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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

D Employer identification number
53-0204707

E Telephone number
(202) 806-6100

G Gross receipts $ 1,937,327,172

F Name and address of principal officer:
ANNEMIEKE MARTINEZ
2400 6TH STREET NW
WASHINGTON, DC 20059

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	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	7,054
6	Total number of volunteers (estimate if necessary)	6	99
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,926,122
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	288,539,000	291,440,000
	9	Program service revenue (Part VIII, line 2g)	604,131,000	649,063,000
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	104,865,000	62,219,000
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,750,000	22,910,000
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,042,285,000	1,025,632,000
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	114,527,665	121,077,927
	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)	437,315,038	458,917,667
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶4,292,738		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	416,668,297	386,313,406
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	968,511,000	966,309,000
	19	Revenue less expenses. Subtract line 18 from line 12	73,774,000	59,323,000

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,595,463,000	1,667,010,000
	21	Total liabilities (Part X, line 26)	924,387,000	966,583,000
	22	Net assets or fund balances. Subtract line 21 from line 20	671,076,000	700,427,000

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

****** | 2021-05-17
Signature of officer | Date

ANNEMIEKE MARTINEZ INTERIM CFO AND TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-05-17		P01237506
Firm's name ▶ SB & COMPANY			Firm's EIN ▶ 25-1306171	
Firm's address ▶ 10200 GRAND CENTRAL AVE SUITE 250 OWINGS MILLS, MD 21117			Phone no. (410) 584-2218	

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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

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

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 $ 424,423,289 including grants of $ 121,077,927) (Revenue $ 292,945,000)

See Additional Data

4b (Code:) (Expenses $ 264,072,000 including grants of $) (Revenue $ 326,995,000)

See Additional Data

4c (Code:) (Expenses $ 36,484,000 including grants of $) (Revenue $ 22,962,215)

See Additional Data

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 724,979,289

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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		No
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	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8	Yes	
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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	Yes	
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	Yes	
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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
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	Yes	
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	Yes	
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
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	Yes	

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	Yes	
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	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
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		No
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		No
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	Yes	
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
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	Yes	
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

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	1,205			
b	Enter the number of Forms W-2G included in 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	Yes	

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

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**	7,054			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	Yes	
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**	Yes	
b	If "Yes," enter the name of the foreign country: ▶NI , MI , SF 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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
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**		No
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**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
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**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		No
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**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in 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 instructions and file Form 4720, Schedule N.			**15**	Yes	
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**		No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 27			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 24			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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 in Schedule O*		9		No

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		No
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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in 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:
▶ANNEMIEKE MARTINEZ 2244 10TH STREET NW WASHINGTON, DC 20059 (202) 806-2411

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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 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 dotted 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)	(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			
See Additional Data Table										

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 dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

	(D)	(E)	(F)
1b Sub-Total . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . ▶			
d Total (add lines 1b and 1c) . . . ▶	8,151,656	0	592,645

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 ▶ 1,037

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . .	3		No
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	Yes	
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		No

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
THOMPSON FACILITIES SERVICES LLC 1741 BUSINESS CENTER DRIVE SUITE 2 RESTON, VA 20190	FACILITY MANAGEMENT SERVICE	22,579,214
SODEXO INC AND AFFILIATES 9801 WASHINGTONIAN BLVD GAITHERSBURG, MD 20878	FOOD SERVICE FOR STUDENTS	19,434,890
AMN HEALTHCARE INC 12400 HIGH BLUFF DR SAN DIEGO, CA 92130	CLINICAL STAFFING SERVICES HOSPITAL	10,040,540
ENGIE HOLDINGS INC 1990 POST OAK BOULEVARD SUITE 1900 HOUSTON, TX 77056	REPAIR MAINTENANCE - STEAM PLANT	9,760,838
AMERICAN COMBUSTION INDUSTRIES INC 7100 HOLLADAY TYLER ROAD SUITE 233 GLENN DALE, MD 20769	RENTAL, REPAIRS & MAINTENANCE	5,691,939

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 ▶ 307

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	403,000				
d Related organizations	1d					
e Government grants (contributions)	1e	239,143,000				
f All other contributions, gifts, grants, and similar amounts not included above	1f	51,894,000				
g Noncash contributions included in lines 1a - 1f:$	1g	2,519,950				
h **Total.** Add lines 1a-1f ▶			291,440,000			
Program Service Revenue		Business Code				
2a ACADEMIC SERVICES		611710	326,995,000	326,995,000		
b PATIENT SERVICES		611710	292,945,000	292,945,000		
c AUXILIARY SERVICES		611710	29,123,000	22,962,215	6,160,785	
d						
e						
f All other program service revenue.						
g **Total.** Add lines 2a–2f. ▶			649,063,000			
Other Revenue 3 Investment income (including dividends, interest, and other similar amounts) ▶			15,342,000		765,337	14,576,663
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
	(i) Real	(ii) Personal				
6a Gross rents	6a 1,751,000					
b Less: rental expenses	6b 0					
c Rental income or (loss)	6c 1,751,000					
d Net rental income or (loss) ▶			1,751,000			1,751,000
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a 927,723,203	30,209,000				
b Less: cost or other basis and sales expenses	7b 909,304,203	1,751,000				
c Gain or (loss)	7c 18,419,000	28,458,000				
d Net gain or (loss) ▶			46,877,000			46,877,000
8a Gross income from fundraising events (not including $ 403,388 of contributions reported on line 1c). See Part IV, line 18	8a	639,969				
b Less: direct expenses	8b	639,969				
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	21,159,000			21,159,000
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d ▶			21,159,000			
12 **Total revenue.** See instructions ▶			1,025,632,000	642,902,215	6,926,122	84,363,663

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 . . . ☐

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	2,264,196	2,264,196		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	109,368,773	109,368,773		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	9,444,958	9,444,958		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,279,008	8,279,008		
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	362,564,674	310,549,034	50,222,476	1,793,164
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	14,005,906	11,058,071	2,835,413	112,422
9 Other employee benefits	58,410,816	52,951,387	5,222,006	237,423
10 Payroll taxes	15,657,263	12,848,401	2,683,185	125,677
11 Fees for services (non-employees):				
a Management				
b Legal	4,735,805	143,619	4,592,186	
c Accounting	5,249,596	116,688	5,132,908	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	76,482,535	43,176,942	32,695,273	610,320
12 Advertising and promotion	3,259,425	143,369	3,103,282	12,774
13 Office expenses	44,145,810	38,337,448	5,672,660	135,702
14 Information technology	1,855,235	756,498	1,086,016	12,721
15 Royalties	4,388,406	1,132,839	3,251,497	4,070
16 Occupancy	1,474,456	-1,455,508	2,907,182	22,782
17 Travel	5,106,274	4,550,094	469,079	87,101
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,577,674	1,388,909	188,765	
20 Interest	25,261,429	14,468,421	10,760,801	32,207
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	47,920,557	29,471,105	18,387,607	61,845
23 Insurance	19,419,018	13,156,735	6,262,283	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OPERATION & MAINTENANCE	45,368,515	31,873,668	13,389,083	105,764
b INSTITUTIONAL SUPPORT P	24,853,583		24,853,583	
c FOOD SERVICE COSTS	15,522,732	709,306	14,782,610	30,816
d GRANTS SUBCONTRACTS/TRA	14,869,499	14,823,704	45,795	
e All other expenses	44,822,857	15,421,624	28,493,283	907,950
25 **Total functional expenses.** Add lines 1 through 24e	966,309,000	724,979,289	237,036,973	4,292,738
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 IX . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash-non-interest-bearing	29,515,000	1	123,017,000
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	19,761,000	3	27,351,000
	4	Accounts receivable, net	118,901,000	4	89,184,000
	5	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		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	6,889,000	7	6,840,000
	8	Inventories for sale or use	3,720,000	8	4,939,000
	9	Prepaid expenses and deferred charges	6,995,000	9	8,824,000
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 1,659,421,000			
	b	Less: accumulated depreciation — 10b: 1,112,518,000	541,698,000	10c	546,903,000
	11	Investments—publicly traded securities	513,582,000	11	460,408,000
	12	Investments—other securities. See Part IV, line 11	264,306,000	12	307,397,000
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	90,096,000	15	92,147,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,595,463,000	16	1,667,010,000
Liabilities	17	Accounts payable and accrued expenses	186,862,000	17	163,912,000
	18	Grants payable		18	
	19	Deferred revenue	15,862,000	19	72,844,000
	20	Tax-exempt bond liabilities	397,444,000	20	384,814,000
	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	
	24	Unsecured notes and loans payable to unrelated third parties	64,708,000	24	79,486,000
	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	259,511,000	25	265,527,000
	26	**Total liabilities.** Add lines 17 through 25	924,387,000	26	966,583,000
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	217,376,000	27	211,353,000
	28	Net assets with donor restrictions	453,700,000	28	489,074,000
		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	671,076,000	32	700,427,000
	33	Total liabilities and net assets/fund balances	1,595,463,000	33	1,667,010,000

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,025,632,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	966,309,000
3	Revenue less expenses. Subtract line 2 from line 1	3	59,323,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	671,076,000
5	Net unrealized gains (losses) on investments	5	1,540,000
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 in Schedule O)	9	-31,512,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	700,427,000

Part XII Financial Statements and Reporting

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

			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 in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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	Yes	
	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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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 in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID:	
Software Version:	
EIN:	53-0204707
Name:	THE HOWARD UNIVERSITY

Form 990 (2019)

Form 990, Part III, Line 4a:

EDUCATION, GENERAL/OTHER - HOWARD UNIVERSITY IS A COMPREHENSIVE RESEARCH-ORIENTED HISTORICALLY BLACK PRIVATE UNIVERSITY PROVIDING AN EDUCATIONAL EXPERIENCE OF EXCEPTIONAL QUALITY TO STUDENTS OF HIGH ACADEMIC POTENTIAL WITH PARTICULAR EMPHASIS UPON THE PROVISION OF EDUCATIONAL OPPORTUNITIES TO ALL STUDENTS. HOWARD UNIVERSITY IS THE NATION'S TOP PRODUCER OF MINORITY LAWYERS, DENTISTS, PHYSICIANS AND AFRICAN AMERICAN PHDS IN THE SCIENCE AND TECHNOLOGY FIELDS. THE UNIVERSITY SERVES A COMMUNITY OF MORE THAN 10,000 STUDENTS.

