	73,840	324,479	279,596
Contributions of cash and other financial assets	17,966	42,692	60,658	65,520
Endowment returns made available for operations	17,053	13,965	31,018	28,580
Operating investment income, net	18,422	—	18,422	25,436
Real property	3,127	—	3,127	3,102
Other income	15,158	646	15,804	26,598
Total revenues and support	1,057,707	131,143	1,188,850	1,139,076
Net assets released from restrictions	58,460	(58,460)	—	—
Total revenues, support and reclassifications	1,116,167	72,683	1,188,850	1,139,076
Expenses:				
Academic and student support	389,318	—	389,318	360,346
Research	93,289	—	93,289	95,067
Healthcare services	309,942	—	309,942	318,571
Auxiliary enterprises	63,506	—	63,506	56,700
Administrative and support services	337,122	—	337,122	343,363
Total operating expenses	1,193,177	—	1,193,177	1,174,047
(Deficiency) excess of operating revenue over expenses	(77,010)	72,683	(4,327)	(34,971)
Non-operating				
Investment income in excess of amount designated for operations	46,292	35,426	81,718	106,834
Endowment returns made available for operations	(17,053)	(13,965)	(31,018)	(28,580)
Net unrealized gain in beneficial interest trust	—	383	383	466
Net periodic benefit cost other than service cost	(1,046)	—	(1,046)	800
Change in funded status of defined benefit pension plan	(7,463)	—	(7,463)	(1,648)
Change in obligation for post-retirement benefit plan	(1,033)	—	(1,033)	(1,373)
Change in funded status of supplemental retirement plan	(9)	—	(9)	(6)
Other non-operating items, net	(32)	463	431	(8,980)
Increase in non-operating activities	19,656	22,307	41,963	67,513
Change in net assets	(57,354)	94,990	37,636	32,542
Net assets, beginning of year	464,799	909,070	1,373,869	1,341,327
Net assets, end of year	$ 407,445	$ 1,004,060	$ 1,411,505	$ 1,373,869

The accompanying notes are an integral part of these consolidated financial statements.

The Howard University
Consolidated Statements of Cash Flows
For the years ended June 30, 2025 and 2024
(In thousands)

For the years ended	2025	2024
Cash flows from operating activities		
Change in net assets	$ 37,636	$ 32,542
Adjustments to reconcile change in net assets to net cash and cash equivalents provided by operating activities:		
Depreciation and amortization	46,483	42,528
Amortization of premiums and discount on debt, including issuance cost	1,136	988
Reinvested investment income	(9,027)	(5,966)
Net realized gain on sale of investments	(23,047)	(32,854)
Net unrealized gain on investments	(26,232)	(48,532)
Impairment of net investment in lease	—	21,988
Stock distributions	(4,488)	(13,015)
Contributions restricted in perpetuity	(19,302)	(29,265)
Loss on sale/disposal of long-lived assets	8	130
Pension/post-retirement benefits	5,920	(553)
Reserve for self-insured liabilities	(4,487)	(669)
Changes in operating assets and liabilities:		
Decrease (increase) in assets:		
Deposits with trustees	11,967	(13,743)
Receivables (excluding notes), net of reserve for doubtful accounts	(16,181)	18,189
Healthcare contract assets	858	(329)
Inventories, prepaids and other assets	(3,720)	(3,947)
Operating lease right of use assets	24,205	21,833
Increase (decrease) in liabilities:		
Accounts payable and accrued expenses	32,598	11,355
Deferred revenue	7,001	(14)
Other liabilities	11,891	3,469
Operating lease obligations	(19,223)	(17,132)
Refundable advances under Federal Student Loan Program	—	546
Net cash provided by (used in) operating activities	53,996	(12,451)
Cash flows from investing activities		
Proceeds from investment sales	1,285,197	1,474,004
Purchases of investments	(1,309,678)	(1,489,773)
Return on unexpended bond proceeds	64,155	25,290
Purchases and renovations of long-lived assets	(121,345)	(120,363)
Lease restructuring disbursement	—	(22,510)
Net cash used in investing activities	(81,671)	(133,352)
Cash flows from financing activities		
Contributions restricted in perpetuity	19,302	29,265
Net proceeds from line of credit	25,000	—
Payments on notes payable	(274)	(264)
Proceeds from bonds payable	17,714	1,271
Payments on bonds payable	(13,616)	(12,966)
Principal payments on finance lease obligations	(6,016)	(5,601)
Change in finance lease right of use assets and finance lease obligations	(740)	—
Change in student loans collected	355	1,684
Sales-type lease proceeds	—	22,510
Net cash provided by financing activities	41,725	35,899
Increase (decrease) in cash and cash equivalents	14,050	(109,904)
Beginning cash and cash equivalents	95,789	205,693
Ending cash and cash equivalents	$ 109,839	$ 95,789

Supplemental cash flow information continued on the next page

The Howard University

Consolidated Statements of Cash Flows
For the years ended June 30, 2025 and 2024
(In thousands)

For the years ended	2025	2024
Supplemental cash flow information:		
Cash paid for interest	$ 37,293	$ 37,748
Supplemental non-cash investing and financing activities:		
Acquisition of equipment and office space under financing leases	35,342	11,878
Acquisition of equipment and office space under operating leases	56,702	51,978
Capital expenditures incurred but not yet paid	60,583	23,575
Stock distributions	4,488	13,015
Reinvested investment income	9,027	5,966

Refer to Note 13 for supplemental disclosure of cash flow information for leases.

The accompanying notes are an integral part of these consolidated financial statements.

1. University Organization

Howard University (the "University") is a private, nonprofit institution of higher education which also operates Howard University Hospital (the "Hospital") located in Washington, D.C. The University provides academic programs at the undergraduate, graduate, and postdoctoral levels and engages in research, training, and other sponsored activities supported by grants, contracts, and similar agreements with sponsoring organizations, primarily departments and agencies of the United States government. The University also provides patient healthcare services at the Hospital and through clinical activities performed by certain University faculty as part of its academic clinical activities.

Under Public Law 87-262 (75 Stat. 542), enacted on September 21, 1961, Freedmen's Hospital was transferred to the University in furtherance of its mission in medical education and community healthcare. Effective January 1, 2024, Howard University Hospital Corporation ("HUHC") became a fully incorporated entity and continues to serve as the wholly owned Howard University Hospital and a subsidiary of the University

The consolidated financial statements also include the activities of the University's wholly owned subsidiaries: Howard University International ("HUI"), Howard University Global Initiative – Nigeria, LTD/GTE ("HUGIN"), and Howard University Global Initiative South Africa NPC ("HUGISA"). The activities and balances of these entities are reflected in the statements of activities and statements of financial position, and all intercompany balances have been eliminated in consolidation.

The Research Institute for Tactical Autonomy ("RITA") is a University Affiliated Research Center ("UARC") designated and competitively awarded to Howard University by the U.S. Department of Defense in 2023.

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2. Summary of Significant Accounting Policies

(a) Basis of Presentation

The consolidated financial statements of the University have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"). These consolidated statements include summarized comparative information for the prior year in total, without classification by net asset type. Such summarized information does not include all disclosures required by U.S. GAAP and should be read in conjunction with the University's financial statements for the year ended June 30, 2024, from which the summarized information was derived.

The consolidated statements of activities present all transactions affecting net assets. Operating results reflect revenues and expenses attributable to the University's ongoing educational and institutional activities. Non-operating items include investment returns in excess of amounts appropriated for operations pursuant to the University's spending policy, unrealized gains and losses on investments, unrealized gains and losses on beneficial interests in perpetual trusts, endowment transfers, and actuarial and other adjustments associated with pension and post-retirement benefit plans.

(b) Net Asset Classifications

U.S. GAAP requires the University to classify net assets based on whether donor-imposed restrictions limit their use.

Without Donor Restrictions – Net assets without donor restrictions are available to support operations at the discretion of the Board and/or management. The Board may designate amounts for specific purposes, which limits management's discretionary use of those resources.

With Donor Restrictions – Net assets with donor restrictions are subject to legal or donor-imposed stipulations that may be fulfilled by the passage of time, through actions taken by the University pursuant to those stipulations, or both. These net assets include endowment funds subject to the requirements of the District of Columbia Uniform Prudent Management of Institutional Funds Act of 2008 ("DC UPMIFA"), the District of Columbia's enactment of the Uniform Prudent Management of Institutional Funds Act, which governs the use, investment, and appropriation of donor-restricted endowment funds. The original gift amount, any subsequent donor contributions, and related investment returns remain classified as net assets with donor restrictions until appropriated for expenditure by the governing body or as otherwise permitted by law.

Contributions are generally recorded as revenue in the appropriate net asset category. However, contributions with donor-imposed restrictions that are met within the same fiscal year are reported as revenue without donor restrictions. When donor restrictions are satisfied (e.g., the specific purpose is achieved or the required time period has passed), funds are reclassified from net assets with donor restrictions to net assets without donor restrictions. Donor restrictions on gifts for long-lived assets are considered fulfilled when the asset is acquired or placed in service.

(c) Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts and disclosures at the date of the consolidated financial statements. Actual results could differ from those estimates.

(d) Income Tax

Howard University, HUHC, and the University's other wholly owned subsidiaries (collectively, the "University") are tax-exempt organizations under section 501(c)(3) of the Internal Revenue Code, except where noted below. For the years ended June 30, 2025 and 2024, there were no uncertain tax positions considered to be material.

HUHC is currently operating as a tax-exempt organization and is obtaining reinstatement of tax exempt status from the Internal Revenue Service. Management does not expect the outcome of the IRS determination process to have a material impact on the University's consolidated financial position or changes in net assets.

The Tax Cuts and Jobs Act (the Act), enacted on December 22, 2017, introduced various changes affecting the University, including excise taxes on executive compensation and net investment income, as well as new rules for calculating unrelated business taxable income. Based on guidance from the Act, the University estimated related tax expense of $101 and $512 for the years ended June 30, 2025 and 2024, respectively.

(e) Cash and Cash Equivalents

Cash and cash equivalents consist of highly liquid financial instruments with original maturities of three months or less, including U.S. Treasury securities and other short-term investments, all carried at fair value. Amounts held in the endowment fund or by investment managers are classified as investments rather than cash and cash equivalents.

The University's aggregate cash and cash equivalents held at financial institutions exceed federal insurance limits by approximately $108,089 and $93,789 as of June 30, 2025, and 2024, respectively. While these funds are exposed to risk, the University has not experienced any losses due to this exposure.

(f) Investments

Investments are categorized in the consolidated statements of financial position as operating investments, donor restricted investments, endowment investments, and deposits with trustees. All investments are reported at fair value or net asset value and are defined as follows:

Operating Investments – represent liquid, unrestricted short-term assets available at the discretion of the Board of Trustees to meet operational needs.

Restricted Investments – represent non-endowed investments with principal and/or income restricted by external sources, including liquidation constraints. These funds are not available for discretionary use by the Board or management.

Endowment Investments – represent the pooled endowment and the Federal matching endowment investments. The endowment investments are spread across various asset categories with the use of the income from these investments restricted based on stated donor stipulations or DC UPMIFA.

Deposits with Trustees – represent a debt service reserve fund consisting primarily of fixed income investments and other short-term securities (see Note 6).

The fair values of the University’s investments are determined using the most relevant available and observable valuation inputs as defined in Note 8. Purchases and sales of securities are reflected on a trade-date basis. Gains and losses on sales of securities are based upon average historical value (cost of securities purchased or the fair market value at date of gift, if received by donation). Dividend and interest income are recorded on an accrual basis. Accrued but unpaid dividends, interest and proceeds from investment sales at the report date are recorded as investment receivables.

Investment income (losses) are allocated, consistent with the allocation of interest and dividends, to net assets with donor restrictions or net assets without donor restrictions (distinguished between operating and non-operating) based on donor intent or lack thereof of donor stipulations. Such amounts may be appropriated for operations subject to donor-imposed time or purpose restrictions or retained in perpetuity when required under the terms of the gift. Investment income (losses) associated with loan funds is accumulated in net assets without donor restrictions.

Operating investment income includes interest, dividends and operating investment returns.

(g) Revenue Recognition

The University recognizes revenue from contracts with customers based on the consideration specified in the contract. Revenue is recognized when the University satisfies its performance obligations by transferring goods or services to the customer. The University applies the five-step revenue recognition model: (i) identify the contract; (ii) identify performance obligations; (iii) determine transaction price; (iv) allocate transaction price; and (v) recognize revenue.

The University (i) evaluates other revenue streams based on whether transactions should be accounted for as contributions (nonreciprocal transactions) or as revenue from contracts with customers (reciprocal) transactions and (ii) determined whether a contribution is conditional.

The University earns revenue primarily from instructional activities, including tuition and fees, patient care, and auxiliary services provided on its Washington, D.C. campuses. These revenue sources may be disaggregated by whether they result from contracts with students, contracts with non-student, or non-contract activities. Revenue from patient care and other non-student services is recognized on the event date or when services are rendered.

The performance obligations related to contracts with students involve providing instruction, housing and dining (if applicable), and access to University facilities and services for the duration of the contract term. Consequently, these performance obligations are satisfied over time ratably throughout the contract period.

The University enters contracts that include various service components, which are generally capable of being distinct and are therefore recognized as separate performance obligations.