Form 990, Part III, Line 4b:

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.

Form 990, Part III, Line 4c:

THE UNIVERSITY OFFERS EDUCATIONAL SUPPORT THROUGH ITS AUXILIARY SERVICES FOR THE BENEFIT OF STAFF, FACULTY AND STUDENTS AND TO COMPLEMENT THE QUALITY OF THE ACADEMIC LIFE. AUXILIARY SERVICES INCLUDE STUDENT HOUSING, FOOD SERVICES, PARKING, TRANSPORTATION SERVICES AND PUBLIC TELEVISION STATION.

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
STACEY J MOBLEY ESQ CHAIRMAN	1.00	X						0	0	0
MR MARK A L MASON VICE CHAIR	1.00	X						0	0	0
DR LAURENCE C MORSE VICE CHAIR	1.00	X						0	0	0
MINNIE BAYLOR-HENRY ESQ BOARD TRUSTEE	1.00	X						0	0	0
CHARLES M BOYD MD BOARD TRUSTEE	1.00	X						0	0	0
MR CHRIS CARR BOARD TRUSTEE	1.00	X						0	0	0
DONALD B CHRISTIAN CPA CISA BOARD TRUSTEE	1.00	X						0	0	0
DR MARSHA A ECHOLS GRADUATE FACULTY TRUSTEE	1.00	X						153,017	0	21,538
MR GODFREY GILL BOARD TRUSTEE	1.00	X						0	0	0
DR RICHARD GOODMAN BOARD TRUSTEE	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
REV DR MICHELE V HAGANS BOARD TRUSTEE	1.00	X						0	0	0
MS LESLIE D HALE BOARD TRUSTEE	1.00	X						0	0	0
DR DANETTE G HOWARD BOARD TRUSTEE	1.00	X						0	0	0
THE HONORABLE ALPHONSO JACKSON BOARD TRUSTEE	1.00	X						0	0	0
THE HONORABLE MARIE C JOHNS BOARD TRUSTEE	1.00	X						0	0	0
DR MARIAN JOHNSON-THOMPSON BOARD TRUSTEE	1.00	X						0	0	0
JILL B LOUIS ESQ ALUMNI TRUSTEE	1.00	X						0	0	0
MR JAMES J MURREN BOARD TRUSTEE	1.00	X						0	0	0
MR EUGENE ROCK NEWMAN ALUMNI TRUSTEE	1.00	X						0	0	0
MR TRAVIS RANDLE GRADUATE STUDENT TRUSTEE	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
THE HONORABLE RONALD A ROSENFELD BOARD TRUSTEE	1.00	X						0	0	0
DR REED V TUCKSON BOARD TRUSTEE	1.00	X						0	0	0
MR CHRIS WASHINGTON ALUMNI TRUSTEE	1.00	X						0	0	0
MRS BENAREE P WILEY BOARD TRUSTEE	1.00	X						0	0	0
MR SHELLEY STEWART JR BOARD TRUSTEE	1.00	X						0	0	0
MS HILARY ROSEN BOARD TRUSTEE	1.00	X						0	0	0
MR MARQUIS TAYLOR UNDERGRADUATE STUDENT TRUSTEE	1.00	X						0	0	0
MR EARL G GRAVES SR TRUSTEE EMERITUS	1.00	X						0	0	0
DR JOHN E JACOB TRUSTEE EMERITUS	1.00	X						0	0	0
VERNON E JORDAN JR ESQ TRUSTEE EMERITUS	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
MR ROBERT L LUMPKINS TRUSTEE EMERITUS	1.00	X						0	0	0
DR CHARLES J MCDONALD TRUSTEE EMERITUS	1.00	X						0	0	0
THE HONORABLE GABRIELLE K MCDONALD TRUSTEE EMERITUS	1.00	X						0	0	0
RICHARD D PARSONS ESQ TRUSTEE EMERITUS	1.00	X						0	0	0
MARTIN D PAYSON ESQ TRUSTEE EMERITUS	1.00	X						0	0	0
COLIN L POWELL USA TRUSTEE EMERITUS	1.00	X						0	0	0
THE HONORABLE M KASIM REED TRUSTEE EMERITUS	1.00	X						0	0	0
MR FRANK SAVAGE TRUSTEE EMERITUS	1.00	X						0	0	0
WAYMAN F SMITH III ESQ TRUSTEE EMERITUS	1.00	X						0	0	0
THE HONORABLE L DOUGLAS WILDER TRUSTEE EMERITUS	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
WAYNE AI FREDERICK MD MBA PRESIDENT	40.00	X		X				1,631,422	0	37,993
HUGH MIGHTY MD VP CLINICAL AFFAIRS	40.00			X				693,529	0	38,555
TASHNI DUBROY PHD MBA EVP & CHIEF OPERATING OFFICER	40.00			X				428,256	0	31,163
ANTHONY WUTOH PHD PROVOST & CHIEF ACADEMIC OFFICER	40.00			X				384,929	0	39,758
FLORENCE PRIOLEAU ESQ GENERAL COUNSEL VP & SECRETARY	40.00			X				329,050	0	33,988
DAVID BENNETT VP OF DEVELOPMENT	40.00			X				296,439	0	29,215
MICHAEL MASCH CHIEF FINANCIAL OFFICER	40.00			X				293,077	0	36,852
BRUCE JONES PHD VP OF RESEARCH	40.00			X				295,169	0	26,913
LARRY CALLAHAN CHIEF HUMAN RESOURCES OFFICER	40.00			X				285,011	0	40,552
DEBORAH JARVIS SVP OF CORPORATE RELATIONS	40.00			X				235,273	0	31,826

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
KENNETH HOLMES VP FOR STUDENT AFFAIRS	40.00			X				210,784	0	26,036
CRYSTAL BROWN VP COMMUNICATIONS	40.00			X				206,057	0	17,335
EDWARD CORNWELL MD SURGEON-IN-CHIEF	40.00					X		589,919	0	41,464
ROBERT WILSON MD ASSOCIATE PROFESSOR OF ORTHOPEDIC SURGERY	40.00					X		552,587	0	41,857
GUOYANG LUO MD CHAIR OF OB/GYN	40.00					X		539,939	0	41,039
DAMIREZ FOSSETT MD CHAIR OF NEUROSURGERY	40.00					X		531,658	0	31,848
GINETTE OKOYE MD CHAIR OF DERMATOLOGY	40.00					X		495,540	0	24,713

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE HOWARD UNIVERSITY

Employer identification number
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 or 990-EZ).)

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 **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 in 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	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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 five 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 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(e)** 2019	**(f)** Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services 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)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(e)** 2019	**(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 in 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 five 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 2019 (line 8, column (f) divided by line 13, column (f))	**15**	
16	Public support percentage from 2018 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	**17**	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	**18**	

19a **331/3% support tests—2019.** 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—2018.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)* .	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	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 in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's 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 government entity (see instructions)

			Yes	No
2	Activities Test. **Answer (a) and (b) 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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
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? *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):	1		
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 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2019**	**(iii)** **Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:
Software Version:
EIN: 53-0204707
Name: THE HOWARD UNIVERSITY

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).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137060551

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

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 (e.g., recreation or education)
- ☐ Preservation of an 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 Year
a	Total number of conservation easements	2a	1
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	1
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	1

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 303.00

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ 27,435

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☑ 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 SFAS 116 (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 SFAS 116 (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 ▶ $ 2,519,950

(ii) Assets included in Form 990, Part X ▶ $ 40,239,000

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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ 0

b Assets included in Form 990, Part X ▶ $ 0

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 are a 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 programs
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	701,502,000	691,957,451	649,951,451	581,434,000	594,064,000
b Contributions	15,019,000	8,530,000	8,270,000	5,296,515	10,557,000
c Net investment earnings, gains, and losses	27,361,000	40,574,000	52,101,000	74,824,239	-13,320,000
d Grants or scholarships	24,535,000	43,462,000	22,197,000	15,128,003	14,274,000
e Other expenditures for facilities and programs	-553,000	-3,902,549	-3,832,000	-3,524,700	-4,407,000
f Administrative expenses					
g End of year balance	719,900,000	701,502,000	691,957,451	649,951,451	581,434,000

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

a Board designated or quasi-endowment ▶ 52.840 %

b Permanent endowment ▶ 15.460 %

c Temporarily restricted endowment ▶ 31.700 %

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)		No
(ii) related organizations	3a(ii)		No
b If "Yes" on 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		40,140,839		40,140,839
b Buildings		880,879,518	567,538,847	313,340,671
c Leasehold improvements		35,404,728	29,358,697	6,046,031
d Equipment		349,132,267	302,357,502	46,774,765
e Other		353,863,648	213,262,954	140,600,694
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				546,903,000

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, PRIVATE DEBT AND VENTURE CAPITAL	216,747,000	F
(B) REAL ESTATE	90,650,000	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	307,397,000	

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. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)UNEXPENDED BOND PROCEEDS	3,172,000
(2)DEPOSITS WITH TRUSTEES	16,160,000
(3)BENEFICIAL INTEREST IN TRUST	6,291,000
(4)OPERATING RIGHT OF USE ASSETS	6,209,000
(5)FINANCING RIGHT OF USE ASSETS	44,838,000
(6)HEALTHCARE CONTRACT ASSETS	3,239,000
(7)SELF-INSURED ASSETS	5,125,000
(8)INTELLECTUAL PROPERTY COSTS	1,121,000
(9)OTHER	5,992,000
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	92,147,000

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) UNDERFUNDED DEFINED BENEFIT PLANS	167,649,000
(3) RESERVE SELF-INSURED LIABILITIES	63,448,000
(4) REFUNDABLE ADVANCES UNDER US GOV'T	5,640,000
(5) ENVIRONMENTAL LIABILITIES	3,786,000
(6) REDIDENCE HALL	8,076,000
(7) UNCLAIMED PROPERTY	3,187,000
(8) STUDENT DEPOSITS AND REFUNDS	5,798,000
(9) OTHER	7,943,000
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	265,527,000

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	870,020,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	1,540,000		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-31,511,000		
e	Add lines **2a** through **2d**			2e	-29,971,000
3	Subtract line **2e** from line **1**			3	899,991,000
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	7,466,000		
b	Other (Describe in Part XIII.)	4b	118,175,000		
c	Add lines **4a** and **4b**			4c	125,641,000
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	1,025,632,000

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	840,668,000
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	639,000		
e	Add lines **2a** through **2d**			2e	639,000
3	Subtract line **2e** from line **1**			3	840,029,000
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	7,466,000		
b	Other (Describe in Part XIII.)	4b	118,814,000		
c	Add lines **4a** and **4b**			4c	126,280,000
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	966,309,000

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 53-0204707
Name: THE HOWARD UNIVERSITY

Supplemental Information

Return Reference	Explanation
PART II, LINE 9:	THE ORGANIZATION DOES NOT REPORT ITS CONSERVATION EASEMENTS IN ITS FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
PART III, LINE 4:	THE UNIVERSITY'S COLLECTIONS OF ART, HISTORICAL TREASURES, AND OTHER SIMILAR ASSETS INCLUD E 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 GE NERATIONS.

Supplemental Information

Return Reference	Explanation
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 AD VANCE THE ORGANIZATION'S MISSION AND TAX-EXEMPT PURPOSE.

Supplemental Information

Return Reference	Explanation
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 RE CORDED AS INCOME TAX USING THE LIABILITY METHOD UNDER WHICH DEFERRED TAX ASSETS AND LIABIL ITIES ARE DETERMINED BASED ON THE DIFFERENCES BETWEEN THE FINANCIAL ACCOUNTING AND TAX BAS IS OF ASSETS AND LIABILITIES. DEFERRED TAX ASSETS OR LIABILITIES AT THE END OF EACH PERIOD ARE DETERMINED USING THE CURRENTLY ENACTED TAX RATE EXPECTED TO APPLY TO TAXABLE INCOME I N THE PERIOD THAT THE DEFERRED TAX ASSET OR LIABILITY IS EXPECTED TO BE REALIZED OR TO BE SETTLED. AS OF JUNE 30, 2020, AND 2019, HOWARD HAD NO UNRELATED BUSINESS INCOME AND THEREF ORE HAD NO DEFERRED TAX ASSETS OR LIABILITIES. IN ADDITION, HOWARD ANALYZED ITS TAX POSITI ONS FOR THE YEARS ENDED JUNE 30, 2020 AND 2019 AND DETERMINED THAT THERE WERE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON HOWARD'S CONSOLIDATED FINANCIAL STATEM ENTS.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	UNREALIZED CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PENSION PLAN -23,348,000. UNREALIZED CHANGE IN OBLIGATION FOR POST RETIREMENT BENEFIT PLAN -2,854,000. UNREALIZED CHANGE IN OB LIGATION FOR SUPPLEMENTAL RETIREMENT BENEFIT PLAN 295,000. NET PERIOD BENEFIT COST OTHER T HAN SERVICE COST -5,604,000.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SCHOLARSHIPS AND GRANTS 118,814,000. FUNDRAISING EVENT EXPENSES -639,000.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENT EXPENSES 639,000.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	SCHOLARSHIPS AND GRANTS 118,814,000.

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SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury

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/Form990EZ* for the latest information.

OMB No. 1545-0047

2019

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	Yes	
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	Yes	
3	Has the organization publicized its racially nondiscriminatory policy 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	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	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		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	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	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on 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, covering racial nondiscrimination? If "No," explain on Part II.	7	Yes	

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.

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	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).
SCHEDULE E, PART I, LINE 6	THE ORGANIZATION RECEIVES FINANCIAL ASSISTANCE FROM GOVERNMENTAL AGENCIES IN THE FORM OF SCHOLARSHIP, LOANS AND GRANT FUNDS FOR STUDENTS' TUITION AND RELATED EXPENSES.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to 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

2019

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 Activites 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 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
See Add'l Data					
3a Sub-total	8	84			107,547,891
b Total from continuation sheets to Part I . . .	0	0			0
c **Totals** (add lines 3a and 3b)	8	84			107,547,891

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)
		STRADA COSTERIA 11, TRIESTA, ITALY	SUPPORT RESEARCH & EDUCATION	28,750	CHECK			FMV
		SANGO/OYO ROAD AGBOWO AREA PMB 01 UI POST OFFICE, IBDAN, OYO, NIGERIA	SUPPORT RESEARCH & EDUCATION	49,741	CHECK			FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 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)
See Add'l Data							

Part IV **Foreign Forms**

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . ☑ Yes ☐ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . ☑ Yes ☐ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☑ Yes ☐ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . ☑ Yes ☐ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . ☐ Yes ☑ No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3:	BOOK VALUE

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:
Software Version:
EIN: 53-0204707
Name: THE HOWARD UNIVERSITY

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	8	84	PROGRAM SERVICES	MEDICAL AND EDUCATIONAL SERVICES	2,680,956
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		73,442,166

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		31,424,769

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	CENTRAL AMERICA AND THE CARIBBEAN	131	3,129,530	CHECK			BOOK VALUE
SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	11	346,925	CHECK			BOOK VALUE

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	EUROPE (INCLUDING ICELAND & GREENLAND)	7	189,737	CHECK			BOOK VALUE
SCHOLARSHIPS	MIDDLE EAST AND NORTH AFRICA	24	403,769	CHECK			BOOK VALUE

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	NORTH AMERICA	21	512,729	CHECK			BOOK VALUE
SCHOLARSHIPS	SOUTH AMERICA	9	204,249	CHECK			BOOK VALUE

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	SOUTH ASIA	53	1,363,262	CHECK			BOOK VALUE
SCHOLARSHIPS	SUB-SAHARAN AFRICA	143	3,279,105	CHECK			BOOK VALUE

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	RUSSIA AND NEIGHBORING STATES	1	15,654	CHECK			BOOK VALUE

SCHEDULE G
(Form 990 or 990-EZ)

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, lines 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

2019

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 non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a 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	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.

NC, MI, VA, DC, SC, CT, ME, AR, MS, CO, AK, AL, AZ, DE, HI, MT, NH, NY, OH, OR, WA, AL, CA, FL, GA, IL, KS, KY, LA, NJ, NM, ND, OK, PA, RI, TN, UT, VA, WA, WI

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 **ALUMNI JAZZ BRUNCH** (event type)	**(c)** Other events (total number)	**(d)** Total events (add col. **(a)** through col. **(c)**)
Revenue	**1** Gross receipts	871,282	172,075		1,043,357
	2 Less: Contributions	330,111	73,277		403,388
	3 Gross income (line 1 minus line 2)	541,171	98,798		639,969
Direct Expenses	**4** Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	352,047	84,432		436,479
	7 Food and beverages				
	8 Entertainment	25,150	7,800		32,950
	9 Other direct expenses	163,974	6,566		170,540
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				639,969
	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 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 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.

Return Reference	Explanation

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2019

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 during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☐ 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	Yes	
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 32500.0000000000 %	3b	Yes	
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 financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
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 eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	

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)			1,534,485	0	1,534,485	0.160 %
b Medicaid (from Worksheet 3, column a)			136,966,724	148,502,666	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			11,583,026	5,890,246	5,692,780	0.590 %
d **Total** Financial Assistance and Means-Tested Government Programs			150,084,235	154,392,912	7,227,265	0.750 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).						
f Health professions education (from Worksheet 5)			53,832,118	28,645,087	25,187,031	2.610 %
g Subsidized health services (from Worksheet 6)			42,261,017	29,812,783	12,448,234	1.290 %
h Research (from Worksheet 7)			27,569,000		27,569,000	2.850 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	10,193		299,595		299,595	0.030 %
j **Total.** Other Benefits	10,193		123,961,730	58,457,870	65,503,860	6.780 %
k **Total.** Add lines 7d and 7j	10,193		274,045,965	212,850,782	72,731,125	7.530 %

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			299,595		299,595	0.030 %
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			299,595		299,595	0.030 %

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 Yes	
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	2,893,474		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. 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	54,005,653
6	Enter Medicare allowable costs of care relating to payments on line 5	6	61,245,396
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-7,239,743

8 Describe in Part VI the extent to which any shortfall reported in 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

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
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	Yes	

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 %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

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	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

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			
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		No
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		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . .	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
	a ☑ A definition of the community served by the hospital facility			
	b ☑ Demographics of the community			
	c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	d ☑ How data was obtained			
	e ☑ The significant health needs of the community			
	f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
	h ☑ The process for consulting with persons representing the community's interests			
	i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
	j ☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
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	Yes	
6 a	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	Yes	
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	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
	a ☑ Hospital facility's website (list url): HTTP://HUHEALTHCARE.COM/COMMUNITY			
	b ☑ Other website (list url): HTTP://WWW.DCHEALTHMATTERS.ORG			
	c ☑ 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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
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		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

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

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150.000000000000 % and FPG family income limit for eligibility for discounted care of 325.000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ 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	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): SEE PART V, PAGE 8			
b	☑ The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8			
c	☑ A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ 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	☑ 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	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ 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 financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
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?	19		No
	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) in line 19. (check all that apply):			
	a ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
	b ☑ 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

			Yes	No
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 financial assistance policy?	21	Yes	
	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 ☑ 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?	**23**		No
If "Yes," explain in Section C.			
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?	**24**		No
If "Yes," explain in Section C.			