Tuition and fees, net of financial aid, are recognized as revenue in the period in which the related academic services are provided. Tuition and fees received in advance of service delivery are recorded as deferred revenue. The University awards institutional financial aid to eligible students based on demonstrated financial need or academic merit, typically as part of an aid package. Financial aid may include loans, work-study compensation, or grants and scholarship. Loans are primarily offered through U.S. government programs (direct and guaranteed loans) for which the University's obligations are limited to certain administrative responsibilities.

Institutional grants and scholarships are funded through private donor contributions, endowment income restricted for student aid, and University funding. In accordance with U.S. GAAP, this institutional aid is considered a reduction of the transaction price, as it represents consideration payable to the student. Consequently, the University presents tuition and fees, net of financial aid. Financial aid for fiscal years ended June 30, 2025 and 2024 was $280,880 and $255,535, respectively.

TUITION AND FEES, NET	2025	2024
Tuition and fees before applying financial aid*	$ 489,235	$ 444,744
Deduction for financial aid:		
Undergraduate	186,535	169,395
Graduate	4,222	3,833
Professional	17,598	15,981
Total reduction for financial aid	208,355	189,209
Total tuition and fees, net of financial aid	$ 280,880	$ 255,535

**Tuition and fees before applying financial aid are shown net of tuition discounts and net of the ASC 606 revenue adjustment.*

Grants and contracts revenue is recognized when reimbursable expenses are incurred (for cost plus contracts) or when deliverables or milestones are met (for fixed-price contracts). Grants and contracts revenues include recoveries of allowable direct and indirect costs for facilities and administration, which are determined under negotiated or prescribed rates. The University evaluates whether such agreements constitute conditional or unconditional contributions (nonreciprocal transactions) or as revenue from contracts where the government agencies are the customer, under ASC 606.

For the years ended June 30, 2025 and 2024, the University recognized $91,496 and $107,046 of revenue that is considered nonreciprocal, respectively, and $1,140 and $1,615 of revenue subject to ASC 606, respectively. Receivables under research grants and development agreements represent the amounts due from federal, state, local, private grants, contracts and other sponsors. As of June 30, 2025, and 2024, a sponsor accounted for 11% and a sponsor accounted for 10% of grants and contracts revenue, respectively.

GRANTS AND CONTRACTS REVENUE	2025	2024
Reimbursement of direct expenses	$ 79,656	$ 95,263
Recovery of indirect costs	12,980	13,398
Total grants and contracts revenue	$ 92,636	$ 108,661
Indirect costs recovery as a % of direct costs	16%	14%

Grants and contracts revenue by type is detailed in the table below:

GRANTS AND CONTRACTS REVENUE BY TYPE	2025	2024
Research	$ 64,878	$ 78,078
Training	13,741	14,508
Service/other	14,017	16,075
Total grants and contracts revenue by type	$ 92,636	$ 108,661

Auxiliary services revenue is recognized when services are rendered or as activities are completed. Auxiliary revenue consists of meal plans, advertising income from the University's commercial radio station (WHUR), sponsorship agreement to support the University's athletics programs, and student housing. Advertising revenue is recognized when the advertising spots are aired. Other revenues include the University's television station (WHUT) and preschool center fees.

The University evaluates collectability, price concessions, and other forms of variable consideration in determining the transaction price for each auxiliary revenue stream.

AUXILIARY SERVICES REVENUE	2025	2024
Student housing	$ 15,014	$ 11,664
Meal plans	29,448	25,973
Royalties	7,643	—
Radio station	5,903	7,116
Bookstore	750	947
Parking fees	1,495	2,325
Other	3,078	3,623
Total auxiliary services revenue	$ 63,331	$ 51,648

Net patient service revenue arises from contracts to provide health care services to patients. Revenue is recognized when services are rendered and related performance obligations are fulfilled. Such revenue often involves third-party payors (e.g., Medicare, Medicaid, and insurance companies), with transaction prices dependent on terms governed by negotiated terms. The University estimates net revenue based on expected payments from patients and payors, considering price concessions in managed care and insurance plans as specified in contracts. Revenue from uninsured patients and insured co-payments or deductibles may reflect discounts. The University records implicit price concessions for uninsured accounts, based on historical collections.

The Hospital and the Faculty Practice Plan participate payment arrangements with third-party payors at established rates, including per-discharge, reimbursed costs, discounted charges, and per-diem payments. The University accrues retroactive adjustments based on estimates when services are rendered, adjusting them as final settlements are determined. Receivables represent amounts due for services rendered by the University's Faculty Practice and the Hospital.

NET PATIENT SERVICE REVENUE	2025	2024
Gross Revenues	$ 712,293	$ 752,173
Third-party settlement revenue	82,570	75,093
Price concessions	(496,368)	(532,866)
Total net patient service revenue	$ 298,495	$ 294,400

The following revenue streams are subject to the guidance in Topic 958, *Not for Profit Entities*, unless otherwise noted:

Federal appropriation revenue is recognized as funds are received and expended. The University receives a federal appropriation to support its educational mission. Of this appropriation, $73,840 is restricted: $70,435 is designated for the construction and renovation of the Hospital, and $3,405 is restricted for a term endowment required to be held for 20 years. For fiscal years ended June 30, 2025 and 2024, the federal appropriation accounted for 27% and 25%, respectively, of the University's total revenue support. There is a $3,405 receivable at both June 30, 2025 and 2024, that represents the portion to be collected on the federal term endowment as defined in Note 16.

Contribution of cash and other financial assets, including unconditional promises to give, are recognized at fair value within the appropriate category of net assets upon receipt. Contributions with donor-imposed restrictions that are fulfilled within the same fiscal year are reported in net assets without donor restrictions. Unconditional promises to give are initially measured at fair value, considering expected future cash receipts and discounted at a risk-adjusted rate. Conditional promises to give are recognized only when the specified conditions are substantially satisfied.

Contribution revenue derived from government and private grant and contracts—generally classified as nonreciprocal transactions—is recognized as qualifying expenditures are incurred and the conditions under the agreements are met. Payments received in advance of conditions being satisfied are recorded as deferred revenue on the consolidated statements of financial positions. The University recognized approximately $0 and $5,364 in federal contributions from the Department of Education as part of the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) appropriations for educational institutions for the fiscal years ended June 30, 2025 and 2024, respectively.

Contributions income for fiscal years ended June 30, 2025 and 2024 is shown below:

CONTRIBUTIONS INCOME	2025	2024
Without donor restrictions	$ 17,966	$ 32,866
With donor restrictions	42,692	32,654
Total contributions income	$ 60,658	$ 65,520

For the year ended June 30, 2025, the University had one donor with gifts that represented greater than 10% of contribution income. For the year ended June 30, 2024, the University had two donors with gifts that each represented greater than 10% of contribution income.

Contributed works of art, historical treasures, literary works and artifacts, which are preserved for educational, research and public exhibition purposes are capitalized. Such nonfinancial gifts are recorded at their estimated fair value on the date of donation. When donor-imposed stipulations specify a required usage period, these contributions are recorded as net assets with donor restrictions; otherwise, they are recorded as net assets without donor restrictions.

Real property revenue is comprise income and gains from real estate activities including lease income and is recognized as revenue in the period in which it is earned and deemed collectible. Real property receivables include the net present value of the minimum lease payments from sales-type leases. Further details regarding the revenue recognition for real property lease transactions are presented in Note 13.

Other income comprises income from activities that are not ongoing and central to the University's core operations and is recognized as revenue in the period in which it is earned and deemed collectible. For the year ended June 30, 2025, other income consisted principally of revenue recognized from insurance proceeds, athletics, and real estate transactions in the amounts of $2,928, $1,265, and $1,077, respectively. For the year ended June 30, 2024 other income consisted principally of revenue recognized from settlements, athletics, and treasuries in the amounts of $3,000, $2,855, and $2,655, respectively.

Notes receivable comprise loans the University extended to students through institutional resources and federal student loan programs with outstanding balances, including the Federal Perkins Loans. Management assesses the adequacy of the allowance for credit losses on student loans by performing continuous evaluations of borrower financial condition, the broader economic environment, and the level and aging of delinquent loans.

As of June 30, 2025, the University has assigned all outstanding Perkins loans to the Department of Education, and is in the process of formally liquidating its Perkins portfolio.

(h) Inventories, Prepaids and Other Assets

Inventories consist primarily of medical supplies and are recorded at the lower of cost or net realizable value, determined on a first-in, first-out basis. Prepaid expenses consist principally of insurance, dues, subscriptions, and other related fees and are amortized over the useful period. Other assets consist primarily of deferred health charges, intellectual property holdings, and beneficial interests in trusts.

(i) Long-Lived Assets

Long-lived assets comprise property, property held for expansion (including land and buildings acquired for future educational, research, and institutional use), capital improvements, equipment, software, library books, and art and historical treasures. Such assets are recorded at cost, or at fair value on the date of gift, net of accumulated depreciation and amortization, and are capitalizable when the unit cost is equal to or exceeds $3 and has a useful life of more than one year. Work in process for Board-approved projects is capitalizable and not depreciated until assets are placed in service. Land, including land improvements and property held for expansion, is not subject to depreciation.

The University capitalizes purchased and donated works of art and historical treasures within the consolidated statement of financial position. These assets are not depreciated when their economic benefit or service potential is consumed so gradually that their estimated useful lives are considered extraordinarily long.In the event of impairment, such works are written down to fair value, with the resulting loss recognized in the consolidated statement of activities. The University's collections management policy provides that proceeds from the disposal of art and historical treasures be used exclusively for the direct care of the remaining collection. In addition, proceeds received from the loans of collection are applied to activities that maintain the quality of the collection. The University defines direct care as expenditures used to maintain the value, integrity, and quality of the collection including appraisals, insurance, security, storage with climate control, installation and related transportation, and conservation.

Depreciation for all long-lived assets is recognized using the straight-line method over the estimated useful lives of the respective assets. The useful lives applicable to the fiscal years presented are as follows:

Land improvements	1-25 years
Building and building improvements	5-40 years
Property held for expansion	40 years
Furniture and equipment	3-20 years
Library books	10 years
Software	3-10 years

Title to certain equipment purchased with funds provided by government grants or contracting agencies is vested in the University and, as such, is included in reported property balances; however these assets are subject to potential transfer or disposition by the cognizant agency. Interest eligible for capitalization comprises the costs of restricted borrowings, net of interest earned on the temporary investment of those proceeds, from the date of borrowing until the associated qualifying assets are placed in service for their intended use.

The recorded values of certain properties include the fair value of environmental remediation required to satisfy contractual or regulatory mandates. Such obligations primarily pertain to the removal and disposal of asbestos.

(j) Unexpended Bond Proceeds

Unexpended bond proceeds comprise investments in government debt security funds, which are reported at amortized cost and are not subject to daily quotation. As of June 30, 2025 and 2024, unexpended bond proceeds totaled $250,941 and $315,096, respectively, including earnings of $43,165 and $29,040 from invested funds during the respective periods.

(k) Compensated Absences

The University recognizes a liability for future employee absences attributable to services performed in the current and prior periods, subject to prescribed carry over limits. This obligation is presented within accounts payable and accrued expenses in the consolidated statements of financial position (see Note 11).

(l) Pension and Post-Retirement Benefits

The funded status of the University's pension benefit (the "Plan") is actuarially determined and presented in the consolidated statements of financial position as either an asset, to reflect an overfunded status, or as a liability to reflect an underfunded status. The actuarially determined post-retirement benefit obligation is similarly recognized on the consolidated statements of financial position as a liability. Administration of the Plan is conducted in accordance with Internal Revenue Service ("IRS") requirements (see Note 15).

(m) Reserves for Self-Insured Liabilities

The reserve for self-insured liabilities consists primarily of amounts accrued for asserted medical malpractice and worker's compensation claims and incorporates estimates of the ultimate cost to resolve such claims (see Note 7 *Reserves for Self-insured Liabilities*). The reserve also encompasses an estimate of the cost to resolve unasserted claims that actuarial analyses deem probable of assertion in the future. Medical malpractice claim reserves are presented at undiscounted amounts.

(n) Refundable Advances Under Federal Student Loan Program

Funds provided by Department of Education ("ED") under the Federal Student Loan Programs are extended to qualified students and may be re-loaned after collections. The portion of these funds provided by the ED are ultimately refundable to the ED and is recognized as liabilities in the consolidated statements of financial position and as a financing activity in the consolidated statements of cash flows. Loans disbursed to students are reflected as receivables in the consolidated statements of financial position.

(o) Leases

The University and the Hospital are parties to a range of operating and finance leases for office space and equipment. Lease assets and lease liabilities are measured using the discount rate implicit in the lease. If that rate is unavailable or readily determinable, the University utilizes its risk-free rate. Operating lease expense, excluding short-term lease costs, is recognized on a straight-line basis. Additional disclosure regarding lease arrangements is provided in Note 13.

(p) Measure of Operations

The University's measure of operations comprise all revenue and expenses that are integral to its continuing core program services, with the key objective of enhancing the predictability of operating results. This measure includes the gains and losses from real estate related transactions.

(q) Reclassifications

Certain prior year amounts (2024) have been reclassified to conform to the current-year (2025) presentation. These reclassifications had no impact on the University's previously reported net asset balances.