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

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

Form and Line Reference	Explanation
See Add'l Data	

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?______________________

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI **Supplemental Information**

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 MEET THE ORGANIZATION'S 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, COMMUNITY HEALTH NEEDS AND/OR ASSESSMENTS, AND OTHER COSTS ASSOCIATED WITH COMMUNITY BENEFIT STRATEGY AND OPERATIONS.PART I, 7F:HEALTH PROFESSIONS 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.

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Form and Line Reference	Explanation
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 AND 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 GEVERNMENT 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; AND5. COMMUNICATION OF FINDINGS AND OBSERVATIONS (INCLUDING PUBLICATION 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.
FORM 990, SCHEDULE H, PART I LINE 7H AND 7I	PART I LINE 7H: RESEARCH: 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 EFFECTIVENESS4. BEHAVIORAL OR SOCIOLOGICAL STUDIES RELATED TO HEALTH, DELIVERY OF CARE, OR PREVENTION STUDIES RELATED TO CHANGES IN THE HEALTH CARE DELIVERY SYSTEM; AND5. COMMUNICATION OF FINDINGS AND OBSERVATIONS (INCLUDING PUBLICATION IN A MEDICAL JOURNAL)THIS CATEGORY ONLY INCLUDES RESEARCH INTERNALLY FUNDED OR RESEARCH FUNDED BY A TAX-EXEMPT OR GOVERNMENT ENTITY.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.

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Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	COMMUNITY BUILDING ACTIVITIES - HOWARD UNIVERSITY PARTICIPATES IN SEVERAL HOUSING & URBAN DEVELOPMENT (HUD) PROGRAMS WHOSE MISSION IS TO CREATE STRONG, SUSTAINABLE, INCLUSIVE COMMUNITIES AND QUALITY, AFFORDABLE HOMES FOR ALL. HUD IS WORKING TO STRENGTHEN THE HOUSING MARKET TO BOLSTER THE ECONOMY AND PROTECT CONSUMERS; MEET THE NEED FOR QUALITY, AFFORDABLE RENTAL HOMES; UTILIZE HOUSING AS A PLATFORM FOR IMPROVING QUALITY OF LIFE; AND BUILD INCLUSIVE AND SUSTAINABLE COMMUNITIES FREE FROM DISCRIMINATION. AFFORDABLE HOUSING AND ECONOMIC STABILITY ARE INTRINSICALLY LINKED TO THE PREVENTION OF HEALTH PROBLEMS ASSOCIATED WITH POVERTY, HOMELESSNESS AND OTHER ENVIRONMENTAL CHALLENGES.
PART III, LINE 2:	IT'S CALCULATED AS BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS ($2,893,474) MULTIPLIED BY RATIO OF PATIENT CARE COST TO CHARGES (0.37%).

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Form and Line Reference	Explanation
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 TIME OF APPLICATION. IN ADDITION THE HOSPITAL PROVIDES SERVICES TO PATIENTS UNDER THE DISTRICT OF COLUMBIA CHARITY CARE PROGRAM, DC ALLIANCE. FOR FURTHER DETAILS, PLEASE REFER TO "THE HOWARD UNIVERSITY CONSOLIDATED FINANCIAL STATEMENTS", SUPPLEMENTARY NOTES SECTION, #18 - CHARITY CARE (PAGE 64).
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.

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Form and Line Reference	Explanation
PART III, LINE 9B:	HOWARD UNIVERSITY HOSPITAL (HUH) WILL FOREGO EXTRAORDINARY COLLECTION ACTIONS AGAINST PATIENTS UNTIL MAKING REASONABLE EFFORTS TO DETERMINE WHETHER THE PATIENT IS ELIGIBLE FOR ASSISTANCE UNDER HUH'S 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 COLLECTION UNTIL IT HAS BEEN DETERMINED THAT THE PATIENT IS NOT ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER HUH'S FINANCIAL ASSISTANCE POLICY.
PART VI, LINE 2:	NEEDS ASSESSMENTIN ORDER TO COMPLY WITH THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, HOWARD UNIVERSITY (HUH) COMPLETED THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AS A MEMBER OF THE DC HEALTHY COMMUNITIES COLLABORATIVE (DCHCC). AS REQUIRED, THE 2013 AND 2016 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.

Form and Line Reference	Explanation
PART VI, LINE 3:	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCEHOWARD 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 WHO DO NOT HAVE THE ABILITY TO PAY FOR MEDICAL SERVICES AT THE TIME SERVICES ARE RENDERED.- INSURED PATIENTS WHOSE 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 EXPENSES IN UNCOMPENSATED 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 ACCOUNTS CUSTOMER SERVICE OFFICES ARE RESPONSIBLE FOR DETERMINING A PATIENT'S ELIGIBILITY FOR DISCOUNTED DEBT OR CHARITY ALLOCATION THROUGH THE UNCOMPENSATED CARE/CHARITY CARE POLICY AND ARE RESPONSIBLE FOR NOTIFYING PATIENTS IN WRITING OF THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE. IN THE EVENT THAT A PATIENT DOES NOT QUALIFY FOR MEDICAL ASSISTANCE UNDER STATE, DISTRICT OR FEDERAL PROGRAMS, A "PATIENT REQUEST FOR UNCOMPENSATED CARE" APPLICATION WILL BE PROVIDED TO THE PATIENT FOR COMPLETION AND SUBMISSION TO THE FINANCIAL COUNSELOR'S OFFICE IN ACCORDANCE WITH THE HOSPITAL'S UNCOMPENSATED CARE/CHARITY CARE POLICY.HOWARD UNIVERSITY HOSPITAL IS COMMITTED TO PROVIDING, WITHIN THE LIMITS OF ITS RESOURCES, FINANCIAL ASSISTANCE FOR MEDICALLY NECESSARY SERVICES FOR PATIENTS WHO LACK THE MEANS TO PAY FOR SUCH SERVICES. HOWARD UNIVERSITY HOSPITAL WILL PROVIDE ANNUALLY NO LESS THAN 3% OF ITS TOTAL OPERATING EXPENSES TO FINANCIAL ASSISTANCE PROGRAMS BY MEASURED COST. THE BASIS FOR FINANCIAL ASSISTANCE WILL BE DETERMINED THROUGH A PATIENT'S SELF REPORTING WITH SUPPORTING DOCUMENTATION/ATTESTATION IN ACCORDANCE WITH THE FINANCIAL ASSISTANCE PROGRAM.
PART VI, LINE 4:	COMMUNITY INFORMATIONHOWARD 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 SERVICES FOR THE RESIDENTS OF THE DISTRICT OF COLUMBIA AND SURROUNDING STATES. THE MAJORITY OF THE HOSPITAL'S PATIENT POPULATION HAS HEALTH CARE COVERAGE PROVIDE BY LOCAL MEDICAID, DC ALLIANCE (A PROGRAM PROVIDING MEDICAL ASSISTANCE TO QUALIFYING DISTRICT RESIDENTS WHO ARE NOT ELIGIBLE FOR OTHER FEDERAL OR LOCAL MEDICAID 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 690,000 PEOPLE, AND THE MORE THAN 6.2 MILLION PEOPLE IN THE GREATER WASHINGTON METROPOLITAN AREA (DMV). HUH IS A DISPROPORTIONAL SHARE HOSPITAL AND IN FY 2019 OUR GENERAL ADMITTANCE PAYOR MIX FOR MEDICARE AND MEDICAID BENEFIT COVERED PATIENTS WAS 26% AND 59%, RESPECTIVELY.HOWARD UNIVERSITY IS HISTORICALLY AMONG THE TOP PRODUCERS OF BLACK MEDICAL STUDENTS IN THE NATION. IN FURTHERANCE OF THE HOSPITAL'S COMMITMENT TO EDUCATION, THE HOSPITAL MAINTAINS AN ENVIRONMENT THAT SUPPORTS THE TRAINING OF POSTGRADUATE TRAINEES, MEDICAL, DENTAL, NURSING, ALLIED HEALTH PROFESSIONALS, AND OTHER STUDENTS BY HEALTH CARE PRACTITIONERS. THE DISTRICT OF COLUMBIA HAS HISTORICALLY HAD SOME OF THE HIGHEST RATES IN THE NATION FOR CANCER RELATED DEATHS. HOWARD UNIVERSITY HOSPITAL'S (HUH) CANCER CENTER WAS ESTABLISHED IN ORDER TO ADDRESS HEALTH DISPARITIES IN THE LOCAL COMMUNITY, SPECIFICALLY FOR MINORITIES AND HISTORICALLY UNDERSERVED POPULATIONS. THE CANCER CENTER'S 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 ON INFORMATION FROM THE DISTRICT OF COLUMBIA HEALTH REPORT IN 2020, 1.8% OF THE POPULATION IN THE DISTRICT OF COLUMBIA WERE LIVING WITH HIV, AND BLACK RESIDENTS HAD DISPROPORTIONATELY HIGHER RATES AT 2.8%. HOWARD UNIVERSITY HOSPITAL (HUH) OPERATES A COMMUNITY ADVISORY BOARD (CAB) AS A PART OF ITS HIV/AIDS PROGRAMS TO ASSIST IN DIRECTLY EFFORTS TO IMPROVE THE ACCESS AND AVAILABILITY OF HEALTH CARE TO THESE POPULATIONS.

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Form and Line Reference	Explanation
PART VI, LINE 5:	HOWARD UNIVERSITY HOSPITAL (HUH) IS A PRIVATE, NONPROFIT 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 SCHOOLS, THE COLLEGE UNIQUELY ADDRESSES THE SPECIAL HEALTH 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 PREDOMINANTLY BLACK, HOWARD UNIVERSITY HAS BEEN AN INTERRACIAL AND COSMOPOLITAN INSTITUTION THROUGHOUT ITS HISTORY, WITH STUDENTS, FACULTY AND STAFF OF ALL RACES AND FROM MANY FOREIGN NATIONS. ALL MUST MEET THE HIGH STANDARDS OF EXCELLENCE OF HOWARD UNIVERSITY, WHICH HAS THE LARGEST CONCENTRATION OF BLACK FACULTY AND STUDENT SCHOLARS 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 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 PROSTHESES. 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.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 US ADMINISTRATION ON AGING, CURRENTLY, THE CENTER IS FUNDED PRIMARILY BY EXTERNAL GRANTS. THE CENTER HAS CONTINUED TO DEVELOP AND PRODUCE POSITIVE OUTCOMES AND RESULTS IN THE FIELD OF GERONTOLOGY.THE SPEECH AND HEARING CLINIC PROVIDES COMPREHENSIVE RESEARCH-ORIENTED CLINICAL SERVICES TO INDIVIDUALS WHO REQUIRE SPEECH, LANGUAGE AND HEARING EVALUATIONS AND/OR TREATMENT. THE BOARDER BABIES PROGRAM PROVIDES SUPPORT FOR BABIES AND CHILDREN FROM BIRTH TO 12 YEARS OLD WHO HAVE BEEN ABANDONED AT HOWARD UNIVERSITY HOSPITAL. THE CHILDREN WERE ABUSED OR NEGLECTED, AND ARE NOW IN FOSTER CARE OR ARE LIVING WITH GRANDPARENTS OR OTHER RELATIVES.EDUCATION GRAND ROUNDS ARE OPEN TO COMMUNITY PHYSICIANS AT NO CHARGE AND ALLOWS THE OPPORTUNITY TO EARN CATEGORY 1 CREDITS THAT ARE REQUIRED FOR RE-LICENSURE. THE PROGRAM FOCUS IS ON IMPROVING PATIENT CARE AND OUTCOMES. 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 7, REPORTS FILED WITH STATES	DC

Additional Data

Software ID:
Software Version:
EIN: 53-0204707
Name: THE HOWARD UNIVERSITY

Form 990 Schedule H, Part V Section A. Hospital Facilities

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		Licensed hospital	General 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			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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 JULY 2019. THE COLLABORATIVE REPRESENTS A COLLABORATION AMONG HOWARD UNIVERSITY HOSPITAL AND FOUR AREA HOSPITALS (CHILDREN'S NATIONAL HEALTH SYSTEM, HSC HEALTH CARE SYSTEM, PROVIDENCE HEALTH SYSTEM, AND SIBLEY MEMORIAL HOSPITAL) AND FOUR FEDERALLY QUALIFIED HEALTH CENTERS (BREAD FOR THE CITY, COMMUNITY OF HOPE, MARY'S CENTER, AND UNITY HEALTH CARE). THE CHNA SERVES AS A COMMUNITY DRIVEN FOUNDATION FOR THE COMMUNITY IMPROVEMENT EFFORTS. THE JULY 2019 CHNA WAS COMPLETED WITH THE SAME FRAMEWORK DEVELOPED AND UTILIZED TO COMPLETE THE PREVIOUS CHNA REPORTS IN 2013 AND 2016. BASED ON OUTCOME INFORMATION GATHERED FROM THESE PREVIOUS CHNA REPORTS, IT WAS DETERMINED THAT THE JULY 2019 REPORT WOULD CONTINUE TO GATHER COMMUNITY INPUT ON THE SAME FOUR PRIORITY COMMUNITY HEALTH NEEDS THAT WERE IDENTIFIED IN THE PREVIOUS REPORT. THESE FOUR PRIORITY AREAS ARE: MENTAL HEALTH, CARE COORDINATION, HEALTH LITERACY, AND PLACE BASED CARE. IN INTERVIEWS, FOCUS GROUPS, AND TOWN HALLS, 28 THEMES EMERGED RELATED TO THESE PRIORITIES. WHEN ANALYZED, THE THEMES CAN BE ORGANIZED INTO FOUR AREAS OR DIRECTIVES FROM THE COMMUNITY: 1) FOSTER COMMUNITY DIALOGUE, 2) BUILD RELATIONSHIPS, 3) DEVELOP WORKFORCE CAPACITY, AND 4) SIMPLIFY THE PATH TO WELLNESS. THIS IS A ROADMAP FOR THE HEALTH SYSTEM TO BRING DC CLOSER TO A STATE OF HEALTH EQUITY FOR ALL RESIDENTS. THE CHNA OBJECTIVES FOR COMMUNITY HEALTH IMPROVEMENT EFFORTS ARE:ENGAGE COMMUNITY STAKEHOLDERS IN A BI-DIRECTIONAL DIALOGUE TO IDENTIFY SYSTEMS AND POLICY APPROACHES TO ADDRESS COMMUNITY-DEFINED NEEDS AND UPDATE INDICATORS RELATED TO OTHER DEMOGRAPHICS, SOCIOECONOMIC CHARACTERISTICS, HEALTH BEHAVIORS, HEALTH STATUS, AND HEALTHCARE UTILIZATION OF DC RESIDENTS ON THE PORTAL - DC HEALTH MATTERS - WITH ATTENTION TO DIFFERENCES BY WARD, RACE, ETHNICITY, AGE, AND SEX.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
HOWARD UNIVERSITY HOSPITAL	PART V, SECTION B, LINE 5: THE CHNA OBTAINED INPUT, COMMUNICATION AND COLLABORATION WITH RESIDENTS, HEALTH PROFESSIONALS, COMMUNITY ORGANIZATIONS, POLICYMAKERS AND OTHER STAKEHOLDERS. THE CHNA STUDY DESIGN USED CONCURRENT QUALITATIVE AND QUANTITATIVE METHODS TO COLLECT DATA. FOR QUALITATIVE DATA, THE COLLABORATIVE ENGAGED OVER 300 COMMUNITY STAKEHOLDERS ACROSS A DIVERSE CROSS-SECTION OF DC, SPANNING HEALTH AND NON-HEALTH DISCIPLINES. USING SEMI-STRUCTURED DATA COLLECTION TOOLS, THE CHNA CONDUCTED INTERVIEWS, FOCUS GROUPS, AND A TOWN HALL TO PROVE COMMUNITY PARTNERS ON HOW POLICY AND SYSTEM CHANGES CAN ADDRESS COMMUNITY NEEDS WITH A PARTICULAR FOCUS ON ELEVATING HEALTH EQUITY IN DC. THE RAPID DEDOOSE IDENTIFICATION OF THEMES FROM AUDIO (RITA) METHOD WAS USED TO ANALYZE THE INTERVIEW AND FOCUS GROUP DATA WITHIN THE DEDOOSE QUALITATIVE SOFTWARE. AS A SUPPLEMENT TO THE FORMAL QUALITATIVE DATA COLLECTION PROCESS, THE CHNA PILOTED THE PHOTOVOICE PROJECT WITH A GROUP OF ADOLESCENTS TO SOLICIT THEIR PERSPECTIVES RELATED TO THE INFLUENCE OF SCHOOLS AND COMMUNITIES ON THEIR MENTAL HEALTH. THE QUANTITATIVE METHOD USED DATA FROM THE CENSUS, AMERICAN COMMUNITY SURVEY, AND CLARITAS TO PROVIDE A BASIC LANDSCAPE OF DC POPULATION CHARACTERISTICS, INCLUDING SOCIOECONOMIC FACTORS, SUCH AS THOSE RELATED TO POVERTY EDUCATION, AND HOUSING. ADDITIONALLY, THE CHNA ANALYZED HEALTH CARE UTILIZATION AMONG DC RESIDENTS IN HOSPITAL, EMERGENCY DEPARTMENT, AND COMMUNITY HEALTH CENTER DATA. THESE DATA SERVE AS PROXY INDICATORS OF HEALTH CARE ACCESS AND THE EFFICACY OF PREVENTATIVE AND PRIMARY CARES SERVICES. THE QUANTITATIVE ANALYSIS REVEALED TROUBLING VARIANCE IN HEALTH , WELL-BEING, AND PREVENTATIVE BEHAVIORS THAT OFTEN CORRELATE WITH PLACE OF RESIDENT, RACE AND ETHNICITY. THESE DATA PROVIDE IMPORTANT CONTEXT AND GUIDE HOW AND WHERE RESOURCES ARE INVESTED FOR THE GREATEST IMPACT. IN AN EFFORT TO PROVIDE ONGOING TIMELY INFORMATION TO THE PUBLIC, THE MAJORITY OF THE DATA IS PUBLICLY POSTED, AND WILL BE CONTINUALLY UPDATED ON THE PORTAL AT DCHEALTHMATTERS.ORG.THE CHNA ALSO CONSULTED REPORTS AND ASSESSMENTS RELEASED BY COLLEAGUES IN THE HEALTH SYSTEM, GOVERNMENT AGENCIES, OTHER HOSPITALS, AND ACADEMIC RESEARCHERS AS FINDINGS WERE DESIGNED, COLLECTED, AND ANALYZED.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
HOWARD UNIVERSITY HOSPITAL	PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITY'S CHNA WAS CONDUCTED WITH FOUR OTHER HOSPITAL FACILITIES AS FOLLOWS: CHILDREN'S NATIONAL HEALTH SYSTEM, HSC HEALTH CARE SYSTEM, PROVIDENCE HEALTH SYSTEM, AND SIBLEY MEMORIAL HOSPITAL.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
HOWARD UNIVERSITY HOSPITAL	PART V, SECTION B, LINE 11: THE 2016 COMMUNITY HEALTH IMPROVEMENT PLAN REMAINED IN EFFECT THROUGH THE END OF THE FISCAL YEAR ENDING JUNE 30, 2020. SUBSEQUENT TO THE END OF THE TAX YEAR, A NEW CHIP WAS IMPLEMENTED WHICH WAS APPROVED FOR IMPLEMENTATION BY THE BOARD OF TRU STEES ON JUNE 5, 2020.THE JULY 2020 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) CONTINUED TO ADDRESS THE FOUR PRIORITY NEEDS ADDRESSED IN THE JULY 2019 CHNA WHICH CONTINUED TO PRIORIT IZE THE FOUR NEEDS IDENTIFIED IN THE 2016 ASSESSMENT: MENTAL HEALTH, CARE COORDINATION, HE ALTH LITERACY, AND PLACE-BASED CARE. IT LEVERAGES THE CAPACITY, EXPERTISE, AND RELATIONSHI PS THAT HAVE BEEN BUILT TO ADDRESS THESE NEEDS MORE EFFECTIVELY. GIVEN THE TIME AND EFFORT IT TAKES TO MAKE SUBSTANTIVE PROGRESS IN THESE FOUR CRITICAL AREAS, THE COLLABORATIVE, IN CONSULTATION WITH OVER 300 COMMUNITY PARTNERS, DECIDED TO IDENTIFY NEW NEEDS. THE DATA CO LLECTION PROCESS IDENTIFIED 28 THEMES FOCUS ON HOW BEST TO ADDRESS THE FOUR PRIORITY AREAS .THE CHNA IDENTIFIED SALIENT AND IMPORTANT FINDINGS, AND COLLABORATIVE MEMBERS COMPLETED A MATRIX TO IDENTIFY STRATEGIES MOST ALIGNED WITH THEIR ORGANIZATION GOALS AND RESOURCES. T HROUGH A STRUCTURED PROCESS, THE COLLABORATIVE SELECTED NINE STRATEGIES FOR THE JULY 2019 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. TH E COLLABORATIVE CONSOLIDATED STRATEGIES BEING ADDRESSED BY OTHER GROUPS TO ELIMINATE REDUN DANCY. FINDINGS THAT THE CHIP WILL NOT ADDRESS, WILL BE ADDRESSED WITH ONGOING WORK SUCH A S DC HEALTH'S COMMUNITY HEALTH NEEDS ASSESSMENT, THE MAYOR'S COMMISSION ON HEALTHCARE SYST EM TRANSFORMATION FORTHCOMING RECOMMENDATIONS AND THE COMMUNITY HEALTH IMPROVEMENT EFFORTS OF THE DC HOSPITAL ASSOCIATION AND DC PRIMARY CARE ASSOCIATION.THE MENTAL HEALTH STRATEGI ES ARE: 1) ADVOCATE FOR A DISTRICT-WIDE CAPACITY ASSESSMENT AND EVALUATION OF MENTAL HEALT H SERVICES FOR ADULTS AND CHILDREN, 2) INCREASE CAPACITY BY ADDRESSING THE RECRUITMENT, RE TENTION, ACCESSIBILITY, COMPETENCY, AND WORKFORCE ROLES, 3) ADVOCATE FOR POLICY-LEVEL SOLU TIONS FOR IMPROVE OUR ABILITY TO PROVIDE MENTAL HEALTH PREVENTION ACTIVITIES AND SCREENING S AND FOR EQUITABLE DISTRIBUTION OF MENTAL HEALTH SERVICES IN DC, 4) IMPROVE CARE COORDINA TION FOR MENTAL HEALTH AND SUBSTANCE ABUSE CO-OCCURRING CONDITIONS THROUGH FACILITATION OF DIRECT AND-OFFS TO THE NEXT LEVEL OF CARE AND TRACKING OF REFERRALS.THE CARE COORDINATION STRATEGIES ARE: 1) IMPROVE IDENTIFICATION OF RESOURCES BY COLLABORATING WITH COMMUNITY BA SED ORGANIZATIONS, GOVERNMENT AGENCIES, AND HEALTH CARE ORGANIZATIONS.THE HEALTH LITERACY STRATEGIES ARE: 1) COLLABORATE WITH OTHER HEALTH CARE ORGANIZATIONS, GOVERNMENT AGENCIES, AND COMMUNITY BASED ORGANIZATIONS TO INCREASE PUBLIC AWARENESS AND EDUCATION AROUND HEALTH LITERACY AND HEALTH SYSTEM NAVIGATION, USING BEST PRACTICE APPROACHES; 2) PILOT INTERNAL SYSTEM CHANGES TO IMPROVE HEAL