3. Liquidity and Availability of Resources

As of June 30, 2025 and 2024, financial assets and liquidity resources that are available within one year for general expenditures consists of the following:

FINANCIAL ASSETS AND LIQUIDITY RESOURCES	2025	2024
Financial Assets:		
Cash and cash equivalents	$ 109,839	$ 95,789
Operating investments	10,482	9,632
Receivables, net (excluding donor-restricted contributions)	124,453	111,325
Healthcare contract assets, net	1,872	2,730
Endowment funds appropriated for current use	34,603	31,018
Total financial assets available within one year	$ 281,249	$ 250,494
Liquidity Resources:		
Unused bank line of credit available	50,000	75,000
Total financial assets and liquidity resources available within one year	$ 331,249	$ 325,494

None of the financial assets listed above are subject to donor-imposed or contractual restrictions that would render them unavailable for general expenditures within one year of the consolidated statement of financial position. Receivables include time-restricted pledges expected to be collected within one year. Earnings from unspent bond proceeds of $43,165 may be utilized for bond-related or general operating needs at management's discretion.

The University's endowment investments, which include donor-restricted and quasi-endowment assets, are subject to a Board-established spending policy of 5 percent. Except for the portion allocated for general expenditures, quasi-endowment funds may be accessed, if necessary, with Board authorization. Further disclosures regarding Board-designated quasi-endowment assets are provided in Notes 9 and 16.

To address any unanticipated liquidity needs, the University maintains a committed line of credit of $75,000, which can be drawn upon through December 31, 2025, if needed. As of June 30, 2025, there was an outstanding balance of $25,000 on the line of credit.

4. Receivables, Net

The major components of receivables, net of reserves for doubtful accounts of $18,100 and $15,100 as of June 30, 2025 and 2024, respectively, were as follows:

RECEIVABLES	2025	2024
Student	$ 35,761	$ 16,643
Notes	2,565	2,940
Federal appropriation	3,405	3,405
Patient receivables - HUHC	22,568	33,423
Third-party and insurance recoveries - HUHC	26,707	17,380
Patients and third-party payors - FPP	6,129	3,114
Grants and contracts	28,188	29,061
Contributions	36,241	44,649
Auxiliary services	4,247	4,259
Real property	20,944	15,017
Other	3,360	4,398
Total receivables	$ 190,115	$ 174,289

As of June 30, 2025, the University had one single customer, donor, or party that represented greater than 10% of total receivables. As of June 30, 2024, the University did not have any single customer, donor, or party that represented greater than 10% of total receivables.

Student receivables comprise unpaid tuition and fees assessed in current and prior periods that originate when a student enroll through the University's formal registration process.

Patient receivables comprise unpaid health care fees for health care services provided to the patients are measured based on management's estimates of the consideration expected to be realized from patients and third-party payors.

Contributions receivable at June 30, 2025 and 2024 are expected to be received as follows:

CONTRIBUTIONS RECEIVABLE	2025	2024
Within one year	$ 39,369	$ 38,312
Between one and five years	8,315	13,900
Thereafter	9	1,201
Contributions receivable gross	47,693	53,413
Unamortized discount on contributions receivable (2%-6.5%)	(1,127)	(1,375)
Contributions receivable, net of discounts	46,566	52,038
Allowance for uncollectible contributions	(10,325)	(7,389)
Total contributions receivable, net of discounts and allowance	$ 36,241	$ 44,649

Conditional Gifts

In fiscal year 2025, the University entered into a grant agreement with The Bloomberg Family Foundation Inc. to support the medical education of enrolled students, including financial aid and wrap-around services. The total amount conditionally promised under this agreement is $182,250, of which $13,780 has been received as of June 30, 2025. The remaining payments are subject to the University fulfilling specified conditions including (i) the submission and approval of an investment plan and (ii) demonstrating satisfactory progress toward program objectives. Payments are scheduled to be made through December 31, 2027.

5. Inventories, Prepaids and Other Assets

Components of inventories, prepaids and other assets accounts as of June 30, 2025 and 2024 are as follows:

INVENTORIES, PREPAIDS, AND OTHER ASSETS	2025	2024
Inventories - Hospital	$ 5,117	$ 5,972
Prepaid expenses	14,663	20,066
Capitalized internal-use software	18,906	16,779
Beneficial interest trust	3,679	3,296
Self-insured assets	5,574	5,328
Intellectual property costs	692	778
Other	15,899	8,591
Total inventories, prepaids, and other assets	$ 64,530	$ 60,810

6. Deposits with Trustees

DEPOSITS WITH TRUSTEES (DEDICATED ASSETS)	2025	2024
Debt service reserve	$ 28,726	$ 26,407
Advanced bond payments	—	13,681
Health insurance trust	218	823
Total deposits with trustees	$ 28,944	$ 40,911

Debt Service Reserve Fund

As required by the 2011B Revenue Bonds and 2021A bonds, the University maintains a debt service reserve fund designed to meet or exceed the Debt Service Fund Requirements of $24,292. As of June 30, 2025 and 2024, the balance of the debt service reserve fund was $28,726 and $26,407, respectively. The assets comprising this reserve fund consist primarily of cash, fixed income investments, capitalized interest and other short-term securities.

In June 2024, the University made advanced payments toward upcoming bond obligations. These payments are recorded under the current portion of deposits with trustees. No advance payments were made as of June 30, 2025.

7. Reserve for Self-insured Liabilities

RESERVE FOR SELF-INSURED LIABILITIES	2025	2024
Professional liability	$ 46,722	$ 51,672
Workers' compensation	5,097	4,988
Health insurance trust	4,220	3,866
Total reserve for self-insured liabilities	$ 56,039	$ 60,526

(a) Professional Liability

The University is subject to various claims and litigation related to its hospital and clinical operations. Based on assessments from actuaries and legal counsel, the University has accrued professional liability reserves of $46,722 and $51,672, as of fiscal years ended June 30, 2025 and 2024, respectively. These reserves are intended to cover probable losses from both filed (asserted) and potential (unasserted) claims. Professional liability reserves are reported as part of self-insured liabilities in the consolidated statement of financial position.

The following tables summarizes changes in professional liability for fiscal years ended June 30, 2025 and 2024:

PROFESSIONAL LIABILITY	2025	2024
Beginning balance	$ 51,672	$ 52,104
Malpractice claims expense	(4,674)	10,661
Settlement payments	(276)	(11,093)
Ending balance	$ 46,722	$ 51,672

(b) Workers' Compensation

For fiscal years ended June 30, 2025 and 2024, the University maintained $5,251 and $5,221 in letters of credit, respectively, as collateral for specific insurance carriers. The University is self-insured for workers' compensation claims up to per occurrence retention of $500, with any excess covered through commercial insurance.

Workers' compensation expenses were $1,654 and $1,633 for fiscal years ended June 30, 2025 and 2024, respectively, and are included in employee benefits. The total liability for future workers' compensation claims includes amounts for claims covered under existing insurance policies. Reserves are based on actuarial estimates for both asserted and unasserted claims.

(c) Health Insurance

The University has established a revocable self-insured trust fund to partially fund group health benefits for its employees. The fund's assets primarily consist of money market investments. Deposits to the fund include employee payroll withholdings and University contributions, based on estimates provided by the claims administrator. Disbursements from the fund are made in accordance to the payment plan prescribed by the claims administrator.

8. Fair Value Measurements

U.S. GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability, an exit price, in an orderly transaction between market participants at the measurement date. The accounting standards establish a hierarchy which consists of three-level hierarchy for fair value measurements based the nature and observability on the nature and observability of valuation inputs:

- Level 1 – Quoted market prices for identical assets or liabilities in active markets.
- Level 2 – Quoted market prices for similar assets or liabilities in active markets; quoted prices for identical or similar instruments in markets that are not active; or other than quoted prices in which all significant inputs and significant value drivers are observable in active markets either directly or indirectly.
- Level 3 – Valuations derived from valuation techniques in which one or more significant inputs or significant value drivers are not observable.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following assumptions and estimates were used to determine fair value of each class of financial instruments listed above:

(1) Money market instruments include investments in open ended mutual funds that invest in US treasury securities, US agency bonds, certificates of deposit and corporate bonds. Funds that are quoted daily in active markets are classified as Level 1. Funds that are not quoted daily with prices based on amortized cost are classified as Level 2.

(2) For investments in government securities, domestic fixed income and corporate bonds, fair value is based first upon quoted market prices for those securities that can be classified as Level 1. For securities where an active market is not available, fair value is determined with reference to similar securities using market prices and broker quotes for similar instruments and are classified as Level 2.

(3) Common stocks are largely valued based on the last sales price for identical securities traded on a primary exchange. These investments are classified as Level 1. Securities that trade infrequently, or that have comparable traded assets – that trade in either active or inactive markets - are priced using available quotes and other market data that are observable as of the reporting date and are classified as Level 2.

(4) Alternative investments include the University's limited partnership interests, hedge funds, private equity and real estate and commodity funds. Trading in this class of funds is infrequent and, as a result, market values are not readily determinable. These investments are reported at the Net Asset Value (NAV), as provided by the fund managers. The NAV is used as a practical expedient to measure fair value but is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. The fund managers use pricing models, appraisals, discounted cash flow models, and other valuation techniques to determine fair value of the underlying investments in each fund. Units held within common/collective trusts (CCTs) are valued at the NAV.

(5) Unexpended bond proceeds include investments in government debt security funds. These funds are not quoted daily and are valued at amortized cost. These investments are classified as Level 2.

(6) Deposits held with trustees, including workers' compensation, professional and general liability, health insurance and bond debt service deposits, are comprised primarily of money market instruments, U.S. treasury securities, mortgage-backed securities and corporate bonds. Money market investments are classified as either Level 1 or

Level 2 based on whether their prices are quoted daily. Investments in US treasury securities are classified as Level 1 and other fixed income securities are classified as Level 2.

(7) Other assets represent the University's beneficial interest in certain trust assets held by third parties. The underlying trust assets are comprised of a variety of investments, primarily exchange-traded funds and corporate fixed income. The fair value of this interest has been measured using the income approach as there is no active principal market trading in this interest. This interest was valued using the quoted market value for the underlying marketable securities of the Trust discounted for expected future cash flows to the University. These interests are classified as Level 3 assets as the reported fair values are based on a combination of observable and unobservable inputs.

(8) The estimated fair value of the University's bonds is determined based on quoted market prices. As of June 30, 2025 and 2024, the estimated fair value was approximately $738,845 and $736,075, respectively. Fair value estimates are made at a specific point in time, are subjective in nature, and involve uncertainties and matters of judgment. The University is not required to settle its debt obligations at fair value and settlement is not possible in most cases because of the terms under which the debt was issued and legal limitations on refunding tax-exempt debt.

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The University's financial liabilities, as referenced above, are presented in Footnote 14. The University's financial assets as of June 30, 2025 and 2024 are subject to fair value accounting. Fair value as of June 30, 2025 is as follows:

FAIR VALUE	Level 1	Level 2	Level 3	Total
Non-investment assets				
Unexpended bond proceeds (5)	$ —	$ 250,941	$ —	$ 250,941
Deposits with trustees (6)	218	28,726	—	28,944
Other assets (7)	—	—	4,002	4,002
Total non-investment assets	**$ 218**	**$ 279,667**	**$ 4,002**	**$ 283,887**
Operating investments				
Common stock (3)	10,482	—	—	10,482
Total operating investments	$ 10,482	$ —	$ —	$ 10,482
Restricted investments				
Money market instruments (1)	—	7,521	—	7,521
Common stock (3)	29,681	—	—	29,681
Fixed income				
Corporate bonds (2)	9,830	—	—	9,830
Total restricted investments	$ 39,511	$ 7,521	$ —	$ 47,032
Endowment investments				
Money market funds (1)	5,836	65,870	—	71,706
Common stock (3)	194,828	—	—	194,828
Fixed income				
Corporate bonds (2)	53,162	—	—	53,162
Mutual funds investment				
Domestic common stock (3)	1,628	—	—	1,628
Domestic fixed income (2)	69,928	—	—	69,928
International equity security (3)	3,145	—	—	3,145
Total endowment investments	$ 328,527	$ 65,870	$ —	$ 394,397
Investment receivables not subject to fair value reporting (8)	4,043	—	—	4,043
Investment payables not subject to fair value reporting (8)	(2,839)	—	—	(2,839)
Total investments	**$ 379,724**	**$ 73,391**	**$ —**	**$ 453,115**
Total non-investments and investments, net of liabilities	**$ 379,942**	**$ 353,058**	**$ 4,002**	**$ 737,002**
Total investments measured at the NAV as a practical expedient (4)				743,275
Total assets and liabilities measured at fair value				**$ 1,480,277**

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Fair value as of June 30, 2024 is as follows:

FAIR VALUE	Level 1	Level 2	Level 3	Total
Non-investment assets				
Unexpended bond proceeds (5)	$ —	$ 315,096	$ —	$ 315,096
Deposits with trustees (6)	14,505	26,406	—	40,911
Other assets (7)	—	—	3,620	3,620
Total non-investment assets	**$ 14,505**	**$ 341,502**	**$ 3,620**	**$ 359,627**
Operating investments				
Common stock (3)	9,632	—	—	9,632
Total operating investments	$ 9,632	$ —	$ —	$ 9,632
Restricted investments				
Money market instruments (1)	—	19,433	—	19,433
Common stock (3)	30,482	—	—	30,482
Total restricted investments	$ 30,482	$ 19,433	$ —	$ 49,915
Endowment investments				
Money market funds (1)	6,792	15,476	—	22,268
Common stock (3)	213,181	—	—	213,181
Fixed income				
Corporate bonds (2)	55,677	—	—	55,677
Mutual funds investment				
Domestic common stock (3)	9,950	—	—	9,950
Domestic fixed income (2)	58,191	—	—	58,191
Total endowment investments	$ 343,791	$ 15,476	$ —	$ 359,267
Investment receivables not subject to fair value reporting (8)	13,738	—	—	13,738
Investment payables not subject to fair value reporting (8)	(1,537)	—	—	(1,537)
Total investments	**$ 396,106**	**$ 34,909**	**$ —**	**$ 431,015**
Total non-investments and investments, net of liabilities	**$ 410,611**	**$ 376,411**	**$ 3,620**	**$ 790,642**
Total investments measured at the NAV as a practical expedient (4)				678,098
Total assets and liabilities measured at fair value				**$ 1,468,740**

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Investments measured at the NAV as a practical expedient at June 30, 2025 are summarized as follows:

INVESTMENTS MEASURED AT NAV	Fair Value	Unfunded Commitments	Redemption/ Withdrawal Frequency	Redemption/ Withdrawal Notice Period
Hedge funds(a)	$ 92,261	$ 1,800	Monthly-Annually	45-90 days
Common stock	16,294	—	Monthly	<30 days
Real estate funds(b)	54,373	3,837	—	1-10 years
Common/collective trusts(c)	72,898	—	Monthly	—
Limited partnerships(d)	507,449	147,379	—	≤ 10 years
Total investments measured at the NAV as practical expedient	$ 743,275	$ 153,016		

Investments measured at the NAV as a practical expedient at June 30, 2024 are summarized as follows:

INVESTMENTS MEASURED AT NAV	Fair Value	Unfunded Commitments	Redemption/ Withdrawal Frequency	Redemption/ Withdrawal Notice Period
Hedge funds(a)	$ 77,227	$ 157	Monthly-Annually	45-90 days
Common Stock	43,694	—	Monthly	<30 days
Real estate funds(b)	53,838	7,222	—	1-10 years
Common/collective trusts(c)	56,788	—	Monthly	—
Limited partnerships(d)	446,551	149,950	—	≤ 10 years
Total investments measured at the NAV as practical expedient	$ 678,098	$ 157,329		

The tables presented above represent the University's net asset value of investments by asset class and their respective liquidity terms and unfunded commitments as of June 30, 2025 and 2024. Real estate funds and limited partnerships do not have readily ascertainable market values and may be subject to withdrawal restrictions.

The investment objectives for the investments measured using the net asset or unit value are as follows:

(a) **Hedge Funds:** The objective of the hedge funds is to generate superior risk-adjusted returns on its assets, maximize total return on investments and achieve long-term capital appreciation. This objective is achieved through a diversified mix of strategies including long/short equity, event driven, distressed securities and credit opportunities.

(b) **Real Estate Funds:** The University achieves its exposure to this asset class through interests in operating partnerships that invest in real estate and real estate-related assets. The various funds are made up of a portfolio of high-yield commercial real estate and real estate-related assets that utilize various structures including mezzanine debt, joint ventures and discounted notes to achieve its objectives. These funds have predetermined termination dates that range from two to ten years with optional renewal terms.

(c) **Common/Collective Trusts (CCTs):** The University invests a portion of its assets in common collective trusts where its assets are commingled with other assets and invested through one common medium with the goal of pursuing a common strategy of higher returns.

(d) **Limited Partnerships:** A portion of the University assets are allocated for investment in private equity. This is accomplished through ownership interests in partnerships that pursue this investment approach. The life spans of these partnerships are stated at the inception of each partnership, which as of the year ended June 30, 2025, had a maximum life span of ten years. Throughout the course of the partnership strategic decisions made by the general partners may result in return of capital to the University.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the University believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement as of the reporting date.

Net investment income (loss) is summarized as follows for fiscal years June 30, 2025 and 2024:

NET INVESTMENT INCOME (LOSS)	2025	2024
Interest and dividends	$ 43,916	$ 32,317
Net realized gains	23,047	40,389
Net unrealized gains	26,205	45,292
Other investment income, net of expense	133	2
Investment expenses	(10,621)	(10,113)
Total net investment income	$ 82,680	$ 107,887
Current-year unrestricted operating return	986	1,875
Current-year non-operating investment return (loss):		
Without donor restriction	46,095	47,395
With donor restriction	35,599	58,617
Total current year investment return	$ 82,680	$ 107,887
Prior-year (earnings) designated for current operations:		
Without donor restriction	(17,053)	(14,528)
With donor restriction	(13,965)	(14,052)
Total designated for current operations	$ (31,018)	$ (28,580)
Net non-operating investment return:		
Without donor restriction	29,042	32,867
With donor restriction	21,634	44,565

9. Endowment Fund

The University's endowment consists of numerous individual accounts established to fund scholarships, professorships, student loans, general operations and other purposes. The management and investment of these funds are governed by the provisions of the DC UPMIFA.

Interpretation of Relevant Law

Net Asset Classification - The Board of Trustees has interpreted the DC UPMIFA as requiring the preservation of the fair value of the original gift,as determined at the date of contribution, for donor-restricted endowment funds absent explicit donor instructions to the contrary. Pursuant to this interpretation, the University classifies the following as donor-restricted net assets to be maintained in perpetuity:

(a) The original value of gifts with permanent donor-directed use restrictions; and
(b) Accumulations that must be retained under the terms of the donor's gift instrument at the time the accumulation occurs.

Any portion of the donor-restricted gift is classified as net assets with donor restrictions until those amounts are appropriated for expenditure in a manner consistent with the standard of prudence prescribed by DC UPMIFA.

Spending - In accordance with DC UPMIFA, the University considers the following factors in making a determination to spend or accumulate donor-restricted endowment funds:

(a) The duration and preservation of the fund
(b) The purposes of the University and the donor-restricted endowment fund
(c) General economic conditions
(d) The possible effect of inflation and deflation
(e) The expected total return from income and appreciation of investments
(f) Other resources of the University
(g) The investment policies of the University

Management and Investment - In accordance with DC UPMIFA, the University considers the following factors in making investment, as well as other management decisions, regarding donor-restricted endowment funds:

(a) General economic conditions
(b) The possible effect of inflation and deflation
(c) The expected tax consequences, if any
(d) The role of an investment/action in context of the entire portfolio
(e) The expected total income and appreciation
(f) Other University resources
(g) The needs to preserve capital and make distributions
(h) An asset's special relationship or value to the University's charitable purpose.

The change in value and the composition of amounts classified as endowment as of June 30, 2025 is as follows:

ENDOWMENT CHANGE IN VALUE	WITHOUT DONOR RESTRICTIONS	WITH DONOR RESTRICTIONS	TOTAL
Endowment net assets, beginning of year	$ 481,711	$ 562,100	$ 1,043,811
Investment return:			
Investment income	14,351	21,713	36,064
Net appreciation (realized and unrealized)	30,985	11,777	42,762
Total investment return	$ 45,336	$ 33,490	$ 78,826
Contributions	5,233	19,302	24,535
Appropriation of endowment assets for operations	(17,053)	(13,965)	(31,018)
Other changes:			
Transfer and other changes	32,672	(26,975)	5,697
Endowment net assets, end of year	$ 547,899	$ 573,952	$ 1,121,851
Donor-restricted endowment funds	—	574,132	574,132
Underwater endowment funds	—	(180)	(180)
Board designated quasi-endowment	547,899	—	547,899
Endowment net assets, end of year	$ 547,899	$ 573,952	$ 1,121,851

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The change in value and the composition of amounts classified as endowment as of June 30, 2024 is as follows:

ENDOWMENT CHANGE IN VALUE	WITHOUT DONOR RESTRICTIONS	WITH DONOR RESTRICTIONS	TOTAL
Endowment net assets, beginning of year	$ 426,656	$ 506,050	$ 932,706
Investment return:			
Investment income	9,747	15,646	25,393
Net appreciation (realized and unrealized)	30,387	38,689	69,076
Total investment return	$ 40,134	$ 54,335	$ 94,469
Contributions	10,452	29,265	39,717
Appropriation of endowment assets for operations	(14,528)	(14,052)	(28,580)
Other changes:			
Transfer and other changes	18,997	(13,498)	5,499
Endowment net assets, end of year	$ 481,711	$ 562,100	$ 1,043,811
Donor-restricted endowment funds	—	562,233	562,233
Underwater endowment funds	—	(133)	(133)
Board designated quasi-endowment	481,711	—	481,711
Endowment net assets, end of year	$ 481,711	$ 562,100	$ 1,043,811

The original gift amount and net appreciation of net assets with donor restrictions as of June 30, 2025 and 2024 is as follows:

ENDOWMENT NET ASSETS WITH DONOR RESTRICTIONS	2025	2024
Original gift	$ 315,982	$ 302,358
Net appreciation	257,970	259,742
Total endowment net assets with donor restrictions	$ 573,952	$ 562,100

The University's endowment net assets comprise receivables related to the federal term endowment and uninvested contributions, As these amounts have not yet been invested, they are not reflected within endowment investments. At June 30, 2025 and 2024 receivables of $1,925 and $11,314, respectively are recorded, and represent the difference between endowment investments reflected on consolidated statements of financial position and endowment net assets reported above.

Funds with Deficiencies - On Occasion, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level the donors have required the University to preserve in perpetuity. These deficiencies, described as “underwater accounts”, are reported within net assets with donor restrictions and totaled $180 and $133 as of fiscal years ended June 30, 2025 and 2024, respectively. The University has adopted a policy allowing spending in certain situations from underwater, donor-restricted endowment funds, absent overriding provisions in donor agreements. The University's investment and spending policy is intended to conform with DC UPMIFA which allows spending in underwater endowments, in support of an endowment’s purpose.

FUNDS WITH DEFICIENCIES	2025	2024
Fair value of underwater endowments	$ 7,908	$ 2,432
Original endowment gift amount	8,088	2,565
Deficiencies of underwater endowment funds	$ (180)	$ (133)

Return Objectives and Risk Parameters - The University employs investment and spending policies for its endowment assets that seek to provide a predictable source of funding to programs supported by its endowment while managing the risks inherent in achieving such returns. Endowment assets consist of donor-restricted funds to be held in perpetuity for specified period, as well as board-designated endowment funds. Under these policies the endowment assets are invested through a diversified investment program designed to exceed the risk-adjusted performance of the market benchmark representative of each asset class over rolling five-to-seven-year periods. The University's long-term objective is to achieve an average inflation-adjusted total return that exceeds its targeted distribution rate, while sustaining a low to moderate level of investment risk. Actual returns in any individual year may vary substantially from this objective.

Strategies Employed for Achieving Objectives - To satisfy its long-term rate-of-return objectives, the University relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and yield (interest and dividends). The University targets a diversified asset allocation which places greater emphasis on global public equity-based investments complimented by private markets, real estate and fixed income strategies to achieve its long-term return objectives within prudent risk constraints. The endowment's long-term target asset allocation is approved by the Investment Committee of the Board of Trustees.

Spending Policy and How the Investment Objectives Relate to Spending Policy - The University's spending policy allows for distribution each year of up to 5 percent of its endowment fund's market value, excluding Federal term and Islamic Funds, based upon a three-year moving average with the most recent year removed. In establishing this policy, the University considered the long-term expected return on its endowment consistent with its general goal of facilitating the ability of endowments (specifically permanent and time specific endowments) to best fulfill the purposes for which they were designed.

10. Long-Lived Assets

LONG-LIVED ASSETS	2025	2024
Land and land improvements	$ 63,547	$ 63,547
Buildings and building improvements	1,187,354	1,043,659
Property held for expansion	45,891	45,891
Furniture and equipment	370,808	366,798
Library books	92,285	92,264
Works of art, historical treasures, literary works and artifacts	43,758	43,758
Software	109,701	109,401
Software in progress	12,135	12,135
Construction in progress	300,146	266,561
Long-lived assets, gross	2,225,625	2,044,014
Accumulated depreciation	(1,266,477)	(1,227,716)
Long-lived assets, net	$ 959,148	$ 816,298

For fiscal years ended June 30, 2025 and 2024, there were $197 and $164, respectively, in sales, disposals and retirements. There were no disposals of works of art, historical treasures, literary works and artifacts for either fiscal year presented.

Depreciation and amortization expense for the years ended June 30, 2025 and 2024 was $46,483 and $42,528, respectively. For fiscal years ended 2025 and 2024, net interest costs of $8,098 and $4,971, respectively, were incurred during construction and capitalized as part of the cost of capital projects.

Long-lived assets include property held for expansion, consisting of land and buildings acquired for future use in carrying out educational, research and other activities in line with the overall mission of the University. Depreciation for buildings commences when property is converted to use. Long-lived assets include capitalization of donated artwork that is not subject to depreciation.