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
HOWARD UNIVERSITY HOSPITAL	TH LITERACY. THE PLACE-BASED CARE STRATEGIES ARE: 1) ADVOCATE FOR FINANCIALS INCENTIVES TO INCREASE THE AVAILABILITY OF CONVENIENT AND CULTURALLY SENSITIVE HEALTH AND HUMAN SERVICE S IN WARDS 7 AND 8, 2) ADVOCATE FOR INTEGRATION AND REIMBURSEMENT OF COMMUNITY HEALTH EDUC ATORS/WORKERS/PROMOTORS IN HEALTH CARE SETTINGS AND COMMUNITY BASED SETTINGS.THE COLLABORA TIVE WILL PLAN AND EXECUTE SYSTEM CHANGE STRATEGIES THROUGH "SPRINTS". THE COLLABORATIVE I S ALSO ADOPTING NEW PROCESSES FOR THE EFFORTS THAT INCLUDE PRINCIPLES FROM THE "SCRUM AND "COLLECTIVE IMPACT" FRAMEWORKS TO INCREASE STAKEHOLDER ENGAGEMENT AND ALLOW FOR A FLEXIBLE COLLABORATIVE APPROACH FOR ADDRESSING COMPLEX ISSUES TO IMPLEMENT THE NINE STRATEGIES. TH E APPROACH WILL FOCUS ON SPRINT TEAMS TO EXECUTE ONE STRATEGY AT A TIME IN FOCUSED, TIME-L IMITED "SPRINTS", REPLACING THE 2016 CHIP WORKING GROUPS THAT MEET MONTHLY TO CONCURRENTLY ADDRESS ALL STRATEGIES. THE COLLABORATIVE WILL ADOPT LESSONS LEARNED FROM COLLECT IMPACT, A FRAMEWORK USED FOR CROSS-SECTOR COLLABORATIONS ON POPULATION LEVEL CHANGE EFFORTS. TO S UPPORT THE CROSS-SECTOR COLLABORATION, A CROSS CUTTING STRATEGY WILL BE IMPLEMENTED. THE C ROSS CUTTING STRATEGY IS TO PROVIDE SMALL COMMUNITY GRANTS TO LOCAL ORGANIZATIONS AIMING T O SUPPORT COLLABORATIVE EFFORTS THAT ADDRESS THE FOUR PRIORITY AREAS IN COMMUNITIES OF HIG H NEED AROUND POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGE.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
HOWARD UNIVERSITY HOSPITAL	PART V, SECTION B, LINE 13B: IF THE PATIENT IS ABOVE THE FPG, THE HOSPITAL ASSESSES THE ABILITY TO PAY AND WILL SET UP A PAYMENT PLAN IN COORDINATION WITH THE PATIENT.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
HOWARD UNIVERSITY HOSPITAL	PART V, SECTION B, LINE 13H: THE HOSPITAL ALSO REVIEWS OTHER DOCUMENTS, SUCH AS CREDIT CARD REPORTS, PAYSTUBS, AND LIVING EXPENSE REPORTS, ETC AS CRITERIA TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
HOWARD UNIVERSITY HOSPITAL	PART V, SECTION B, LINE 16J: THE HOSPITAL PROVIDES NOTIFICATION ON THE PATIENT'S BILLING STATEMENT THAT FINANCIAL ASSISTANCE IS AVAILABLE FOR THOSE WHO QUALIFY. A TOLL-FREE NUMBER IS PROVIDED FOR PATIENTS TO CALL FOR 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 THE HOSPITAL FINANCIAL ASSISTANT APPLICATION IF THE PATIENT IS DETERMINED INELIGIBLE FOR FEDERAL AND/OR DISTRICT MEDICAL FINANCIAL ASSISTANT PROGRAMS.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART V, SECTION B, LINE 10A	THE HOSPITAL FACILITY'S MOST RECENT ADOPTED IMPLEMENTATION STRATEGY IS PUBLICLY AVAILABLE AND POSTED ON THE FOLLOWING WEBSITE:HTTP://WWW.DCHEALTHMATTERS.ORG/CONTENT/SITES/WASHINGTONDC/DCHM_COMMUNITY_HEALTH_IMPROVEMENT_PLAN_FINAL_NOV_2019.PDFFORM 990, SCHEDULE H, PART V, SECTION B, LINE 16A, LINE 16B AND LINE 16CTHE FINANCIAL ASSISTANCE POLICY (FAP) WAS PUBLICLY AVAILABLE AND POSTED ON THE FOLLOWING WEBSITE:HTTP://HUHEALTHCARE.COM/HEALTHCARE/HOSPITAL/PATIENTS-AND-VISITORS/PATIENT-FINANCIAL-SERVICES/FINANCIAL-ASSISTANCE-POLICY.COMTHE FINANCIAL ASSISTANCE POLICY (FAP) APPLICATION WAS PUBLICLY AVAILABLE AND POSTED ON THE FOLLOWING WEBSITE:HTTP://HUHEALTHCARE.COM/HEALTHCARE/HOSPITAL/PATIENTS-AND-VISITORS/PATIENT-FINANCIAL-SERVICES/FINANCIAL-ASSISTANCE-APPLICATION.COMA 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/PATIENT-FINANCIAL-SERVICES/FINANCIAL-ASSISTANCE.COM

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE HOWARD UNIVERSITY

Employer identification number
53-0204707

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 30

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 4

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	6392	109,368,773			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	MONITORING USE OF GRANT FUNDS TO ORGANIZATIONS IN THE UNITED STATES: THE OFFICE OF FINANCIAL AID DETERMINES STUDENT ELIGIBILITY AND MAKES AWARDS FOR NEED BASED SCHOLARSHIPS. ACADEMIC DEPARTMENTS DETERMINE ELIGIBILITY AND AWARDS ACADEMIC MERIT BASED SCHOLARSHIPS WITH ASSISTANCE FROM THE OFFICE OF FINANCIAL AID. BOTH OFFICES PERFORM POST AWARD MONITORING TO DETERMINE CONTINUED ELIGIBILITY. THE RESEARCH AND ADMINISTRATIVE SERVICES OFFICE (RAS) PERFORMS SUB-RECIPIENT MONITORING IN ACCORDANCE WITH UNIVERSITY POLICY. RAS AND PRINCIPAL INVESTIGATORS MONITOR STATEMENT OF WORK COMPLETION, PROGRESS REPORTS, DELIVERABLES, CHANGE TO SCOPE AND BUDGETS. THEY ALSO REVIEW AND APPROVE SUB-RECIPIENT INVOICES.