11. Accounts Payable and Accrued Expenses

Components of this line item at June 30, 2025 and 2024 are as follows:

ACCOUNTS PAYABLE AND ACCRUED EXPENSES	2025	2024
Vendor invoices	$ 236,717	$ 146,563
Accrued salaries and wages	24,515	22,284
Accrued employee benefits	6,168	8,052
Accrued annual leave	8,138	7,284
Accrued interest	8,097	7,706
Other	1,599	164
Total accounts payable and accrued expenses	$ 285,234	$ 192,053

12. Other Liabilities and Deferred Revenue

Other liabilities are comprised primarily of student deposits and refunds, unclaimed property, deposits held in custody for others, environmental liability, reserves for legal and other contingencies and miscellaneous items. These obligations include the following at June 30, 2025 and 2024:

OTHER LIABILITIES	2025	2024
Environmental liabilities	$ 167	$ 560
Due to third-party student housing partner	9,327	6,122
Unclaimed property	7,452	7,007
Student deposits and refunds	11,374	5,554
Reserve for legal contingencies	2,880	5,240
Deposits held in custody for others	3,064	2,545
Gifts with uncertainties regarding realizability	6,557	2,434
Miscellaneous	5,871	5,339
Total other liabilities	$ 46,692	$ 34,801

The University incurred costs related to remediation of environmental liabilities during fiscal years ended June 30, 2025 and 2024 of $393 and $959, respectively.

Deferred revenue represents cash received, but not earned as of June 30, 2025 and 2024. This is primarily composed of refundable grant revenue advances, deferred lease income and Medicare advance payment program.

DEFERRED REVENUE	2025	2024
Deferred tuition, room and board	$ 7,944	$ 8,050
Deferred grant revenue	69,846	61,202
Deferred lease income	48,613	47,756
Medicare advance payment	—	2,950
Other	4,197	3,641
Total deferred revenue	$ 130,600	$ 123,599

The beginning deferred revenue balance for the year ended June 30, 2024 was $123,613.

13. Leases

Finance Leases

In fiscal year 2024, the University entered a lease with Cisco Capital to refresh the existing campus wireless network by replacing access points and switches with new models from Cisco Capital. This upgrade aims to streamline and modernize the network, simplify network operations, and improve the student experience. The lease has a term of 60 months and payments of $1,429 are made annually.

In July 2024, the University entered into a new finance lease with 2711 Georgia Ave, NW, Washington, D.C. Rock Creek – Bison LLC, on the property known as The Oliver, to lease commercial space. The lease has a 20-year lease term to provide 41,000 square feet to be used by the University for administrative purposes.

The University is also obligated under other finance leases for office, technology and medical equipment that extend through fiscal year 2096.

The University considered the likelihood of exercising renewal or termination terms in measuring its right-of-use lease assets and lease liabilities. Except for leases for certain medical equipment that will extend its useful life by the end of the lease, management reviews each lease option to modify terms on a case-by-case basis. The right-of-use assets are amortized over their estimated useful lives.

Operating Leases

The University has several non-cancelable operating leases for broadcast antennas, equipment and a vehicle fleet that extend through fiscal year 2029.

In January 2025, the University entered into two 15-year separate operating lease agreements with Jemal's Wonder LLC for property located at 641 S Street NW, Washington, D.C. The lease terms commenced on January 1, 2025, and extends through December 31, 2039. Under the first agreement, the University leased the first floor of the building which will be utilized as a temporary medical clinic. Under the second agreement, the University leased the third and fourth floors which will be used as temporary office space for University employees.

In July 2024, The University entered into a new operating lease with 2711 Georgia Ave, NW, Washington, D.C. Rock Creek – Bison LLC, on the property known as The Oliver, to lease residential space. The purpose of the lease is to lease 93 residential units, providing housing and parking for students and faculty for a 5-year lease term.

The University entered a 7-year lease for 400 Florida Ave, NE (The Lanes) with HH DC Property, LLC to lease residential housing from July 1, 2024, to June 30, 2031. The property contains 110 residential units with 32 units being vacant immediately. The University will lease the 32 vacant units and will have the option to add additional units as they become available.

The University considered the likelihood of exercising renewal or termination terms in measuring its right-of-use lease assets and lease liabilities and has included renewal periods in its assessment of lease terms. The right-of-use assets are amortized over their estimated useful lives.

The finance lease right-of-use assets and accumulated amortization, operating lease right-of-use assets and corresponding liabilities for the fiscal years ended June 30 are as follows:

LEASE RIGHT OF USE ASSETS AND OBLIGATIONS	2025	2024
Finance lease right of use assets	$ 84,213	$ 52,990
Finance lease accumulated amortization	(23,105)	(21,872)
Finance lease right of use assets, net	$ 61,108	$ 31,118
Operating lease right of use asset	101,988	69,491
Total right of use assets, net	**$ 163,096**	**$ 100,609**
Finance lease obligation	$ 58,273	$ 27,626
Operating lease obligation	106,602	69,123
Total lease obligation	**$ 164,875**	**$ 96,749**

As of June 30, 2025, the minimum future payments were as follows:

LEASE OBLIGATIONS	FINANCE	OPERATING	TOTAL
Future principal and interest years ending June 30			
2026	$ 10,324	$ 19,496	$ 29,820
2027	9,094	16,061	25,155
2028	8,304	13,501	21,805
2029	5,705	12,785	18,490
2030	4,735	9,108	13,843
2031 and thereafter	42,192	63,838	106,030
Obligation, gross	$ 80,354	$ 134,789	$ 215,143
Amounts representing interest rates from 2% to 9%	(22,081)	(28,187)	(50,268)
Total lease obligations, net	$ 58,273	$ 106,602	$ 164,875

Certain additional supplemental quantitative information is as follows for the fiscal years ended June 30:

LEASE EXPENSE	2025	2024
Finance lease expense:		
Amortization of right of use assets	$ 7,413	$ 4,203
Interest on lease liabilities	3,213	1,747
Total finance lease expense	$ 10,626	$ 5,950
Operating lease expense	28,222	24,434
Short term lease expense	13,118	8,665
Total lease expense	$ 51,966	$ 39,049

SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION FOR LEASES	2025	2024
Cash paid for amounts included in the measurements of lease liabilities:		
Operating cash flows	$ 19,223	$ 17,132
Financing cash flows	6,016	5,601

OTHER INFORMATION	2025	2024
Right of use (ROU) assets obtained in exchange for lease liabilities:		
Finance leases	$ 37,090	$ 11,878
Operating leases	56,702	51,978
Weighted-average remaining lease term (in years):		
Finance leases	12.53	5.94
Operating leases	10.03	8.73
Weighted-average discount rate:		
Finance leases	5.27%	6.12%
Operating leases	4.61%	4.73%

Lessor Sales-Type Leases

Howard Manor Lease

In fiscal year 2020, the University, as lessor, entered into a 99-year ground lease and development agreement with Manor Lessee LLC ("Manor") for the approximately 75,000 square foot building at 654 Girard Street, NW, Washington, D.C., ("Howard Manor"). The lease proceeds were a one-time payment of $3,000 and annual rent of $120 per year with an annual 2.25% rent escalation to the University. Under the agreement, Manor is obligated to construct an 80-unit apartment/housing complex. The University retained contractual right to repurchase Manor's lease and to regain management interest and control over the land and improvements.

In fiscal year 2024, the University exercised its repurchase rights pursuant to the original agreement, remitting a one-time payment of $25,791 to Manor and thereby resuming control of the land and improvements. Thereafter, the University, as lessor, entered into a 31-year ground lease with Provident Group Girard Properties Inc. (PGGPI) for Howard Manor. The terms of the lease are: (i) a one-time payment of $22,510, provided by funding PGGPI received from Amazon under their Affordable Housing Program; and (ii) annual rent payments of $400 per year with an annual 2.25% rent escalation. The lease term was extended to 40 years subsequent to the commencement of the lease.

These leases are classified as sales-type leases pursuant to ASC 842-10-25-3, following management's assessment that the present value of the minimum lease payments approximates substantially all of the fair value of the underlying asset. As of June 30, the lease receivable for sales-type leases in reverse chronological order is as follows:

SALES-TYPE LEASE PAYMENTS RECEIVABLE	2025	2024
Howard Manor	$ 8,539	$ 4,836
Shining Star	2,668	2,752
East Towers Lot	163	—
Total sales-type lease payments receivable	$ 11,370	$ 7,588

As of June 30, 2025, the future minimum sales-type lease payments receivable to be received for years ending at June 30 is as follows:

SALES-TYPE LEASE PAYMENTS RECEIVABLE	June 30
2026	$ 1,115
2027	673
2028	683
2029	693
2030	703
2031 and thereafter	7,647
Total undiscounted cash flows lease obligations, net	$ 11,514
Impact of present value discount	(144)
Total sales-type lease payments receivable	$ 11,370

Lessor Operating Leases

East Towers Lot Lease

In prior years, the University, as lessor, executed a 99-year ground lease for approximately 80,392 square feet of land at 2251 Sherman Avenue, NW, Washington, D.C. and 2047 9th Street, NW, Washington, D.C., (the "East Towers Lot") for $60,500. Lease consideration was structured in three installments: (i) $20,000 at the June 2022 initial closing; (ii) $22,000 upon the earlier of June 30, 2023 or 30 days following the alley closure pursuant to the agreement; and (iii) $18,500 on the due 15 days after receipt of final approvals for alley closure. The University also retained a contingent right to 15% of net proceeds from any refinancing or disposition of the lessee's interest upon satisfaction of stipulated internal rate of return. On July 28, 2023, the University entered into a second amendment to the East Towers Lot agreement converting $22,000 of outstanding lease receivables into variable payments through first- and second-tier project participation. Consequently, in fiscal year 2024, the University recognized an impairment on its net lease receivable, and the lease was reclassified from a sales-type to an operating lease.

Lot 3 Lease

In fiscal year 2023, the University, as lessor, executed a 99-year ground lease for the Lot 3 property located on Georgia Avenue, NW, Washington D.C. for $32,402. Lease consideration was structured in four installments (i) an upfront closing payment of $9,969; (ii) $13,385 on or before June 30, 2023; (iii) $8,951 by June 30, 2024; and (iv) nominal annual rent of $1. The University is entitled to an annual participation payment equal to 1.5% of net cash flow for the prior calendar year, due no later than April 30th of each calendar year. At conclusion of the lease term, title to all improvements on the property and the tenant's leasehold interest will automatically vest in the University at no additional cost and free of all encumbrances. The lease does not include a guaranteed residual value.

HURB-1 Lease

In fiscal year 2022, the University, as lessor, executed a 99-year ground lease for approximately 42,750 square feet of land at 1840 7th Street, NW Washington, D.C., for (i) nominal annual rent of $1; (ii) an upfront closing payment of $16,240; and (iii) an annual participation payment equal to 1.5% of net cash flow for the preceding calendar year, due on or before April 30. At the termination of the lease, title to all improvements and the tenant's leasehold interest will automatically revert to the University, free of all mortgages, liens, impositions, and defects in title. No guaranteed residual value is provided under the lease.

The University maintains additional operating leases for retail and commercial spaces, with rent payments established at lease commencement. In assessing the appropriate lease term, the University evaluates the likelihood of its tenant renewal or termination, with consideration to historical renewal or extension patterns, anticipated sales and revenue performance, and other pertinent factors. Certain tenants retain the ability to renegotiate or extend their lease upon expiration. Termination provisions are clearly defined in each lease. Lease payments are governed by the contractual terms and are generally fixed, although some lease agreements provide for payment escalations based on Consumer Price Index. The University includes only consideration attributable to lease components in its measurement of lease payments.

The University's leased properties are comprise: (i) the Wonder Plaza Building; (ii) rooftop licensing on select buildings; and (iii) Barry Place ground lease. Additionally, the University leases several buildings to private entities, including (iv) a public charter school, (v) an automobile rental company, (vi) a pharmacy, (vii) student housing facilities, (viii) a cosmetic store, (ix) a restaurant and (x) a fast food chain. The University also leases Hospital space to a large private pharmacy.

The University's lease agreements do not grant tenants an option to purchase the underlying asset upon expiration of the lease term, nor do they incorporate any residual value guarantees.

The University receives rental income under these lease agreements, which have termination dates through 2023 and thereafter. The total lease income earned for fiscal years ended June 30, 2025, and 2024 was $3,127 and $3,102, respectively and are reported in real property revenue on the statements of activities.

LEASE INCOME	2025	2024
Interest income on sales type lease	$ 161	$ 151
Operating lease income	2,966	2,951
Total lease income	$ 3,127	$ 3,102

As of June 30, 2025, the future minimum operating lease payments receivable to be received for years ending at June 30 is as follows:

OPERATING LEASE PAYMENTS RECEIVABLE	June 30
2026	$ 1,059
2027	941
2028	876
2029	885
2030	892
2031 and thereafter	64,405
Total operating lease payments receivable	$ 69,058

14. Bonds Payable, Notes Payable, and Line of Credit

(a) Bonds Payable

The University is obligated with respect to the following bond issues at June 30:

BONDS PAYABLE	2025	2024
2023A Future Advance Project Funding Bonds, 3.653% to 4.755% Serial due 2026 through 2053	$ 21,476	$ 3,762
2022A Taxable bonds, 5.209% Serial due through 2053	300,000	300,000
2021A Taxable bonds, 3.89% to 4.76% Serial due through 2051	151,285	151,285
2020B Taxable bonds, 1.99% to 3.48% Serial due through 2041	209,085	209,085
2020A Taxable bonds, 2.52% to 3.00% Serial due through 2031	98,965	111,645
2011B Taxable bonds, 7.63% Serial due through 2035	49,325	49,325
2010 Revenue bonds, 5.05% Serial due through 2025	486	1,423
Total bonds payable, gross	$ 830,622	$ 826,525
Unamortized bond discount	(4,435)	(4,713)
Unamortized bond issuance costs	(9,932)	(10,791)
Total bonds payable, net	$ 816,255	$ 811,021

(1) Series 2023A Future Advance Project Funding Bonds

In January 2023, the University issued the Series 2023A Bonds ("2023A Bonds") through the Historically Black College and University Capital Loan Financing Program, a federal financing initiative administrated by the Department of Education. The proceeds will be used to finance a STEM Building on the University's campus. The 2023A Bonds constitute a non-conventional bond issuance, with financing provided through a draw-down structure versus traditional bond issuances where net proceeds from closing are delivered to a designated account. The total draw-down the facility may not exceed $224,000. Interest accrues at the applicable U.S. Treasury yield prevailing at the time of each draw is executed. The bonds mature on April 1, 2053. At fiscal year ended June 30, 2025, a total of $21,476 had been drawn under the 2023A Bonds at interest rates between 3.653% and 4.755%. As a requirement a portion of each draw must be deposited in an escrow fund. As of June 30, 2025 the balance was $1,074.

(2) Series 2022A Taxable Bonds

In March 2022, the University issued the Series 2022A Taxable Bonds ("2022A Bonds") in the amount of $300,000. The proceeds will be used to finance or reimburse the University for (i) capital projects expenditures, and (ii) costs of issuance related to the 2022A Bonds. The bonds bear interest at 5.209% repayable from 2022 to 2053.

(3) Series 2021A Taxable Bonds

In March 2021, the University issued the Series 2021A Taxable Bonds ("2021A Bonds") in the amount of $151,285. The proceeds will be used to finance a new steam generation plant on the University's Main Campus, a distribution system, and related expenditures (the "Project"), including repayment of an outstanding $26,000 bridge loan and accrued interest that funded portions of the Project. The bonds bear interest between 3.89% to 4.76% and are repayable between 2032 and 2051. To secure its payment obligations, the University will grant to the Trustee, for the benefit of the bondholders, a first-priority perfected lien on its Pledged Revenues. The 2024 bonds require the University to maintain a debt service fund of $11,657. At the fiscal year ended June 30, 2025 the fund balance was $12,699.

(4) Series 2020B Taxable Bonds

In July 2020, the University issued $209,085 of Series 2020B Bonds ("2020B Bonds") to refund the 2011A bonds and to purchase securities which, along with cash, were deposited with an escrow agent to fund all future debt service obligations owed to holders of the 2011A bonds through 2041. The Series 2020B bonds bear interest between 1.99% to 3.48% and are repayable between 2025 and 2041.

(5) Series 2020A Taxable Bonds

In February 2020, the University issued the Series 2020A Taxable Bonds ("2020A Bonds") in the amount of $146,900. The bonds bear interest between 2.42% to 3.00% and are repayable between 2021 and 2031. The proceeds were used to repay and settle the total outstanding principal amount of the Series 2016 Revenue Bonds. The University received a more favorable interest rate with the 2020 bonds compared to the 2016 bonds.

(6) 2011B Taxable Bonds

In April 2011, the University issued $65,065 of Series 2011B Bonds ("2011B Bonds") to refund the Series 1998 and Series 2006 bonds and to finance new capital improvements. The 2011B bonds bear interest between 4.31% and 7.63% and are repayable from 2015 to 2035. The average coupon rate is 6.57%. The 2011 bonds require the University to maintain a debt service fund of $12,634. As of June 30, 2025 the fund balance was $14,953.

The 2011B Bonds are eligible for optional redemption prior to maturity in whole or in part on any business ay at the Make-Whole Redemption Price, at the direction of the University.

(7) 2010 Revenue Bonds

In August 2010, the University issued $10,400 of Series 2010 Revenue Bonds ("2010 Bonds"). The bonds bear interest at 5.05% repayable from 2010 to 2025. The proceeds were used to retire an expiring equipment note and to fund energy related projects.

(b) Line of Credit

As of June 30, 2025, the University has a $75,000 JP Morgan Revolving Credit Agreement that terminates on December 31, 2025 with an outstanding balance of $25,000 on the line of credit. There was no outstanding balance at June 30, 2024. The University is paying a quarterly non-refundable unutilized commitment fee at a rate of 1.55%.

Compliance with Contractual Covenants

The Series 2011B, Series 2020A, Series 2020B, Series 2021A, Series 2022A, Series 2023A Bonds and the Revolving Credit Agreement all contain restrictive financial covenants as summarized in the table below as of June 30, 2025.

COVENANT	INSTRUMENT	MEASUREMENT DATE	CRITERIA
Debt Service Coverage Ratio	All Debt Instruments	June 30 each year	1.10:1.00
Liquidity Ratio	Revolving Credit Agreement	Quarterly	$160 million

As of June 30, 2025 and 2024, the University was compliant with the Debt Service Coverage Ratio measurements for the Series 2011B, Series 2020A, Series 2020B, Series 2021A, Series 2022A, and Series 2023A Bonds and the Liquidity Ratio covenant under the Revolving Credit Agreement.

The University has pledged revenue for payment obligations to the Series 2020A, Series 2020B, Series 2022A, and Series 2023A bondholders. Pledged Revenues include of all gross revenues of the University (including all undergraduate and graduate schools and colleges) derived from (i) tuition, net of University funded student financial aid; and (ii) certain student fees intended to support student instruction and related administrative costs. Pledged Revenues will exclude all revenues associated with room and board, special-purpose fees such as health and wellness fees, net patient service revenue from Hospital operations. Pledged Revenues exclude all revenues generated from clinical services affiliated with the Hospital and the University's federal appropriation.

The Series 2020A, Series 2020B, and Series 2021A Bonds are further secured by the Restricted Academic Property. Restricted Academic Property is comprised of the properties located on the University's Main Campus for so long as any such property is in-use for the principal purpose of instruction, research, student activity or academic administration. The properties on the Main Campus that constitute Restricted Academic Property consist of the following:

(1) Classroom Building #4, used primarily by the School of Business and located at 2600 6th Street, NW
(2) Mackey Building, used primarily by the Department of Architecture and located at 2366 6th Street, NW
(3) Downing Building, used primarily by the Department of Engineering and located at 2300 6th Street, NW

The University has pledged certain rent and lease income as collateral for the JP Morgan line of credit.

(c) Scheduled Bond Repayments

The scheduled principal repayments of bonds payable are as follows as of June 30, 2025:

AGGREGATE ANNUAL MATURITIES	AMOUNT
2026	$ 24,596
2027	24,690
2028	25,510
2029	26,391
2030	27,148
2031 and thereafter	702,287
Total aggregate annual maturities	$ 830,622

15. Retirement Plans

Employee Retirement Plan - The University has a noncontributory defined benefit pension plan (the "Plan") that was available to substantially all full-time employees through June 30, 2010. In accordance with government funding regulations, the University's policy is to make annual contributions to the Plan at least equal to the minimum contribution. Based upon years of service and other factors, the Plan's benefit formula provides that eligible retirees receive a percentage of their final annual pay, based upon years of service and other factors. Plan assets consist primarily of common equity securities, U.S. Treasury securities, corporate bonds, and private investment funds. Effective July 1, 2010, the Plan no longer accrues benefits and is closed to new participants.

Post-retirement Plan - The University provides post-retirement medical benefits and life insurance to employees who, at the time they retire, meet specified eligibility and service requirements. The University pays a portion of the cost of such benefits depending on various factors, including employment start date, age, years of service and either the date of actual retirement or the retirement eligibility date of the participant. The post-retirement benefit plan is unfunded and has no plan assets.

Supplemental Retirement Plan - The University also has a supplemental retirement plan available to certain retired executives. The plan is noncontributory, unfunded and has a June 30 measurement date. The projected benefit obligation is $476 and $500 at fiscal years ended June 30, 2025 and 2024, respectively. The amounts not yet reflected in operating expenses, but included in net assets without donor restrictions pertain to accumulated losses of $274 and $266 at June 30, 2025 and 2024, respectively. The actuarial cost method and the assumption on discount rate used to determine the benefit obligation and net periodic cost in the actuarial valuation for the year ended June 30, 2025 are consistent with the method and assumptions used for the defined benefit pension plan.

Savings Plan – The University offers employees a defined contribution plan under Section 403(b) of the Internal Revenue Code. Eligible employees received a contribution of 6% of base salary and are also permitted to contribute up to 15% of their base pay to the plan. The administration of the plan is provided by three active financial administrators: Teachers Insurance and Annuity Association/College Retirement Equities Fund, American International Group – Variable Annuity Life Insurance Company, and Voya Financial. Effective July 1, 2011 Lincoln Financial was replaced as a financial administrator by Voya Financial. While Lincoln Financial is no longer an active financial administrator of the University, employees with investments with Lincoln are still allowed to hold their investments with Lincoln Financial. These administered plans provide additional retirement benefits including the purchase of annuity contracts for eligible employees. Total costs recognized in the consolidated statements of activities were $29,236 and $27,030 for fiscal years ended June 30, 2025 and 2024, respectively.

Effective July 1, 2010, the Savings Plan was modified such that the University shall automatically contribute 6% of an eligible employee's base compensation, regardless of tenure or election into the Savings Plan. The University also contributes a matching contribution of up to 2% of employee-elected contributions.

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The reconciliation of the Plan's funded status to amounts recognized in the consolidated financial statements at fiscal years ended June 30, 2025 and 2024 are as follows:

	Pension		Medical and Life Insurance		Supplemental	
Retirement Benefits	**2025**	**2024**	**2025**	**2024**	**2025**	**2024**
Change in benefit obligation						
Projected benefit obligation at beginning of year	$544,179	$560,938	$ 38,730	$ 38,466	$ 500	$ 529
Service cost	—	—	246	268	—	—
Interest cost	27,928	27,386	2,100	2,065	26	27
Actuarial (gain) loss	5,435	(2,339)	762	885	44	38
Benefits paid	(42,236)	(41,806)	(4,027)	(3,195)	(94)	(94)
Medicare Part D subsidy	—	—	41	—	—	—
Employee contributions	—	—	203	241	—	—
Projected benefit obligation at end of period	$535,306	$544,179	$ 38,055	$ 38,730	$ 476	$ 500
Change in plan assets:						
Fair value of plan assets at beginning of year	$565,569	$581,540	$ —	$ —	$ —	$ —
Actual return on plan assets	26,744	25,835	—	—	—	—
Employer contributions	—	—	3,783	2,954	94	94
Employee contributions	—	—	203	241	—	—
Medicare Part D subsidy	—	—	41	—	—	—
Benefits paid	(42,236)	(41,806)	(4,027)	(3,195)	(94)	(94)
Fair value of plan assets at end of period	$550,077	$565,569	$ —	$ —	$ —	$ —
Funded status of the plan	$ 14,771	$ 21,390	$(38,055)	$(38,730)	$ (476)	$ (500)

Components of net periodic benefit cost and other amounts recognized in net assets without donor restrictions at fiscal years ended June 30, 2025 and 2024:

	Pension		Medical and Life Insurance		Supplemental	
Retirement Benefits	**2025**	**2024**	**2025**	**2024**	**2025**	**2024**
Recognized in Statement of Activities:						
Service cost	$ —	$ —	$ 246	$ 268	$ —	$ —
Interest cost	27,928	27,386	2,100	2,065	26	27
Amortization of prior service cost	100	100	—	(58)	—	—
Amortization of net actuarial loss	7,231	7,035	(271)	(430)	35	32
Expected return on plan assets	(36,103)	(36,957)	—	—	—	—
Net periodic benefit cost	$ (844)	$ (2,436)	$ 2,075	$ 1,845	$ 61	$ 59
Net actuarial loss (gain) during the year	14,794	8,783	762	885	44	38
Amortization of prior service cost	(100)	(100)	—	58	—	—
Amortization of net actuarial loss	(7,231)	(7,035)	271	430	(35)	(32)
Total change in funded status or obligation	$ 7,463	$ 1,648	$ 1,033	$ 1,373	$ 9	$ 6
Total recognized in consolidated statements of activities	$ 6,619	$ (788)	$ 3,108	$ 3,218	$ 70	$ 65

Amounts included in net assets without donor restrictions at fiscal years ended June 30, 2025 and 2024:

	Pension		Medical and Life Insurance	
Retirement Benefits	**2025**	**2024**	**2025**	**2024**
Net actuarial loss	$ (237,136)	$ (229,573)	$ (3,414)	$ (4,447)
Prior service cost	(1,601)	(1,701)	—	—
Total retirement benefits	$ (238,737)	$ (231,274)	$ (3,414)	$ (4,447)

Over the next fiscal year, an estimated net actuarial loss of $4,818, a prior services cost/(credit) of $100, and transition obligation of $0, are projected to be accounted for as part of the net periodic benefit cost for the pension and post-retirement plans.