Additional Data

Software ID:
Software Version:
EIN: 53-0204707
Name: THE HOWARD UNIVERSITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN INSTITUTES FOR RESEARCH 1000 THOMAS JEFFERSON STREET NW WASHINGTON, DC 20007	25-0965219	501(C)(3)	86,134				SUPPORT RESEARCH & EDUCATION
ANACOSTIA ECONOMIC DEVELOPMENT CORP 1800 MARTIN LUTHER KING JR AVE SE WASHINGTON, DC 20020	52-0897780	501(C)(3)	124,081				SUPPORT RESEARCH & EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BATTELLE MEMORIAL INSTITUTE PNNL SEATTLE, WA 981245691	31-4379427	501(C)(3)	25,000				SUPPORT RESEARCH & EDUCATION
BOWIE STATE UNIVERSITY 14000 JERICHO PARK ROAD BOWIE, MD 207159465	52-6002033	501(C)(3)	58,610				SUPPORT RESEARCH & EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE OF WILLIAM AND MARY PO BOX 399 WILLIAMSBURG, VA 23187	54-6001718	501(C)(3)	19,462				SUPPORT RESEARCH & EDUCATION
COOPER SOFTWARE INC 3407 DUNWOOD CROSSING DRIVE BOWIE, MD 20721	68-0641376	501(C)(3)	42,864				SUPPORT RESEARCH & EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EL CAMINO COMMUNITY COLLEGE DISTRICT 16007 CRENSHAW BOULEVARD TORRANCE, CA 90506	95-6001060	501(C)(3)	10,000				SUPPORT RESEARCH & EDUCATION
FAMILY AND MEDICAL COUNSELING SERIVCE 2041 MARTIN LUTHER KING JR AVE SE SUITE 303 WASHINGTON, DC 20020	52-1073362	501(C)(3)	40,000				SUPPORT RESEARCH & EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGETOWN UNIVERSITY 37TH AND O STREETS NW WASHINGTON, DC 20057	53-0196603	501(C)(3)	51,497				SUPPORT RESEARCH & EDUCATION
HAMPTON UNIVERSITY CAREER COUNSELING PLANNING CENTER HAMPTON, VA 23668	54-0505990	501(C)(3)	32,066				SUPPORT RESEARCH & EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON STATE UNIVERSITY ATTN GRANTS AND CONTRACTS JACKSON, MS 39217	64-6000507	501(C)(3)	165,858				SUPPORT RESEARCH & EDUCATION
NORFOLK STATE UNIVERSITY 700 PARK AVENUE NORFOLK, VA 23504	54-6002808	501(C)(3)	79,306				SUPPORT RESEARCH & EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA A&T STATE UNIVERSITY 1601 E MARKET STREET GREENSBORO, NC 27411	56-6000007	501(C)(3)	23,266				SUPPORT RESEARCH & EDUCATION
OPEN DATA NATION CO 3921 KANSAS AVENUE NW 304 WASHINGTON, DC 20011	47-4228774	501(C)(3)	150,000				SUPPORT RESEARCH & EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PENNSYLVANIA STATE UNIVERSITY 820 NORTH UNIVERSITY PRESS UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	22,168				SUPPORT RESEARCH & EDUCATION
SAN JOSE UNIVERSITY RESEARCH FOUNDATION 210 NORTH FOURTH ST SAN JOSE, CA 95112	94-6017638	501(C)(3)	63,694				SUPPORT RESEARCH & EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STACEY SHEILA MEROLA 8720 GEORGIA AVE STE 302 SILVER SPRING, MD 20910	45-5000874		8,000				SUPPORT RESEARCH & EDUCATION
THE MARK 4482 BARRANCA PARKWAY IRVINE, CA 92604	14-2007437	501(C)(3)	12,870				SUPPORT RESEARCH & EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MAYATECH CORPORATION 8401 COLESVILLE RD 430 SILVER SPRING, MD 20910	52-1381756		28,500				SUPPORT RESEARCH & EDUCATION
THE RESEARCH FOUNDATION OF SUNY PRESS STATE UNIVERSITY NEW YORK PRESS HERNDON, VA 20172	14-1368361	501(C)(3)	104,700				SUPPORT RESEARCH & EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVE BOSTON, MA 02215	04-2103547	501(C)(3)	25,177				SUPPORT RESEARCH & EDUCATION
UNITY HEALTH CARE INC 1100 NEW JERSEY AVE SE SUITE 500 WASHINGTON, DC 20003	52-1872431	501(C)(3)	51,191				SUPPORT RESEARCH & EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF DENVER PO BOX 911811 DENVER, CO 802911811	84-0404231	501(C)(3)	42,833				SUPPORT RESEARCH & EDUCATION
UNIVERSITY OF HOUSTON 4800 CALHOUN RD HOUSTON, TX 77004	74-6001399	501(C)(3)	34,905				SUPPORT RESEARCH & EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND 1000 HILLTOP CIRCLE BALTIMORE, MD 21250	52-6002033	501(C)(3)	124,515				SUPPORT RESEARCH & EDUCATION
UNIVERSITY OF PITTSBURGH 116 ATWOOD ST PITTSBURGH, PA 15260	25-0965591	501(C)(3)	29,104				SUPPORT RESEARCH & EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF PUERTO RICO AT MAYAGUEZ RESEARCH AND DEV CENTER MAYAGUEZ, PR 006819001	66-0433760	170(B)(A)(II)	200,640				SUPPORT RESEARCH & EDUCATION
UNIVERSITY OF TEXAS AT EL PASO 500 WEST UNIVRSITY AVENUE ADMIN BLDG 200 EL PASO, TX 79968	74-6000813	501(C)(3)	67,776				SUPPORT RESEARCH & EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF THE DISTRICT OF COLUMBIA OFFICE OF STUDENT FINANCIAL SERVICES WASHINGTON, DC 20008	53-6001131	501(C)(3)	51,215				SUPPORT RESEARCH & EDUCATION
VIRGINIA STATE UNIVERSITY GRANTS AND CONTRACTS PO BOX 9415 PETERSBURG, VA 23806	54-6001811	501(C)(3)	54,672				SUPPORT RESEARCH & EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYNE PATTERSON 201 MASSACHUSETTS AVE NE 16 WASHINGTON, DC 20002	00-0102233	501(C)(3)	5,000				SUPPORT RESEARCH & EDUCATION
YALE UNIVERSITY PO BOX 208239 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	27,501				SUPPORT RESEARCH & EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF METROPOLITAN WASHINGTON C/O FIRST LADIES LUNCHEON WASHINGTON, DC 20013	53-0207403	501(C)(3)	256,160				SUPPORT RESEARCH & EDUCATION
ZANE NETWORKS LLC 1133 21ST STREET NW SUITE M200 WASHINGTON, DC 20036	52-2221847		145,431				SUPPORT RESEARCH & EDUCATION

Schedule J (Form 990)

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

2019

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 appropiate 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 idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., 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**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . .	**2**	Yes	
3	Indicate which, if any, of the following the filing 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? . . . . If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	**4c**		No
	Only 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**		No
b	Any related organization? . . . . If "Yes," on line 5a or 5b, describe in Part III.	**5b**		No
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**		No
b	Any related organization? . . . . If "Yes," on line 6a or 6b, describe in Part III.	**6b**		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		No
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 are not 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 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				
See Additional Data Table								

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.

Return Reference	Explanation
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. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: THE UNIVERSITY PROVIDED A GROSS-UP PAYMENT TO THE PRESIDENT FOR PAYMENT OF A HOUSING ALLOWANCE FOR USE OF HIS PERSONAL RESIDENCE TO CONDUCT SIGNIFICANT UNIVERSITY RELATED BUSINESS. THIS AMOUNT IS REPORTED IN SCHEDULE J, PART II AS OTHER REPORTABLE COMPENSATION. 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 J, PART I, LINE 4B SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: THE UNIVERSITY FUNDED A NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR THE PRESIDENT IN THE AMOUNT OF $150,000 FOR THE YEAR ENDED JUNE 30, 2020. UNDER THE ORIGINAL EMPLOYMENT AGREEMENT, THE PRESIDENT VESTED IN THE DEFERRED COMPENSATION PROVISION FOR THE PERIOD JULY 1, 2014 THROUGH JUNE 30, 2019 ON JUNE 30, 2019. THE UNIVERSITY PAID A LUMP SUM PAYMENT THAT IS INCLUDED IN THE PRESIDENT'S W-2 AS COMPENSATION AND IS REPORTED ON SCHEDULE J, PART II AS OTHER REPORTABE COMPENSATION.