There were no contributions to the pension plan in fiscal years ended June 30, 2025 and 2024, respectively. No contributions are projected for fiscal year 2026.

The weighted average assumptions used to determine the benefit obligation in the actuarial valuations for fiscal years ended June 30, 2025 and 2024 were as follows:

	Pension Benefits		Post-retirement Benefits	
Actuarial Assumptions	**2025**	**2024**	**2025**	**2024**
Discount rate	5.33%	5.37%	5.54%	5.72%
Expected return on plan assets	6.50%	6.50%	—%	—%
Rate of compensation increase	—%	—%	3.50%	3.50%

The weighted average assumptions used to determine net periodic cost in the actuarial valuations for fiscal years ended June 30, 2025 and 2024 were as follows:

	Pension Benefits		Post-retirement Benefits	
Actuarial Assumptions	**2025**	**2024**	**2025**	**2024**
Discount rate	5.37%	5.10%	5.72%	5.65%
Expected return on plan assets	6.50%	6.50%	—%	—%
Rate of compensation increase	—%	—%	3.50%	3.50%

The overall long-term rate of return for the pension plan assets was developed by estimating the expected long-term real return for each asset class within the portfolio. A weighted average real rate of return was computed for the portfolio which reflects the Plan's targeted asset allocation. Consideration was given to the correlation between asset classes and the anticipated real rate of return and was added to the anticipated long-term rate of inflation.

Pension plan investments as of June 30, 2025 were as follows:

PENSION PLAN INVESTMENTS	LEVEL 1	LEVEL 2	LEVEL 3	TOTAL
Pension Plan Investments				
Assets:				
Money market funds (4)	$ —	$ 14,716	$ —	$ 14,716
U.S. government securities (3)	74,644	—		74,644
Common stock (1)	34,659	—	—	34,659
Fixed income	4,107	—	—	4,107
Mortgage backed securities (2)	—	23,398	—	23,398
Corporate bonds (2)	33,586	147,851	—	181,437
Obligations of foreign governments (3)	—	7,717	—	7,717
Mutual funds				
Domestic fixed income (4)	97,038	—	—	97,038
Total assets	**$ 244,034**	**$ 193,682**	**$ —**	**$ 437,716**
Assets/(Liabilities):				
Financial derivatives – option contracts	$ —	$ 10,509	$ —	$ 10,509
Total assets/(liabilities)	**$ —**	**$ 10,509**	**$ —**	**$ 10,509**
Operating asset not subjected to fair value reporting	$ 57,770	$ —	$ —	$ 57,770
Operating liabilities not subjected to fair value reporting	(112,842)	—	—	(112,842)
Total pension plan investments, net of liabilities	**$ 188,962**	**$ 204,191**	**$ —**	**$ 393,153**
Total investments measured at the NAV as a practical expedient				156,924
Total plan assets				**$ 550,077**

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Pension plan investments as of June 30, 2024 were as follows:

PENSION PLAN INVESTMENTS	LEVEL 1	LEVEL 2	LEVEL 3	TOTAL
Pension Plan Investments				
Assets:				
Money market funds (4)	$ —	$ 6,726	$ —	$ 6,726
U.S. government securities (3)	71,015	—		71,015
Common stock (1)	27,832	—	—	27,832
Fixed income	5,521	—	—	5,521
Mortgage backed securities (2)	—	12,830	—	12,830
Corporate bonds (2)	24,628	149,771	—	174,399
Obligations of foreign governments (3)	—	4,060	—	4,060
Mutual funds				
Domestic fixed income (4)	115,017	—	—	115,017
Total assets	**$ 244,013**	**$ 173,387**	**$ —**	**$ 417,400**
Liabilities:				
Financial derivatives – option contracts	$ —	$ 1,828	$ —	$ 1,828
Total liabilities	**$ —**	**$ 1,828**	**$ —**	**$ 1,828**
Operating asset not subjected to fair value reporting	$ 71,361	$ —	$ —	$ 71,361
Operating liabilities not subjected to fair value reporting	(96,425)	—	—	(96,425)
Total pension plan investments, net of liabilities	**$ 218,949**	**$ 175,215**	**$ —**	**$ 394,164**
Total investments measured at the NAV as a practical expedient				171,405
Total plan assets				**$ 565,569**

The asset or liability's fair value measurement level within the hierarchy is based on the lowest level of any input that is significant to the measurement. Consistent with ASC 820, valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at June 30, 2025 and 2024.

(1) **Common Stock:** Valued at the closing price as reported on the relevant stock exchange.

(2) **Corporate Bonds, Mortgage-Backed Securities:** Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

(3) **U.S. Government Securities and Obligations of Foreign Governments:** Valued using pricing models maximizing the use of observable inputs for similar securities.

(4) **Money Market Funds, Mutual Funds, and Other Registered Investments:** Represent investments with various investment managers. The mutual funds are valued at the daily closing net asset value as reported by the fund. Mutual funds held by the Plan are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. Money market investments are short-term investments in money market mutual funds which invest in highly liquid government or corporate debt instruments. The Plan invests in a other registered investment called the PIMCO Long Duration Credit Bond Portfolio, which seeks to maximize return by investing in corporate fixed income instruments, options, futures, and swap agreements. They are comprised of units held within a portfolio of an open-end management investment company and are valued at the NAV. The portfolios are registered with the SEC, but are not publicly traded. The NAV is used as a practical expedient to estimate fair value and is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Plan investments measured at the NAV as a practical expedient are summarized for fiscal year 2025 as follows:

INVESTMENTS MEASURED AT NAV	Fair Value	Unfunded Commitments	Redemption/ Withdrawal Frequency	Redemption/ Withdrawal Notice Period
Hedge funds (a)	$ 13,339	$ —	Monthly-Annually	45-90 days
Real estate funds (b)	19,891	1,800	—	1-10 years
Common/collective trusts (c)	15,148	—	Monthly	—
Limited partnerships (d)	109,224	20,599	—	< 10 years
Total investments measured at the NAV as practical expedient	$ 157,602	$ 22,399		

Plan investments measured at the NAV as a practical expedient are summarized for fiscal year 2024 as follows:

INVESTMENTS MEASURED AT NAV	Fair Value	Unfunded Commitments	Redemption/ Withdrawal Frequency	Redemption/ Withdrawal Notice Period
Common stock	$ 6,087	$ —	Monthly	0
Real estate funds (b)	20,630	2,234	—	1-5 years
Common/collective trusts (c)	31,577	—	Monthly	0
Limited partnerships (d)	114,927	23,910		< 10 years
Total investments measured at the NAV as practical expedient	$ 173,221	$ 26,144		

The tables presented above represent the University's net asset value of investments by asset class and their respective liquidity terms and unfunded commitments as of June 30, 2025 and 2024. Real estate funds and limited partnerships do not have readily ascertainable market values and may be subject to withdrawal restrictions. Refer to Note 8 – Fair Value Measurements for further explanation of investment objectives for the investments measured at net asset value.

The Plan's asset allocation is evaluated annually to determine the need for rebalancing in order to maintain an allocation that is within the allowable ranges. The investment strategy is to invest in asset classes that are negatively correlated to minimize overall risk in the portfolio. Interim targets outside of the allowable ranges were set to allow for flexibility in reaching the long-term targets in the private equity and real estate categories.

The actual allocation of the Plan for June 30, is as follows:

PENSION PLAN ASSET ALLOCATION	2025	2024
Mid-Large Cap U.S. Equity	5.3%	8.3%
Small Cap U.S. Equity	3.1%	—%
International Equity - Developed	—%	2.3%
Private Equity/Venture Capital	8.7%	9.2%
Private Debt	6.4%	7.0%
Inflation Hedging	4.2%	4.1%
Real Estate	6.0%	7.3%
Liability Hedging Assets	63.1%	57.4%
Cash and Cash Equivalents	3.2%	4.4%
Total pension plan asset allocation	100.0%	100.0%

As a result of the Plan achieving fully funded status, a trigger-point methodology is used to determine the allocation for each class.

The trend rate for growth in health care costs, excluding dental, used in the calculation for fiscal years 2025 and 2024 is 6.26% and 5.31%, respectively. This growth rate was assumed to decrease gradually to 4.00% in 2046 and to remain at this level thereafter. The health care cost trend rate assumption has a significant effect on the obligations reported for the health care plans.

The following benefit payments, which reflect expected future service as appropriate, are expected to be paid over the next ten years as follows:

		POST-RETIREMENT BENEFITS		
EXPECTED FUTURE BENEFIT PAYMENTS	PENSION BENEFITS	EXCLUDING SUBSIDY	SUBSIDY PAYMENTS	NET OF SUBSIDY
Year ending June 30:				
2026	$ 59,296	$ 4,027	$ 47	$ 3,980
2027	58,141	3,884	43	3,841
2028	56,694	3,737	39	3,698
2029	55,026	3,577	35	3,542
2030	43,549	3,433	32	3,401
Years 2031-2035	188,839	15,025	116	14,909
Total expected future benefit payments	$ 461,545	$ 33,683	$ 312	$ 33,371

The mortality retirement rates base table used Pri-2012 Mortality Table without collar adjustment projected using the MP-2021 Mortality Improvement Scale.

If eligible, participants are assumed to retire according to the following schedule:

RETIREMENT AGE	ASSUMED RATE OF RETIREMENT
55 - 60	5%
61 - 63	12%
64	16%
65	25%
66 – 69	16%
70+	100%

16. Net Assets

Net assets with donor restrictions are restricted for the following purposes as follows at June 30:

NET ASSETS WITH DONOR RESTRICTIONS	2025	2024
Restricted for specified purposes:		
Scholarships	$ 78,001	$ 79,909
Professorships	28,605	27,029
Student loans	3,626	3,298
General operations and other	221,462	136,215
Total subject to purpose restrictions	$ 331,694	$ 246,451
Total perpetual funds	$ 329,430	$ 316,399
Endowments subject to spending policy and appropriation:		
Scholarships	$ 92,995	$ 95,299
Professorships	35,389	36,474
Student loans	93	115
Federal term endowment	197,989	199,728
General operations and other	16,470	14,604
Total endowments subject to spending policy and appropriation	$ 342,936	$ 346,220
Total net assets with donor restrictions	$ 1,004,060	$ 909,070

The Federal term endowment restriction is for 20 years for each contribution beginning in 1985. The University transfers the original contribution amount, plus accumulated investment returns, to net assets without donor restrictions at the end of each 20-year period. For fiscal years ended June 30, 2025 and 2024, there were transfers of $27,540 and 12,665, respectively.

For the fiscal years ended June 30, 2025 and 2024, net assets without donor restrictions were $407,445 and $464,799, respectively. Net assets without donor restrictions include board-designated and undesignated amounts. Any revenue or expense transactions funded by contributions without external donor restrictions are classified as undesignated amounts.

Net assets without donor restrictions include the following at June 30:

NET ASSETS WITHOUT DONOR RESTRICTIONS	2025	2024
Board-designated	$ 407,445	$ 464,799
Total net assets without donor restrictions	$ 407,445	$ 464,799

Release of net assets with donor restrictions due to the passage of time or by incurring expenses satisfying the restricted purpose specified by the donors as noted for the fiscal years ended June 30, 2025 and 2024 are as follows:

NET ASSETS RELEASED FROM RESTRICTIONS	2025	2024
Expiration of time and other restrictions	$ 27,540	$ 12,665
Satisfaction of purpose restrictions:		
Scholarships and fellowships	14,442	15,258
Professorships	1,424	1,228
Student loans	92	337
General operations and other	14,962	8,394
Total net assets released from restrictions	$ 58,460	$ 37,882

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17. Consolidated Statements of Functional Expenses

The University presents its statements of activities by program. The University allocates its expenses on a functional basis among its various programs and institutional support. Expenses that can be identified with a specific program are charged directly. Costs related to the operation and maintenance of physical plant including utilities, depreciation of fixed assets and interest expense, are allocated among programs and institutional support based upon square footage. Allocation rates are evaluated and updated annually to provide the most accurate allocation of operation and maintenance costs.

The University engages in fundraising activities in support of the University. Costs associated with fundraising for fiscal years ended June 30, 2025 and 2024 are $13,061 and $7,741, respectively, and are included in Administrative and Support Services.

	Program Services						
For the year ended June 30, 2025	**Academic and Student Support**	**Research**	**Healthcare Services**	**Auxiliary Enterprises**	**Total Program Services**	**Administrative and Support Services**	**Total Operating Expenses**
Operating expenses:							
Compensation	$ 247,112	$ 52,880	$ 207,747	$ 7,338	$515,077	$ 110,637	$ 625,714
Medical and office supplies	4,929	5,270	30,367	852	41,418	3,520	44,938
Repairs and maintenance	13,958	1,590	998	2,294	18,840	8,460	27,300
Food service costs	147	7	2,543	25,534	28,231	104	28,335
Grant subcontracts	15,651	14,448	—	1	30,100	—	30,100
Insurance and risk management	11,019	—	—	—	11,019	5,689	16,708
Professional and administrative services	67,688	16,402	52,820	22,949	159,859	147,568	307,427
Other costs	11,897	1,119	5,455	1,873	20,344	12,452	32,796
Total operating expenses before net interest, depreciation, and amortization	372,401	91,716	299,930	60,841	824,888	288,430	1,113,318
Net interest expense	—	—	3,202	—	3,202	30,174	33,376
Depreciation and amortization	16,917	1,573	6,810	2,665	27,965	18,518	46,483
Net interest, depreciation, and amortization	16,917	1,573	10,012	2,665	31,167	48,692	79,859
Total operating expenses	$ 389,318	$ 93,289	$ 309,942	$ 63,506	$856,055	$ 337,122	$1,193,177

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For the year ended June 30, 2024	Program Services: Academic and Student Support	Research	Healthcare Services	Auxiliary Enterprises	Total Program Services	Administrative and Support Services	Total Operating Expenses
Operating expenses:							
Compensation	$ 226,540	$ 49,148	$ 203,880	$ 7,055	$486,623	$ 111,094	$ 597,717
Medical and office supplies	5,201	6,068	30,299	171	41,739	4,441	46,180
Repairs and maintenance	6,663	2,431	527	1,463	11,084	24,344	35,428
Food service costs	81	—	4,173	22,470	26,724	15	26,739
Grant subcontracts	15,195	20,296	—	—	35,491	72	35,563
Insurance and risk management	9,748	—	13,651	—	23,399	8,557	31,956
Professional and administrative services	63,896	13,902	52,546	20,315	150,659	123,638	274,297
Impairment of net lease investment (receivable)	—	—	—	—	—	22,151	22,151
Other costs	11,454	1,206	4,344	1,811	18,815	8,669	27,484
Total operating expenses before net interest, depreciation, and amortization	338,778	93,051	309,420	53,285	794,534	302,981	1,097,515
Net interest expense	—	—	3,208	—	3,208	30,796	34,004
Depreciation and amortization	21,568	2,016	5,943	3,415	32,942	9,586	42,528
Net interest, depreciation, and amortization	21,568	2,016	9,151	3,415	36,150	40,382	76,532
Total operating expenses	$ 360,346	$ 95,067	$ 318,571	$ 56,700	$830,684	$ 343,363	$1,174,047

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18. Estimated Third-Party Settlements

Certain services rendered by the Hospital are reimbursed by third-party payors at cost, based upon cost reports filed after year-end. Contractual allowances are recorded based upon preliminary estimates of reimbursable costs.

Net patient service revenue recorded under cost reimbursement agreements for the current and prior years is subject to audit and retroactive adjustments by significant third-party payors for the fiscal years ending 2021, 2022, and 2023.

Final settlements and changes in estimates related to Medicare and Medicaid third-party cost reports for prior years resulted in an increase in net patient service revenues of approximately $1,357 for fiscal year ended June 30, 2025 and a decrease of approximately $2,507 for fiscal year ended June 30, 2024.

THIRD-PARTY SETTLEMENT REVENUE	2025	2024
Medicare pass-through	$ 15,710	$ 16,841
Disproportionate Share Hospital	11,625	39,971
Medicaid Directed Payments	37,742	—
Graduate and Indirect Medical Education	16,042	17,482
Other	1,450	799
Total third-party settlement revenue	$ 82,569	$ 75,093

19. Charity Care

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 time of application. In addition the Hospital provides services to patients under the District of Columbia charity care program, DC Alliance. The total costs foregone for services furnished under the Hospital's charity care policy and the DC Alliance program were $4,330 and $3,209 for the years ended June 30, 2025 and 2024, respectively.

20. Insurance and Risk Management

The University is a subscriber in Pinnacle Consortium of Higher Education, a Vermont Reciprocal Risk Retention Group consisting of 17 peer institutions of higher education . Pinnacle provides commercial general and specific liability coverage. The University's annual payments to Pinnacle for insurance coverage are based on actuarial studies and are recorded as expenses. The University holds an approximate 6% interest in Pinnacle, classified in restricted investments. Additionally, the University has purchased liability insurance coverage exceeding primary coverage, with limits of $125,000 from commercial insurers.

The University's self-insured program covers professional liability costs up to seven thousand five hundred dollars per occurrence, depending on the cause. Two layers of excess insurance provide additional coverage:

(a) First layer: Coverage up to thirty five thousand dollars on a claims-made basis is purchased through the Howard University Capitol Insurance Company Ltd. (HUCIC), a captive insurance company organized under Cayman Islands law.

(b) Second layer: Coverage up to fifty thousand dollars on a claims-made basis is provided by an independent excess insurance company. This layer also covers patient care-related general and professional liability.

The types of insurance and risk management coverages are detailed in the table below:

INSURANCE AND RISK MANAGEMENT	2025	2024
Malpractice claims (recovery) expense	$ (5,919)	$ 9,349
Malpractice excess insurance	3,567	3,766
Student health	10,825	9,738
General and other	8,235	9,103
Totals insurance and risk management	$ 16,708	$ 31,956

21. Commitments and Contingencies

The University's commitments and contingencies reflect exposures consistent with the operating risks described in Notes 18 and 20. In addition to third-party reimbursement uncertainties and insurance related claims, the University is subject to legal, regulatory, and collective bargaining contingencies. The existing reserves and risk management programs are adequate to address these exposures.

(a) **Federal Awards** - The University receives substantial revenues from government grants, contracts, and Federal student financial assistance programs authorized by Title IV and Title VII of the Higher Education Act of 1965. Previous compliance audits have reported certain deficiencies in the administration of both the University's Title IV and Title VII programs and its federal grants and contracts. The ultimate determination of amounts received under these programs generally is based upon allowable costs reported to and audited by the government or its designees.

(b) **Litigation and Other Claims** - During the ordinary course of business, the University is a party to various litigation and other claims in the ordinary course of business including claims of malpractice by the Hospital and faculty physicians. It is also subject to potential future claims based on findings or accusations arising from past practices under governmental programs and regulations and tort law. In fiscal years ended June 30, 2025 and 2024, the University reserved $2,880 and $5,240 respectively for legal contingencies. In the opinion of management and the University's general counsel, an appropriate monetary provision has been made to account for probable losses upon ultimate resolution of these matters.

(c) **Collective Bargaining Agreements** - The University is exposed to concentration risk related to labor subject to collective bargaining agreements (CBA). The risk is associated with the potential for labor disputes, strikes, and other labor related disruptions that could adversely affect the University's operations and financial performance. As of the balance sheet date approximately 31% of the labor force is covered by a CBA, and 20% covered by an agreement that will expire within one year.

22. Related Party Transactions

(a) *Howard University Charter Middle School*

The Howard University Board of Trustees founded Howard University Charter Middle School of Mathematics and Science (the Middle School), which operates from premises owned by the University. The Middle School is a separate legal entity. For fiscal years ended June 30, 2025 and 2024, the University has contributed to the Middle School as follows:

RELATED PARTY TRANSACTIONS	2025	2024
Cash operating support	$ 500	$ 500
Facility leased (market value)	1,451	1,451
Total related party transactions	$ 1,951	$ 1,951

(b) ***Provident Group – Bison Properties Inc.*** **(Provident)**

On July 13, 2022, Provident Resources Group Inc., acquired all outstanding 5.91% Senior Secured Notes due June 30, 2031, from Corvias Campus Living-HU LLC, under a Note Purchase Agreement associated with a Service Concession Agreement. Provident, as the Required Holder and Approved Lender, terminated (i) the Concessionaire Account Manager; (ii) Corvias as the Concessionaire, (iii) Corvias Management, LLC as the Project Manager and Residence Life Service Provider. Provident assumed the Concessionaire role and appointed the University to temporarily oversee management and resident life services.

On December 1, 2022, the District of Columbia authorized the issuance of (i) its District of Columbia Revenue Bonds (Provident Group - Bison Properties Issue), Senior Series 2022A, in the aggregate principal amount of $225,000, (ii) its District of Columbia Revenue Bonds, Subordinate Series 2022B-1, in aggregate principal amount of $25,000, and (iii) its District of Columbia Revenue Bonds, Subordinate Series 2022B-2, in the aggregate principal amount of $49,882. These bonds, maturing on July 1, 2059, facilitated a loan to Provident Group - Bison Properties and utilized to repay accrued interest on the Series 2020 loan and the principal of the Towers, Drew, and Cook Secured Note.

Repayment of the bonds is secured by revenues from the student housing facilities, including Axis (formerly Provident Group - Howard Center Inc.), Quad, Drew, Cook and Towers, which are owned by Howard University in fee simple. In connection with the issuance of the Series 2022 Bonds, The University and Provident agreed to terminate and re-execute the ground leases to align with the terms of the bonds and the loan. The University, as the ground lessor, will receive ground lease payments after all expenses and cash reserve requirements are met. The properties and associated revenues will revert to the University after the ground leases end, and debts are fully paid.

(c) ***Provident Group - Howard Properties LLC*** **(Provident)**

On February 14, 2013, the University entered a 40-year ground lease with Provident Group – Howard Properties, LLC and Provident Resources Group, Inc. (Owner). The Owner committed to the designing, constructing, and furnishing the College Hall North and College Hall South housing facilities for the University's benefit. Provident Group financed this construction by issuing $107,965 in revenue bonds through the District of Columbia. Repayment of the bonds is secured by revenues from the student housing facilities, which are owned by Howard University in fee simple. The University, as the ground lessor, will receive ground lease payments after all expenses and cash reverses requirements are met. College Hall North and College Hall South and associated revenues will revert to the University after the ground lease end on the earlier of January 31, 2053, or the date on which the Series 2013 bonds are fully paid.

(d) ***Campus Apartments Management, LLC***

On December 20, 2022, the University, acting as Manager of all student housing facilities, delegated daily operations, management, maintenance, and repair responsibilities to Campus Apartment LLC for a term of five years through a sub-management agreement.

(e) ***Adventist Healthcare, Inc.***

The University signed a three-year Management Service Agreement (MSA) with Adventist Healthcare, Inc. effective January 31, 2020. The term of the agreement shall extend for three years unless terminated sooner as provided under the MSA, with an automatic renewal and extension after the initial term for additional one (1) year terms. Adventist Healthcare, Inc. commenced full performance effective February 17, 2020, under the MSA for day-to-day operations of the Hospital under the oversight of a joint Howard and Adventist Healthcare, Inc. Management Committee, while the University continues to be the licensed operator of the Hospital.

(f) ***It's My Corner, LLC***

The University entered into a Participation Agreement with It's My Corner, LLC (IMC) for the transfer and development of the certain property located on Florida Avenue. HU was the owner of real property located on Florida Avenue, NW, Washington, D.C. IMC also owned real property located on Florida Avenue, NW, Washington, D.C. The properties were combined and will be developed by IMC as a mixed-use project with a new building.

The University has received a 24% equity share in the combined properties that is subject to adjustments if the timing of the commencement of construction for the project is has not occurred within 36 calendar months after the date that the deed was recorded and if the construction is not substantially completed within 36 calendar months after commencement. With all potential adjustments, the University's equity share shall not exceed 45%.

IMC has also granted the University a right of first offer to purchase the combined properties prior to any efforts by IMC to sell or market the project.

(g) ***Trustees and Officers***

Transactions between the University and any of its trustees and officers are subject to the University's conflict of interest policies, which require disclosure of conflict of interests and abstention by the conflicted persons from University decision making.

23. Subsequent Events

The University evaluated subsequent events through December 17, 2025, which is the date the consolidated financial statements were issued. Except as disclosed below, the University concluded that no material events have occurred that are not accounted for in the accompanying financial statements or disclosed in the accompanying notes.

(a) In July 2025, the University entered into a multi-year dining services agreement with Aramark Higher Education to provide comprehensive food service operations across the University's dining halls, retail locations, catering services, and catering operations. The agreement outlines provisions for operating responsibilities, capital investment commitments, meal plan pricing structures, and performance expectations designed to enhance the student dining experience and modernize dining infrastructure.

Under the terms of the agreement, Aramark will manage daily dining operations; invest in facility renovations and equipment upgrades; and implement expanded meal plan options and service innovations. The University will continue to monitor financial performance and compliance with service-level expectations in accordance with the contract.

(b) In July 2025, the federal One Big Beautiful Bill ("OBBB") was enacted, introducing new requirements impacting student health plans, federal health-related grants, and employer health-benefit programs. The OBBB also implements significant changes to Title IV federal student aid and federal student loan programs, including new annual and lifetime loan limits, elimination of Graduate PLUS loans for new borrowers beginning July 1, 2026, revised repayment options, and adjustments to Pell Grant eligibility. Management does not expect the OBBB to materially affect the University's consolidated financial position; however, certain provisions may affect future operating results as additional federal guidance is issued

(c) In November 2025, the University completed the requirements to receive a $182,250 contribution from Bloomberg Philanthropies of which $168,470 will be held in an endowment fund and $13,780 can be expended to implement the initiative. The gift is intended to support the medical education of students. The gift will be recognized as contribution revenue in the University's consolidated financial statements for the fiscal year ending June 30, 2026.

(d) In November 2025, the University received a $80,000 unrestricted gift from philanthropist MacKenzie Scott, representing one of the largest single contributions in the University's history. The gift consists of $63,000 to support the University's general operations and strategic priorities and $17,000 to support the Howard University College of Medicine. The full amount of the contribution will be recognized as contribution revenue in the University's consolidated financial statements for the fiscal year ending June 30, 2026.

(e) In October 2025, the University drew down $50,000 on its existing line of credit.