Additional Data

Software ID:
Software Version:
EIN: 53-0204707
Name: THE HOWARD UNIVERSITY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable 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
1DR MARSHA A ECHOLS GRADUATE FACULTY TRUSTEE	(i)	153,017	0	0	12,242	9,296	174,555	0
	(ii)	0	0	0	0	0	0	0
1 WAYNE AI FREDERICK MD MBA PRESIDENT	(i)	847,773	170,000	613,649	19,785	18,208	1,669,415	0
	(ii)	0	0	0	0	0	0	0
2HUGH MIGHTY MD VP CLINICAL AFFAIRS	(i)	663,529	30,000	0	16,800	21,755	732,084	0
	(ii)	0	0	0	0	0	0	0
3TASHNI DUBROY PHD MBA EVP & CHIEF OPERATING OFFICER	(i)	393,256	35,000	0	22,400	8,763	459,419	0
	(ii)	0	0	0	0	0	0	0
4ANTHONY WUTOH PHD PROVOST & CHIEF ACADEMIC OFFICER	(i)	374,929	10,000	0	22,400	17,358	424,687	0
	(ii)	0	0	0	0	0	0	0
5FLORENCE PRIOLEAU ESQ GENERAL COUNSEL VP & SECRETARY	(i)	309,050	20,000	0	22,400	11,588	363,038	0
	(ii)	0	0	0	0	0	0	0
6DAVID BENNETT VP OF DEVELOPMENT	(i)	276,439	20,000	0	21,531	7,684	325,654	0
	(ii)	0	0	0	0	0	0	0
7MICHAEL MASCH CHIEF FINANCIAL OFFICER	(i)	293,077	0	0	16,800	20,052	329,929	0
	(ii)	0	0	0	0	0	0	0
8BRUCE JONES PHD VP OF RESEARCH	(i)	295,169	0	0	16,800	10,113	322,082	0
	(ii)	0	0	0	0	0	0	0
9LARRY CALLAHAN CHIEF HUMAN RESOURCES OFFICER	(i)	275,011	10,000	0	21,523	19,029	325,563	0
	(ii)	0	0	0	0	0	0	0
10DEBORAH JARVIS SVP OF CORPORATE RELATIONS	(i)	235,273	0	0	14,700	17,126	267,099	0
	(ii)	0	0	0	0	0	0	0
11KENNETH HOLMES VP FOR STUDENT AFFAIRS	(i)	210,784	0	0	17,200	8,836	236,820	0
	(ii)	0	0	0	0	0	0	0
12CRYSTAL BROWN VP COMMUNICATIONS	(i)	201,057	5,000	0	16,246	1,089	223,392	0
	(ii)	0	0	0	0	0	0	0
13EDWARD CORNWELL MD SURGEON-IN-CHIEF	(i)	577,664	12,255	0	20,404	21,060	631,383	0
	(ii)	0	0	0	0	0	0	0
14ROBERT WILSON MD ASSOCIATE PROFESSOR OF ORTHOPEDIC SU	(i)	516,862	35,725	0	20,982	20,875	594,444	0
	(ii)	0	0	0	0	0	0	0
15GUOYANG LUO MD CHAIR OF OB/GYN	(i)	537,420	0	2,519	22,400	18,639	580,978	0
	(ii)	0	0	0	0	0	0	0
16DAMIREZ FOSSETT MD CHAIR OF NEUROSURGERY	(i)	531,658	0	0	21,000	10,848	563,506	0
	(ii)	0	0	0	0	0	0	0
17GINETTE OKOYE MD CHAIR OF DERMATOLOGY	(i)	485,540	0	10,000	22,400	2,313	520,253	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, 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

2019

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 Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	DISTRICT OF COLUMBIA	53-6001131		08-26-2010	10,400,000	SEE PART VI		X		X		X
B	DISTRICT OF COLUMBIA	53-6001131	25483VDK7	04-27-2011	220,245,253	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased		33,105,000		
3	Total proceeds of issue		169,163,175		
4	Gross proceeds in reserve funds		9,813,813		
5	Capitalized interest from proceeds		19,781,675		
6	Proceeds in refunding escrows		2,258,491		
7	Issuance costs from proceeds	196,236	3,650,654		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	10,400,000	99,346,296		
11	Other spent proceeds				
12	Other unspent proceeds		3,172,235		
13	Year of substantial completion		2015		

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

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X	X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X	X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X					
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 ▶				1.300 %				
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				1.300 %				
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X	X					
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?			X					
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				

Part IV Arbitrage

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?	X		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		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV **Arbitrage** (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		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		X				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		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 is not available under applicable regulations?	X		X					

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

Return Reference	Explanation
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. (B) ISSUER NAME: DISTRICT OF COLUMBIA DESCRIPTION OF PURPOSE: REFUND SERIES 1998, SERIES 2006 A AND SERIES 2006 B OUTSTANDING DEBT; FINANCE A NEW INTERDISCIPLINARY RESEARCH BUILDING, RENOVATE AND MODERNIZE CLASSROOMS, UPGRADE LABORATORIES, REPLACE ROOFS, UPGRADE BUILDING SAFETY AND ACCESS, HEATING, AIR CONDITION AND SPRINKLER SYSTEMS, AND OTHER RENOVATION PROJECTS.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE HOWARD UNIVERSITY

Employer identification number
53-0204707

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	152	2,519,950	EXPERT OPINION
2 Art—Historical treasures .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . .				
7 Boats and planes				
8 Intellectual property . . .				
9 Securities—Publicly traded .				
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . . .				
15 Real estate—Residential .				
16 Real estate—Commercial . .				
17 Real estate—Other . . .				
18 Collectibles				
19 Food inventory . . .				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens . .				
24 Archeological artifacts . . .				
25 Other ▶ (____________)				
26 Other ▶ (____________)				
27 Other ▶ (____________)				
28 Other ▶ (____________)				

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

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

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

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE HOWARD UNIVERSITY

Employer identification number
53-0204707

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	THE ORGANIZATION EXECUTED A MANAGEMENT SERVICES AGREEMENT WITH ADVENTIST HEALTHCARE IN FEB RUARY 2020 TO BRING IN A SENIOR LEADERSHIP TEAM TO STRENGTHEN THE MANAGEMENT AND DAY-TO-DA Y OPERATIONS OF THE HOSPITAL. ANITA JENKINS SERVES AS CEO OF THE HOSPITAL AND SHE IS AN EM PLOYEE OF ADVENTIST HEALTHCARE. JOE PERRY, THE HOSPITAL CFO, IS ALSO EMPLOYED BY ADVENTIST HEALTHCARE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW OF THE FORM 990 BY GOVERNING BOARD: A MEETING OF THE AUDIT AND LEGAL COMMITTEE (A&L C) OF THE BOARD OF TRUSTEES IS HELD TO PRESENT AND REVIEW A DRAFT OF THE FULL FORM 990, IN CLUDING ALL APPLICABLE SCHEDULES. EACH A&LC COMMITTEE MEMBER IS PROVIDED A COPY OF THE RET URN PRIOR TO THE MEETING. AT THE MEETING THEY ARE ALLOWED TO ASK QUESTIONS REGARDING THE F ORM 990. CHANGES ARE DOCUMENTED AND THE FORM 990 IS UPDATED. A FINAL DRAFT OF THE FULL FOR M 990 IS PROVIDED ELECTRONICALLY TO EACH MEMBER OF THE FULL BOARD FOR REVIEW. ONCE THE BOA RD HAS HAD TIME TO REVIEW AND COMMENT ON THE FORM 990, IT IS FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	COMPLIANCE WITH CONFLICT OF INTEREST POLICY: ANNUAL DISCLOSURE IS REQUIRED OF EACH OFFICER , DIRECTOR, TRUSTEE AND KEY EMPLOYEE. EACH PERSON COMPLETES AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE. ONCE THE CONFLICT OF INTEREST QUESTIONNAIRES ARE COMPLETED, THEY ARE REVIE WED BY THE CHIEF COMPLIANCE OFFICER/OFFICE OF THE GENERAL COUNSEL. IF AN ACTUAL CONFLICT O F INTEREST IS DETERMINED TO EXIST, THAT PERSON IS EXCLUDED FROM ANY DISCUSSIONS CONCERNING THE CONFLICTING ISSUE AND IS NOT PERMITTED TO VOTE ON ANY DECISIONS REGARDING THE CONFLIC TING ISSUE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF THE CEO, EXECUTIVE DIRECTOR, OR OTHER TOP MANAGEMENT OFFICIAL: THE UNIVERS ITY BY-LAWS AUTHORIZES THE BOARD OF TRUSTEES COMPENSATION COMMITTEE TO MAKE RECOMMENDATION S TO THE EXECUTIVE COMMITTEE REGARDING THE PRESIDENT'S ANNUAL SALARY AND INCENTIVE OPPORTU NITY COMPENSATION. INDEPENDENT PERSONS OF THE BOARD OF TRUSTEES APPROVE THESE ACTIONS. AS PART OF THIS PROCESS, THE BOARD OF TRUSTEES USES QUATT AND ASSOCIATES, AN EXECUTIVE COMPEN SATION CONSULTANT TO BENCHMARK COMPENSATION WITH COMPARABLE INSTITUTIONS AND REVIEW THE RE ASONABLENESS OF THE COMPENSATION TERMS. IN ADDITION, THE BOARD OF TRUSTEES CONDUCT AN ANNU AL PERFORMANCE EVALUATION OF THE PRESIDENT AND ADJUST COMPENSATION BASED ON ACHIEVEMENT OF AGREED UPON GOALS AND OBJECTIVES. THE PROCESS IS DOCUMENTED IN THE BOARD MEETING MINUTES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	UNREALIZED CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PENSION PLAN -23,348,000. UNREALIZED CHANGE IN OBLIGATION FOR POST RETIREMENT BENEFIT PLAN -2,854,000. UNREALIZED CHANGE IN OB LIGATION FOR SUPPLEMENTAL RETIREMENT BENEFIT PLAN 295,000. NET PERIOD BENEFIT COST OTHER T HAN SERVICE COST -5,604,000. OTHER ADJUSTMENTS -1,000.

990 Schedule O, Supplemental Information

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

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

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
(1) HOWARD UNIVERSITY GLOBAL INITIATIVE- NIGERIA 2400 6TH STREET NW WASHINGTON, DC 20059	EDUCATION	NI	1,489,145		HOWARD UNIVERSITY

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the orgranization 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		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

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	720,800	CASH
(2)HOWARD UNIVERSITY GLOBAL INITIATIVE - NIGERIA	R	1,489,145	CASH

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 section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation