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Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

HOWARD UNIVERSITY IS AN INSTITUTION THAT EDUCATES STUDENTS, DEVELOPS PROFESSIONALS, CONDUCTS RESEARCH, AND SERVES PATIENTS THROUGH 12 SCHOOLS OF HIGHER EDUCATION AND AN ACADEMIC MEDICAL CENTER

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

✓

No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

✓

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$

457,741,452

including grants of \$

63,134,994 ) (Revenue \$

291,759,195 )

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 SERVES A COMMUNITY OF APPROXIMATELY 10,000 STUDENTS

4b

(Code

) (Expenses \$

309,877,733

including grants of \$

) (Revenue \$

335,699,000 )

A PRIVATE, NONPROFIT INSTITUTION, HOWARD UNIVERSITY HOSPITAL IS THE NATIONS'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 GROUND-BREAKING CLINICAL AND RESEARCH WORK WITH PROFESSIONALS WHO ARE CHANGING THE FACE OF HEALTH CARE HOWARD UNIVERSITY HOSPITAL ADMITS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY

4c

(Code

) (Expenses \$

including grants of \$

) (Revenue \$

)

4d

Other program services (Describe in Schedule O )

(Expenses \$

including grants of \$

) (Revenue \$

)

4e

Total program service expenses

\$



















767,619,185

Form 990 (2009)



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? 	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	4		No				
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .	5						
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes					
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. . . . . 	11	Yes					
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.							
	◆ 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.							
	◆ 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.							
	◆ 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.							
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.							
	◆ 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? If "Yes," complete Schedule D, Part X.							
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes					
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td></td><td>No</td></tr></table>	Yes	No		No			
Yes	No							
	No							
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . . 	12A		No				
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, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . . 	14b	Yes					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II . . . . . 	15		No				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III . . . . . 	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 	17	Yes					
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				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . . 	20	Yes					



Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	



Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	2,440	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	9,180	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," 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: <input checked="" type="checkbox"/> NI, MI See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			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? . . . . .			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, during the year, 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 For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the 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	



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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a	33	
b	Enter the number of voting members that are independent . . . . .	1b	31	
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 organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	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	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does 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		No
	If "Yes" to line a or b, 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ROBERT M TAROLA 2244 10TH STREET NW WASHINGTON, DC 20059 (202) 806-2411







1b	Total . . . . .	9,094,553	0	366,035
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶898

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5 Yes	

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O GAITHERSBURG, MD 20878	SEE SCHEDULE O	9,451,626
SEE SCHEDULE O WASHINGTON, DC 20005	SEE SCHEDULE O	7,317,650
SEE SCHEDULE O ALPHARETTA, GA 30005	SEE SCHEDULE O	4,502,163
SEE SCHEDULE O WASHINGTON, DC 20007	SEE SCHEDULE O	2,700,880
SEE SCHEDULE O WASHINGTON, DC 20002	SEE SCHEDULE O	2,579,456

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶80



Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	805,799			
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e	234,977,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,894,688			
	g	Noncash contributions included in lines 1a-1f \$ 331,257					
	h	Total. Add lines 1a-1f . . . . .		248,677,487			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICES	624,100	335,699,000	335,699,000		
	b	ACADEMIC SERVICES	611,710	310,646,000	291,759,195	18,886,805	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		646,345,000			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		8,263,000		1,462	8,261,538
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties . . . . .					
	6a	Gross Rents	(i) Real 1,039,966	(ii) Personal 17,567			
	b	Less rental expenses	733,155				
	c	Rental income or (loss)	306,811	17,567			
	d	Net rental income or (loss) . . . . .		324,378			324,378
	7a	Gross amount from sales of assets other than inventory	(i) Securities 295,071,000	(ii) Other 3,295			
	b	Less cost or other basis and sales expenses	278,969,000				
	c	Gain or (loss)	16,102,000	3,295			
	d	Net gain or (loss) . . . . .		16,105,295			16,105,295
	8a	Gross income from fundraising events (not including \$ 805,799 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
		a	248,770				
	b	Less direct expenses . . . . .	b	979,046			
	c	Net income or (loss) from fundraising events . .		-730,276			-730,276
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .					
		a					
	b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from gaming activities . .					
	10a	Gross sales of inventory, less returns and allowances . . . . .	a				
	b						
b	Less cost of goods sold . . . . .	b					
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a	Other Revenue		22,228,921			22,228,921	
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		22,228,921				
12	Total revenue. See Instructions . . . . .		941,213,805	627,458,195	18,888,267	46,189,856	



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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	5,970,994	5,970,994		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	52,397,918	52,397,918		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	4,766,082	4,766,082		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	5,691,237	1,923,388	3,389,506	378,343
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	363,585,733	327,174,464	33,880,445	2,530,824
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	19,854,495	6,705,109	13,147,703	1,683
9	Other employee benefits . . . . .	66,120,003	52,072,842	13,800,386	246,775
10	Payroll taxes . . . . .	25,022,191	20,043,210	4,404,458	574,523
11	Fees for services (non-employees)				
a	Management . . . . .	1,235,846		1,235,846	
b	Legal . . . . .	1,969,767		1,969,767	
c	Accounting . . . . .	8,891,191		8,891,191	
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .	157,100			157,100
f	Investment management fees . . . . .	2,169,794		2,169,794	
g	Other . . . . .	69,297,029	31,382,750	37,717,686	196,593
12	Advertising and promotion . . . . .	667,065	622,404	37,166	7,495
13	Office expenses . . . . .	71,120,864	55,416,691	15,068,471	635,702
14	Information technology . . . . .	1,431,336	390,532	1,011,776	29,028
15	Royalties . . . . .				
16	Occupancy . . . . .	27,507,425	20,503,590	6,909,436	94,399
17	Travel . . . . .	7,064,547	6,682,922	354,085	27,540
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	1,671,243	1,514,396	155,124	1,723
20	Interest . . . . .	9,233,379	7,822,659	1,410,720	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	49,820,675	45,887,286	3,933,389	
23	Insurance . . . . .	23,694,816	20,832,946	2,861,870	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	Charity Care	32,788,383	32,788,383		
b	Bad Debt Expense	30,899,185	27,648,560	3,250,625	
c	Trainee expense	12,788,197	12,731,619	56,578	
d	Fees (Dues, Permits, Ba	11,167,958	11,167,958		
e	Auxiliary/Bookstore	8,821,772	8,821,772		
f	All other expenses	15,287,574	12,350,710	2,551,007	385,857
25	Total functional expenses. Add lines 1 through 24f	931,093,799	767,619,185	158,207,029	5,267,585
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				



Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			19,733,644	1	22,352,890
	2	Savings and temporary cash investments . . . . .			13,131,474	2	9,215,477
	3	Pledges and grants receivable, net . . . . .			21,987,984	3	21,177,149
	4	Accounts receivable, net . . . . .			80,273,721	4	88,742,529
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .			168,126	6	120,000
	7	Notes and loans receivable, net . . . . .			9,787,000	7	9,052,615
	8	Inventories for sale or use . . . . .			1,057,271	8	746,154
	9	Prepaid expenses and deferred charges . . . . .			11,803,355	9	11,687,924
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,346,316,227	595,783,124	10c	589,358,626
	b	Less accumulated depreciation . . . . .	10b	756,957,601			
	11	Investments—publicly traded securities . . . . .			300,244,092	11	382,491,923
	12	Investments—other securities See Part IV, line 11 . . . . .			128,874,000	12	76,596,000
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			40,205,093	15	37,321,336
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			1,223,048,884	16	1,248,862,623
Liabilities	17	Accounts payable and accrued expenses . . . . .			307,043,633	17	285,903,152
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			9,480,464	19	7,056,873
	20	Tax-exempt bond liabilities . . . . .			159,580,000	20	152,151,792
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			29,438,411	23	60,454,685
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			26,335,000	24	9,285,000
	25	Other liabilities Complete Part X of Schedule D . . . . .			188,587,231	25	260,089,970
	26	Total liabilities. Add lines 17 through 25 . . . . .			720,464,739	26	774,941,472
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			249,279,244	27	191,474,030
	28	Temporarily restricted net assets . . . . .			157,792,784	28	178,538,721
	29	Permanently restricted net assets . . . . .			95,512,117	29	103,908,400
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			502,584,145	33	473,921,151
	34	Total liabilities and net assets/fund balances . . . . .			1,223,048,884	34	1,248,862,623



**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> 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? . . . . .	Yes	
<b>b</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 . . .	Yes	



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. ▶ See separate instructions.

OMB No 1545-0047

2009

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 11, check only one box )

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

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 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 )

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									



Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>33 1/3% support test—2008.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	<b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>



Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**Part IV**

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D  
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE HOWARD UNIVERSITY

Employer identification number  
53-0204707

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☒ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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
2a	1
2b	0 00
2c	1
2d	1

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 0

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 and enforcing conservation easements during the year ▶ 105 00

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 5,000

8

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

☒ Yes ☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1▶ \$

(ii) Assets included in Form 990, Part X▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1▶ \$

b

Assets included in Form 990, Part X▶ \$

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009



Part III

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

3

Using the organization's 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 XIV

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" to 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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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 . . . . .	370,763,000	460,122,000			
b Contributions . . . . .	7,718,000	6,260,000			
c Investment earnings or losses . . . . .	43,394,000	-80,823,000			
d Grants or scholarships . . . . .	15,101,000	14,796,000			
e Other expenditures for facilities and programs . . . . .	-737,000				
f Administrative expenses . . . . .					
g End of year balance . . . . .	407,511,000	370,763,000			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 44 000 % %

b

Permanent endowment ▶ 18 000 % %

c

Term endowment ▶ 38 000 % %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		27,710,994		27,710,994
b Buildings . . . . .		729,426,702	357,764,747	371,661,955
c Leasehold improvements . . . . .		28,664,559	20,791,873	7,872,686
d Equipment . . . . .		295,612,117	248,579,263	47,032,854
e Other . . . . .		264,901,855	129,821,718	135,080,137
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				589,358,626







Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	941,213,805
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	931,093,799
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	10,120,006
4	Net unrealized gains (losses) on investments	4	29,959,000
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-68,742,000
9	Total adjustments (net) Add lines 4 - 8	9	-38,783,000
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-28,662,994

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	812,653,806
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	29,959,000
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	-68,742,000
e	Add lines 2a through 2d . . . . .	2e	-38,783,000
3	Subtract line 2e from line 1 . . . . .	3	851,436,806
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	1,537,000
b	Other (Describe in Part XIV) . . . . .	4b	88,239,999
c	Add lines 4a and 4b . . . . .	4c	89,776,999
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	941,213,805

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	841,317,000
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 XIV) . . . . .	2d	1,712,200
e	Add lines 2a through 2d . . . . .	2e	1,712,200
3	Subtract line 2e from line 1 . . . . .	3	839,604,800
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	1,537,000
b	Other (Describe in Part XIV) . . . . .	4b	89,951,999
c	Add lines 4a and 4b . . . . .	4c	91,488,999
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	931,093,799

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part II, Line 9	Description of How Organization Reports Conservation Easements	THE ORGANIZATION DOES NOT REPORT ITS CONSERVATION EASEMENTS IN ITS FINANCIAL STATEMENTS
Part III, Line 4		THE UNIVERSITY'S COLLECTIONS OF ART, HISTORICAL TREASURES, AND OTHER SIMILAR ASSETS INCLUDES A VARIETY OF ARTIFACTS AS WELL AS SCHOLARLY PAPERS AND ARCHIVES. THESE ITEMS ARE HOUSED IN VARIOUS FACILITIES AROUND CAMPUS AND THEIR PRESERVATION IS FOR THE BENEFIT OF FUTURE GENERATIONS.
Part V, Line 4	Description of Intended Use of Endowment Funds	THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUND IS TO SUPPLY A SOURCE OF INCOME FOR OPERATIONS IN ORDER TO FURTHER THE ORGANIZATION'S MISSION AND TAX-EXEMPT PURPOSE.
Part XI, Line 8 - Other Adjustments		Unrealized loss on interest rate swap -1621000 unrealized change in funded status of defined benefit pension plan -52634000 unrealized change in obligation for post retirement benefit plan -6868000 Other items, Net -7619000
Part XII, Line 2d - Other Adjustments		Unrealized loss on interest rate swap -1621000 unrealized change in funded status of defined benefit pension plan -52634000 unrealized change in obligation for post-retirement benefit plan -6868000 Other Items, Net -7619000
Part XII, Line 4b - Other Adjustments		Fundraising event expenses -979229 Charity Care 32788383 scholarships and grants 57164000 Rental Expense -733155
Part XIII, Line 2d - Other Adjustments		fundraising event expenses 979045 Rental Expense 733155
Part XIII, Line 4b - Other Adjustments		Charity Care 32787999 scholarships and grants 57164000



Additional Data

Software ID:

Software Version:

EIN: 53-0204707

Name: THE HOWARD UNIVERSITY

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Amount
	Underfunded defined benefit pension plan	133,625,000
	Reserve for self-insured liabilities	83,154,000
	Interest rate swap	5,582,000
	Refundable advances unde US gov't	7,871,000
	Asset retirement obligation	11,343,000
	Environmental remediation	3,000,000
	Unclaimed property	2,954,000
	Student deposits and refunds	6,434,000
	Reserves for legal contingencies	1,224,000
	Other	4,902,970



SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public  
Inspection

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

	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
<b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
<b>3</b> 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 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)	Yes	
<b>4</b> Does the organization maintain the following? <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)	Yes	
<b>5</b> Does the organization discriminate by race in any way with respect to <b>a</b> Students' rights or privileges?  <b>b</b> Admissions policies?  <b>c</b> Employment of faculty or administrative staff?  <b>d</b> Scholarships or other financial assistance?  <b>e</b> Educational policies?  <b>f</b> Use of facilities?  <b>g</b> Athletic programs?  <b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
<b>6b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)		No
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	Yes	



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. ► See separate instructions.

OMB No 1545-0047

2009

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" to Form 990, Part IV, line 14b.

- 1 For grantmakers. 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- 3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed )

(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	11	56	PROGRAM SERVICES	MEDICAL AND EDUCATIONAL SERVICES	1,699,451
Central America and the Caribbean	0	0	Investments		
Europe (Including Iceland & Greenland)	0	0	Investments		
Totals . . . . . ►	11	56			1,699,451



[illegible]**Schedule F (Form 990) 2009**



Part IIIGrants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Schedule F-1 (Form 990) 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships	Central America and the Caribbean	154	1,563,171	Check			
Scholarships	East Asia and the Pacific	5	66,000	Check			
Scholarships	Europe (Including Iceland & Greenland)	14	185,664	Check			
Scholarships	Middle East and North Africa	5	48,477	Check			
Scholarships	North America	51	626,668	Check			
Scholarships	South America	7	67,860	Check			
Scholarships	South Asia	8	106,410	Check			
Scholarships	Sub-Saharan Africa	160	2,101,829	Check			



Complete this part to provide the information required in Part I, line 2, and any additional information.

**Schedule F (Form 990) 2009**



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" to 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. ▶ See separate instructions.

OMB No. 1545-0047

2009

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" to 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 e-mail 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 activities?

☒ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
AdHere Network	Center for excellence in advertising / Breakfast with CEO's		No	275,000	100,000	175,000
Progressive Partners Achieving Solutions	Assist with Board of Visitors		No	97,000	53,100	43,900
Progressive Partners Achieving Solutions	Center for Excellence in Advertising		No	75,000	4,000	71,000
Total . . . . . ▶				447,000	157,100	289,900

3

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



Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			CHARTER DAY DINNER	140th ANNIVERSARY GALA	12	(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts . . . .	429,285	153,390	471,894	1,054,569
	2	Less Charitable contributions . . . .	338,535		467,264	805,799
	3	Gross income (line 1 minus line 2) . . . .	90,750	153,390	4,630	248,770
Direct Expenses	4	Cash prizes . . . .				
	5	Non-cash prizes . . . .				
	6	Rent/facility costs . . . .	326,358	20,000	51,759	398,117
	7	Food and beverages . . . .		121,000	25,545	146,545
	8	Entertainment . . . .	79,589	82,380	781	162,750
	9	Other direct expenses . . . .	187,959	34,785	49,073	271,817
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				979,229
	11	Net income summary Combine lines 3, column d, and line 10. . . . . ▶				-730,459

Part III Gaming.

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

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

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	
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? . . . . .	12	



		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b>		
<b>b</b>	An outside facility . . . . . <b>13b</b>		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►			
Address ►			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ►			
Address ►			
<b>16</b>	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</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 ► \$		



SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public  
Inspection

**Name of the organization**  
THE HOWARD UNIVERSITY

**Employer identification number**  
53-0204707

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a . . . . .	1a	Yes	
b	If "Yes," is it a written policy? . . . . .	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients  a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%</div> <div><input type="checkbox"/> 150%</div> <div><input checked="" type="checkbox"/> 200%</div> <div><input type="checkbox"/> Other _____</div>	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . <div><input checked="" type="checkbox"/> Other 4000 0000000000</div> <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input type="checkbox"/> 400%</div> <div>_____ %</div>	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy? . . .	5a		No
b	If "Yes," did the organization's charity care 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 eligible for free or discounted care? . . . . .	5c		
6a	Does the organization prepare an annual community benefit report? . . . . .	6a	Yes	
6b	If "Yes," does 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

Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from Worksheets 1 and 2) . . .			19,787,832		19,787,832	6 400 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . .			131,600,195	126,701,740	4,898,455	2 000 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .			34,599,955	29,118,659	5,481,296	2 000 %
d <b>Total</b> Charity Care and Means-Tested Government Programs . . . . .			185,987,982	155,820,399	30,167,583	10 400 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	468	27,378	1,158,776		1,158,776	0 %
f Health professions education (from Worksheet 5) . . .			44,656,033	24,154,202	20,501,831	8 000 %
g Subsidized health services (from Worksheet 6) . . .			33,565,359	18,447,174	15,118,185	5 000 %
h Research (from Worksheet 7)			17,232,614	17,232,614		0 %
i Cash and in-kind contributions to community groups (from Worksheet 8) . . .	468	27,378	388,751		388,751	0 %
j <b>Total</b> Other Benefits . . . . .	936	54,756	97,001,533	59,833,990	37,167,543	13 000 %
k <b>Total.</b> Add lines 7d and 7j . . . .	936	54,756	282,989,515	215,654,389	67,335,126	23 400 %



Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(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
1Physical improvements and housing			176,000	176,000		
2Economic development			15,000		15,000	0 %
3Community support			405,000	405,000		
4Environmental improvements						
5Leadership development and training for community members			185,000	185,000		
6Coalition building						
7Community health improvement advocacy	6		141,570	125,000	16,570	0 %
8Workforce development	16		53,359		53,359	0 010 %
9Other			50,000	50,000		
10Total	22		1,025,929	941,000	84,929	0 010 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense (at cost)	2	12,169,946	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	58,700,974	
6Enter Medicare allowable costs of care relating to payments on line 5	6	61,738,792	
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-3,037,818	
8Describe 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: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b		No

Part IVManagement Companies and Joint Ventures

(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				
14				



**Part V Facility Information**

Name and address	Other (Describe)						
	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical
HOWARD UNIVERSITY HOSPITAL 2041 GEORGIA AVENUE WASHINGTON, DC 20060		X	X	X	X		X



Part VI

Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

See additional data

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 charity care policy

See additional data

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

See additional data

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

See additional data

6 Provide any other information important to describing how the organization's hospitals 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 )

See additional data

7 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

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

DC



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 53-0204707

**Name:** THE HOWARD UNIVERSITY

### Form 990 Schedule H, Part VI - Supplemental Information, Line 1

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 city and community activities in which the Howard University faculty, staff, students, alumni and retirees are engaged Howard University offers over 100 programs, services and activities that are available to the public These include health education, screening and clinical services, activities with the District of Columbia Public Schools, Boarder Babies Program, and a tobacco control program among others The Community Benefit Report is available on the University's website



**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part I, Line 7 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 7b Unreimbursed 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 "absorbs" these costs at a financial loss 7c Unreimbursed 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 7e Community health improvement services - Activities and services for which no patient bill exists These services are not expected to be financially self supporting, although some may be supported by outside grants or 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 The Ministry Organization actively collaborates with community groups and agencies to assist those in need in providing such services Community benefit operations - Costs associated with dedicated staff, community health needs and or assets assessments, and other costs associated with community benefit strategy and operations



**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

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 cost, associated with bad debt, charity care, Medicaid and other means-tested government programs Despite the financial loss, the service is provided because It meets an identified community need, such as providing needed access to care for low-income individuals,If the service were no longer offered, access to health services would be impaired, or,Providing the service would become the responsible of government or another 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



**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part I, Line 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



**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part III, Line 4 The Cost to charge ratio was applied to the bad debt amount to report at cost The University's financial statements provide as follows The total of charges forgone for services and supplies furnished under the Hospital's charity care policy were \$32,788,000, \$29,775,000 and \$30,867,000 for the fiscal years ended June 30, 2010, 2009 and 2008, respectively, and are excluded from net patient service revenues Total uncompensated care, which includes bad debt write offs as well as charity care, for the fiscal years ended June 30, 2010, 2009 and 2008 was \$52,596,000, \$51,038,000 and \$55,181,000, respectively



**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

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



**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

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-exemptor 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



**Form 990 Schedule H, Part VI - Supplemental Information, Line 2**

Part VI, Line 2 NEEDS ASSESSMENT HUH ASSESSES THE NEEDS OF THE COMMUNITY IT SERVES ON AN ONGOING BASIS IN AN EFFORT TO CONTRIBUTE TO THE HEALTH AND WELL-BEING OF THE COMMUNITY THROUGH DIRECT INPUT FROM THE COMMUNITY APPROXIMATELY 75 - 80% OF ALL COMMUNITY OUTREACH INITIATIVES THAT ARE OFFERED BY THE HOSPITAL ARE AS A 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 A PART OF THIS SCHEDULE IN ORDER TO COMPLY WITH THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, HUH PLANS TO PERFORM A COMPREHENSIVE COMMUNITY NEEDS ASSESSMENT WITHIN THE NEXT THREE YEARS TO GAIN ADDITIONAL INSIGHT INTO THE NEEDS AND ASSETS OF THE COMMUNITIES SERVED, IDENTIFY AND ADDRESS THE NEEDS OF THE VULNERABLE POPULATIONS WITHIN THE COMMUNITY, ENHANCE COMMUNITY AND HOSPITAL RELATIONS, AND PROVIDE REQUIRED INFORMATION FOR COMMUNITY OUTREACH PROGRAMS



**Form 990 Schedule H, Part VI - Supplemental Information, Line 3**

Part VI, Line 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE 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 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 fully versed in the HUH's Uncompensated Care policy and its application in order to direct patient inquiries to appropriate facility representatives HUH Financial Counselor's 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 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-registrations 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 Financial Counselor's Office in accordance with the hospital's Uncompensated Care/Charity Care policy



**Form 990 Schedule H, Part VI - Supplemental Information, Line 4**

Part VI, Line 4 COMMUNITY INFORMATION HUH located in Washington, DC 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 Hospital's patient population is overwhelmingly represented by Medicaid, DC Alliance (provides medical assistance to needy District residents who are not eligible for federally-financed Medicaid benefits), and Medicare patients as well as indigent and uninsured patients HUH is a Level One (1) Trauma Center, one of America's best hospitals, offering the most comprehensive health care facilities in Washington, D C HUH serves the Washington, DC population of approximately 600,000 people HUH is a Disproportionate Share Hospital and in FY2009 our general admittance payor mix for Medicare was 46% Howard University College of Medicine is third among America's 141 medical schools in producing doctors that meet the nation's new health care needs The mission of Howard University Hospital is the provision of excellence, service, education and research in an environment of safety In furtherance of its commitment to education, the hospital maintains an environment that supports the training of postgraduate trainees, medical, dental, nursing and other students by health care practitioners Between 2001 and 2005, the District of Columbia ranked 6th highest in the nation for cancer deaths, third highest in the nation for colorectal cancer deaths, and first in the nation for deaths due to prostate, cervical, and breast cancers HUH's Cancer Center was established in order to serve minorities and underserved populations and to address health disparities Thus, the mission of the Cancer Center is to reduce the burden of cancer through research, education, and service, with emphasis on the unique ethnic and cultural aspects of minority and underserved populations The Cancer Center, under a grant from the District of Columbia Department of Health and the DC Cancer Consortium, offers free colon cancer 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 to address the needs of patients and families in the Washington Metropolitan area affected by SCD The Center is committed to a six-fold goal that includes comprehensive medical care, research, testing, education, counseling, and community outreach Recently, the Center has expanded its clinical research program and developed a collaborative consortium with Children's National Medical Center (CNMC) and in working together with Howard University Hospital and NIH, is the Washington area's leading provider of patient services for SCD Howard University Center for Wellness and Weight Loss Surgery, accredited as a Center for Excellence by the Bariatric Surgery Center Network (BSCN) Accreditation Program of the American College of Surgeons (ACS) provides a wellness and weight loss program customized to fit patient's needs The Center offers both surgical and medical weight loss solutions and the proper tools and emotional support to transform a patient's health and life In addition, approximately 19% of DC residents are living with disabilities and at least 3 percent of District residents have HIV or AIDS, a total that far surpasses the 1 percent threshold that constitutes a "generalized and severe" epidemic HUH operates a Community Advisory Board (CAB) as a part of its HIV/AIDS programs and is always interested in recruiting new members who have an interest in HIV, and HIV research and the impact of this disease in Washington, DC and across the world



**Form 990 Schedule H, Part VI - Supplemental Information, Line 5**

Part VI, Line 5 COMMUNITY BUILDING ACTIVITIESHoward 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 environment challenges



**Form 990 Schedule H, Part VI - Supplemental Information, Line 6**

Part VI, Line 6 HUH is a private, nonprofit institution and one of 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 ground-breaking clinical and research work with professionals who are changing the face of health care HUH was established on the basis of being able to provide healthcare 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 Hospital 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 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 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, Nursing and Allied Health Sciences, the Louis Stokes Health Sciences Library, and the Student Health Center Bread for the City Medical Clinic - Students assist the Clinic in the provision of free medical services for the uninsured A free legal clinic, food and clothing services, as well as social work services are also available to residents at this facility Community Dentistry Program - This dental outreach program provides health education and dental screening for 6 to 12 year-old homeless children in shelters, health screenings and dental care for young children in Head Start programs and their parents, training for nursing home caregivers in the care of the dental needs of elders and assessments of dental prostheses, and dental screenings for mentally ill and handicapped patients High School Enrichment Program - This 6-week program is intended for high school students with a strong interest in the health professions Participants will obtain instruction in science, math, research, writing, and college preparation skills Rising seniors will reside on campus and receive stipends, provided funds are available Multidisciplinary Center for Gerontology - The Center seeks to improve the quality of life for minority seniors through research, training and educational programs for faculty, students and community residents Established in 1994 with a \$1 million grant from the US Administration on Aging, the Center is currently funded primarily by external grants The Center has continued to develop and produce positive outcomes and results in the field of gerontology Speech and Hearing Clinic - The Speech and Hearing Clinic provides comprehensive research-oriented clinical services to individuals who require speech, language and hearing evaluations and/or treatment Boarder Babies-- The program provides support for babies and children from birth to 12 years old, who have been abandoned at Howard University Hospital, were abused or neglected and are now in foster care or are living with grandparents or other relatives Grand Rounds for Community Physicians-- Grand Rounds for Community Physicians is open to community physicians at no charge, and affords them the opportunity to earn Category 1 credits required for relicensure The program focus is on improving patient care and outcomes Health Fairs-- Health Fairs provide the public with healthcare information and screening services in a variety of venues Howard University Hospital has co-sponsored such fairs with the community organizations and churches Tobacco Control Program-- The mission of the Tobacco Control Program is to educate the community about the dangers of tobacco products Information, support, and assistance are provided to smokers who are trying to quit The program also supports initiatives to prevent youth smoking and advocacy campaigns to reduce tobacco use and exposure



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE HOWARD UNIVERSITY

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations . . . . .

19

3

Enter total number of other organizations . . . . .

38



Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS	5042	52,397,918			
See Additional Data Table					

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Monitoring use of grant funds in the united states SCHOLARSHIP RECIPIENTS ARE REVIEWED TO ENSURE COMPLETION AND SATISFACTION OF THE SCHOLARSHIP CRITERIA SHOULD A RECIPIENT BE FOUND TO BE OUT OF COMPLIANCE, THEY WILL NO LONGER BE ELIGIBLE FOR FUTURE SCHOLARSHIPS



Software ID:

Software Version:

EIN: 53-0204707

Name: THE HOWARD UNIVERSITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ADHERE NETWORK78 W 132nd Street 3 NEW YORK,NY 10037	79-4174346		20,000				SUPPORT RESEARCH AND EDUCATION
ALABAMA A&M UNIVERSITY 4900 MERIDIAN STREET NORMAL,AL 35762	63-6001097		59,626				SUPPORT RESEARCH AND EDUCATION
ANACOSTIA ECONOMIC DEVELOPMENT CORP1800 MARTIN LUTHER KING JR AVE SE WASHINGTON,DC 20020	52-0897780	501 (C) (3)	85,090				SUPPORT RESEARCH AND EDUCATION
BAYLOR COLLEGE OF MEDICINEOne Baylor Plaza T100 MS BCM 203 HOUSTON,TX 770303411	74-1613878	501 (C) (3)	37,033				SUPPORT RESEARCH AND EDUCATION
BOWIE STATE UNIVERSITY 14000 Jericho Park Road BOWIE,MD 207159465	52-6002033		29,266				SUPPORT RESEARCH AND EDUCATION
Charles R Drew University of Medicine1731 East 120th street Los Angeles,CA 90059	95-6151774	501 (C) (3)	223,127				SUPPORT RESEARCH AND EDUCATION
CHILDREN'S RESEARCH INSTITUTE111 Michigan Avenue NW WASHINGTON,DC 20010	52-1654453	501 (C) (3)	1,236,868				SUPPORT RESEARCH AND EDUCATION
CITYLINE PHOTOGRAPHY LLC4018 37TH STREET MOUNT RAINIER, MD 20712	26-1417439		7,000				SUPPORT RESEARCH AND EDUCATION
CLARK ATLANTA UNIVERSITY223 JAMES P BRAWLEY DRIVE SW ATLANTA,GA 30314	58-1825259	501 (C) (3)	7,562				SUPPORT RESEARCH AND EDUCATION
COALITION FOR ENVIRONMENTALLY12037 Heather Down Drive Herndon,VA 20170	52-2129256	501 (C) (3)	23,144				SUPPORT RESEARCH AND EDUCATION



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COLORADO STATE UNIVERSITY2002 CAMPUS DELIVERY OSP FORT COLLINS, CO 805232002	84-6000545		74,409				SUPPORT RESEARCH AND EDUCATION
CONSENSUS SYSTEMS TECHNOLOGIES CORP17 Miller Ave SHENOROCK, NY 105870517	13-4166857		53,674				SUPPORT RESEARCH AND EDUCATION
DC CHAMBER OF COMMERCE1213 K Street NW Washington,DC 20005	23-7158230	501 (C) (6)	66,984				SUPPORT RESEARCH AND EDUCATION
DELAWARE STATE UNIVERSITY1200 N DUPONT HWY DOVER,DE 19901	51-0305893	501 (C) (3)	9,677				SUPPORT RESEARCH AND EDUCATION
DISTRICT OF COLUMBIA CHAMBER OF COMMERCE 1213 K Street NW WASHINGTON,DC 20005	01-0588381	501 (C) (3)	28,579				SUPPORT RESEARCH AND EDUCATION
EAST TENNESSEE STATE UNIVERSITYBurgin Dossett Hall Room 202 Bax 70732 JOHNSON CITY,TN 37614	62-6021046		18,398				SUPPORT RESEARCH AND EDUCATION
ECONOMIC POLICY INSTITUTE1333 H Street NW WASHINGTON,DC 200054707	52-1368964	501 (C) (3)	82,514				SUPPORT RESEARCH AND EDUCATION
FLORIDA INTERNATIONAL UNIVERSITY11200SW 8 Street Marc 430 MIAMI,FL 33199	65-0177616	501 (C) (3)	47,008				SUPPORT RESEARCH AND EDUCATION
Gift Of Life Michigan2203 Platt Road Ann Arbor,MI 48104	38-2772488	501 (C) (3)	64,695				SUPPORT RESEARCH AND EDUCATION
HAMPTON UNIVERSITY114 Wigman Building Hampton,VA 23668	38-2772488	501 (C) (3)	319,569				SUPPORT RESEARCH AND EDUCATION



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 UNIVERSITY1400 JR Lynch Street JACKSON, MS 39217	64-6000507	501 (C) (3)	204,242				SUPPORT RESEARCH AND EDUCATION
JOHNS HOPKINS UNIVERSITY12529 Collections Center Drive Chicago, IL 60693	52-0595110	501 (C) (3)	431,605				SUPPORT RESEARCH AND EDUCATION
LTG Associates875 E Canal Drive Turlock, CA 95380	95-3936812		36,341				SUPPORT RESEARCH AND EDUCATION
MEHARRY MEDICAL COLLEGE1005 Dr DB Todd Jr Blvd Nashville, TN 37027	62-0488046	501 (C) (3)	14,553				SUPPORT RESEARCH AND EDUCATION
Metcon Inc2300 6th Street NW Washington, DC 20059	52-1208949		15,000				SUPPORT RESEARCH AND EDUCATION
MOREHOUSE SCHOOL OF MEDICINE INC720 WESTVIEW DRIVE SW ATLANTA, GA 303101495	58-1438873	501 (C) (3)	76,798				SUPPORT RESEARCH AND EDUCATION
MORGAN STATE UNIVERSITY1700 E COLD SPRING LANE BALTIMORE, MD 21251	52-6002033		222,299				SUPPORT RESEARCH AND EDUCATION
NAVAJO AIDS NETWORK Chinle Valley School Trailer 38 CHINLE, AZ 86503	86-0736661		66,236				SUPPORT RESEARCH AND EDUCATION
Norfolk State University700 Park Avenue Norfolk, VA 23504	54-6002808		58,243				SUPPORT RESEARCH AND EDUCATION
North Carolina A&T State University1601 E Market Street Greensboro, NC 27411	56-6000007		10,119				SUPPORT RESEARCH AND EDUCATION



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PRAIRIE VIEW A&M RESEARCH FOUNDATION 400 Harvey Mitcchell South Suite 100 College Station,TX 77845	74-6001078		1,623				SUPPORT RESEARCH AND EDUCATION
PRINCE GEORGES COMMUNITY COLLEGE301 LARGO ROAD LARGO,MD 207742199	52-1429938	501 (C) (3)	26,455				SUPPORT RESEARCH AND EDUCATION
REGENTS OF THE UNIVERSITY OF CALIFORNIABox 951432 1125 Murphy Hall 405 Hilgard Ave Los Angeles, CA 300951406	94-6036494		60,991				SUPPORT RESEARCH AND EDUCATION
RUSSIAN RESEARCH SERVICES CORP16410 NE 76TH STREET VANCOUVER,WA 98882	60-2673062		101,528				SUPPORT RESEARCH AND EDUCATION
SHARMON L THORNTON 1111 ARMY NAVY DRIVE ARLINGTON,VA 222022029	30-1489762		24,521				SUPPORT RESEARCH AND EDUCATION
STATISTICAL RESEARCH INC P O BOX 31865 TUCSON,AZ 85751	86-0670179		363,214				SUPPORT RESEARCH AND EDUCATION
STEREOLOGY RESOURCE CENTER104 RINGNECK COURT CHESTER,MD 21619	58-2524268		30,853				SUPPORT RESEARCH AND EDUCATION
TEMPLE UNIVERSITY - OF THE COMMONWEALTH1330 West Berks Street Sullivan hall 3rd Fl PHILADELPHIA,PA 19122	23-1365971	501 (C) (3)	1,660				SUPPORT RESEARCH AND EDUCATION
TEXAS A&M UNIVERSITY-KINGSVILLE700 UNIVERSITY BLVD KINGSVILLE,TX 78363	74-6001530		413				SUPPORT RESEARCH AND EDUCATION
TEXAS SOUTHERN UNIVERSITY3100 Cleburne Avenue HOUSTON,TX 77004	74-6001391		5,052				SUPPORT RESEARCH AND EDUCATION



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 HANNON GROUP10002 EDGEWATER TER FORT WASHINGTON, MD 20744	32-0044001		22,483				SUPPORT RESEARCH AND EDUCATION
THE RESEARCH FOUNDATION OF SUNY PRESS1400 Washington Ave MSC 312 Albany, NY 12222	14-1368361	501 (C) (3)	144,207				SUPPORT RESEARCH AND EDUCATION
UNIVERSITY OF CHICAGO 1225 East 6th Street CHICAGO,IL 60637	29-7901316	501 (C) (3)	20,114				SUPPORT RESEARCH AND EDUCATION
UNIVERSITY OF DISTRICT OF COLUMBIA4200 CONNECTICUT AVE NW BLDG 38 WASHINGTON, DC 200081122	53-6001131		132,429				SUPPORT RESEARCH AND EDUCATION
UNIVERSITY OF ILLINOIS 1901 South First Street Suite A MC-685 Champaign,IL 618207406	37-6000511		56,622				SUPPORT RESEARCH AND EDUCATION
UNIVERSITY OF MARYLAND 1000 Hilltop Circle Commons Box 41 BALTIMORE, MD 21250	52-6002033		37,963				SUPPORT RESEARCH AND EDUCATION
UNIVERSITY OF MICHIGAN 3003 South State Street ANN ARBOR, MI 48109	38-6006309		93,286				SUPPORT RESEARCH AND EDUCATION
UNIVERSITY OF PUERTO RICO Collbox 9000 MayAGUEZ, PR 006819001	66-0433761		130,550				SUPPORT RESEARCH AND EDUCATION
UNIVERSITY OF TEXAS AT EL PASO 500 W University Ave El Paso, TX 799680506	74-6000813		194,601				SUPPORT RESEARCH AND EDUCATION
UNIVERSITY OF TEXAS HEALTH SCIENCE 7703 Floyd Curl Dr Mail code 7967 SAN ANTONIO, TX 782293900	74-1586031		207,591				SUPPORT RESEARCH AND EDUCATION



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 UTAH201 S PRESIDENTS CIRCLE ROOM 411 SALT LAKE CITY, UT 841129022	87-6000525		90,628				SUPPORT RESEARCH AND EDUCATION
UNIVERSITY OF WISCONSIN21 North Park Street Suite 7101 MADISON, WI 53715	39-1805963		254,672				SUPPORT RESEARCH AND EDUCATION
VALIDUS COMMUNICATIONS LLC 2109 Mill Road ALEXANDRIA, VA 22314	20-8270864		43,653				SUPPORT RESEARCH AND EDUCATION
VIRGINIA STATE UNIVERSITYOffice of Cash Investments 1 Hayden Dr PETERSBURG, VA 23806	54-6001811		63,863				SUPPORT RESEARCH AND EDUCATION
WASHINGTON REGIONAL ASSOCIATION OF1400 16th Street NW WASHINGTON, DC 20036	52-1756853	501 (C) (3)	105,000				SUPPORT RESEARCH AND EDUCATION
XAVIER UNIVERSITY OF LOUISIANA7325 Palmetto St - Box 37A New Orleans, LA 70125	72-0635884	501 (C) (3)	77,427				SUPPORT RESEARCH AND EDUCATION
ZANE NETWORKS LLC8710 PAMPER LANE FORT WASHINGTON, MD 20744	52-2221847		49,935				SUPPORT RESEARCH AND EDUCATION



Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
THE HOWARD UNIVERSITY

Employer identification number  
  
53-0204707

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in 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	Yes
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?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in 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?	5b	Yes
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in 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?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	



For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]



Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	Part I, Line 1a	SCHEDULE J QUESTIONS REGARDING COMPENSATION HOUSING ALLOWANCES/RESIDENCE FOR PERSONAL USE HOWARD UNIVERSITY PROVIDES A HOME TO THE UNIVERSITY PRESIDENT AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE UNIVERSITY THE UNIVERSITY ALLOCATES RESOURCES TO MAINTAIN THE RESIDENCE IN GOOD REPAIR THESE INCLUDE (1) ALL UTILITIES, TELEPHONE, CABLE TELEVISION, HIGH SPEED AND WIRELESS INTERNET, (2) SERVICE AND MAINTANENCE OF THE STRUCTURE AND GROUNDS, (3) UNIVERSITY-OWNED FURNISHINGS AND FURNITURE TO SUPPLEMENT PRESIDENT RIBEAU'S PERSONAL FURNISHINGS AND FURNITURE, AND (4) PERIODIC HOUSEKEEPING SERVICES AND CATERING FOR UNIVERSITY-RELATED BUSINESS AND ENTERTAINMENT WHILE THE USE OF THIS RESIDENCE WAS NOT INCLUDED IN THE PRESIDENT'S FORM W-2, THE FAIR MARKET VALUE OF THE ANNUAL RENT (IN THE AMOUNT OF \$95,000) HAS BEEN INCLUDED AS A NON-TAXABLE BENEFIT FOR SCHEDULE J PURPOSES 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 INCLUDED IN THE PRESIDENT'S FORM W-2 SCHEDULE J, PART I, LINE 4A SEVERANCE OR CHANGE OF CONTROL PAYMENTS DURING THE YEAR ENDED JUNE 30, 2010, THE FOLLOWING INDIVIDUAL LISTED ON PART VII RECEIVED SEVERANCE PAYMENTS VIRGIL ECTON \$117,923 (\$125,423 REPORTED ON SCHEDULE J-1 COLUMN (B)(iii) INCLUDES \$7,500 in retirement contributions) SCHEDULE J, PART I, LINE 4B SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE UNIVERSITY FUNDS A NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR DR RIBEAU IN THE AMOUNT OF \$70,000 ANNUALLY PLUS SIX PERCENT INTEREST AMOUNT FUNDED FOR THE YEAR ENDED JUNE 30, 2010 TOTALED \$74,199
	Part I, Line 5	DR FREDERICK IS CURRENTLY EMPLOYED UNDER A CONTINGENT COMPENSATION AGREEMENT, WHEREAS DR FREDERICK IS COMPENSATED FOR THREE DAYS ON CALL AND COMPENSATED AN ADDITIONAL AMOUNT IF ADDITIONAL SERVICES ARE PROVIDED



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		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
SIDNEY A RIBEAU PHD	(i) (ii)	608,049 0	0 0	0 0	15,925 0	107,164 0	731,138 0	0 0
ALVIN THORNTON PHD	(i) (ii)	207,081 0	0 0	15,577 0	14,527 0	11,946 0	249,131 0	0 0
ARTIS HAMPSHIRE-COWAN	(i) (ii)	218,734 0	0 0	18,900 0	15,448 0	4,283 0	257,365 0	0 0
DR HASSAN MINOR	(i) (ii)	266,848 0	0 0	22,000 0	15,925 0	10,648 0	315,421 0	0 0
SIDNEY H EVANS JR	(i) (ii)	436,023 0	0 0	8,135 0	15,714 0	11,814 0	471,686 0	0 0
DONALD E WILSON MD	(i) (ii)	614,797 0	0 0	0 0	1,225 0	484 0	616,506 0	0 0
NORMA LEFTWICH JD	(i) (ii)	256,208 0	0 0	10,904 0	15,925 0	11,725 0	294,762 0	0 0
NESTA BERNARD	(i) (ii)	203,114 0	0 0	1,350 0	13,473 0	11,470 0	229,407 0	0 0
FLORENCE BONNER PHD	(i) (ii)	233,801 0	0 0	22,000 0	15,925 0	6,501 0	278,227 0	0 0
MARIAN WILSON PHD	(i) (ii)	196,154 0	0 0	0 0	7,000 0	4,059 0	207,213 0	0 0
CARROLL LITTLE	(i) (ii)	179,038 0	0 0	0 0	11,617 0	1,297 0	191,952 0	0 0
DON BELL PHD	(i) (ii)	191,404 0	0 0	0 0	925 0	5,791 0	198,120 0	0 0
LARRY WARREN	(i) (ii)	602,500 0	0 0	0 0	0 0	0 0	602,500 0	0 0
EDWARD CORNWELL III MD	(i) (ii)	739,833 0	0 0	0 0	1,225 0	12,591 0	753,649 0	0 0
OSCAR STREETER MD	(i) (ii)	539,211 0	0 0	0 0	1,225 0	12,149 0	552,585 0	0 0
WAYNE FREDRICK MD	(i) (ii)	538,193 0	0 0	16,500 0	15,925 0	12,782 0	583,400 0	0 0
CLAIRMONT GRIFFITH MD	(i) (ii)	579,187 0	0 0	16,500 0	4,523 0	13,340 0	613,550 0	0 0
ANDRE J DUERINCKX MD	(i) (ii)	535,611 0	0 0	0 0	0 0	0 0	535,611 0	0 0
H PATRICK SWYGERT PHD	(i) (ii)	409,534 0	0 0	8,307 0	15,535 0	6,396 0	439,772 0	0 0
VIRGIL E ECTON	(i) (ii)	284,886 0	0 0	125,423 0	9,237 0	6,730 0	426,276 0	0 0
RICHARD A ENGLISH	(i) (ii)	358,814 0	0 0	0 0	7,705 0	2,920 0	369,439 0	0 0
OLIVER G MCGEE	(i) (ii)	245,763 0	0 0	0 0	839 0	6,138 0	252,740 0	0 0



Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE HOWARD UNIVERSITY

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number  
53-0204707

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A District of Columbia	53-6001131	254839L35	07-27-2006	97,665,000	Finance Building Renovations and refunding outstanding debt		X		X

Part II Proceeds

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										



Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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	0 %									
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	0 %									
6	Total of lines 4 and 5	0 %									
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?	X									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?	X									
b	Name of provider	Morgan Stanley									
c	Term of GIC	2 0000000000000									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X									
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								



Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V lines 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
THE HOWARD UNIVERSITY

Employer identification number  
53-0204707

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2

Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
TROY STOVALL OFFSET LOSS FROM HOME SALE IN DESPRESSED HOUSING MARKET IN MISSISSIPPI		X	20,000	20,000		No	Yes		Yes	
EDWARD E CORNWELL III MD FAC TO RECRUIT AND ASSIST IN RELOCATION TO WASGHINGTON, DC		X	100,000	100,000		No	Yes		Yes	
Total . . . . . ▶ \$				120,000						

Part III

Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CAREFIRST BCBS	SEE SCHEDULE O UNIVERSITY BOARD MEMBER SERVES ON BOARD OF CAREFIRST	3,135,668	CAREFIRST BLUECROSS BLUESHIELD IS SELF- INSURED HEALTH PLAN OF HOWARD UNIVERSITY		No
RIGHT ADVISORY LLC	SEE SCHEDULE O CFO ROBERT TAROLOA IS MEMBER OF RIGHT ADVISORY LLC	619,921	COMPENSATION FOR FINANCIAL MANAGEMENT SERVICES PROVIDED BY RIGHT ADVISORY, LLC INCLUDING ROBERT TAROLA (SERVING AS CHIEF FINANCIAL OFFICER)		No



SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

2009

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
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 . . . . .	X	7	36,627	FMV
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 . . . . .	X	1	250,000	FMV
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 . . . . .				
MEDICAL				
25 Other ► ( <u>EQUIPMENT</u> ) . . . . .	X	1	22,000	FMV
ELECTRONIC				
26 Other ► ( <u>EQUIPMENT</u> ) . . . . .	X	1	816	FMV
POTTER				
27 Other ► ( <u>WHEEL</u> ) . . . . .	X	1	500	FMV
RENOVATION				
28 Other ► ( <u>SERVICES</u> ) . . . . .	X	1	21,315	FMV

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 . . . . .

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

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

Cat No 51227J

Schedule M (Form 990) 2009



Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization THE HOWARD UNIVERSITY	Employer identification number 53-0204707
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Identifier	Return Reference	Explanation
Part V, Lines 7g and 7h		The organization did not receive any contributions of qualified intellectual property, cars, boats, airplanes, or other vehicles during the year ended June 30, 2010, therefore these questions do not apply and have been intentionally left blank



Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		DELEGATION OF DUTIES TO A MANAGEMENT COMPANY HOWARD UNIVERSITY HOSPITAL RETAINS LHW, INC FOR THE SERVICES OF LARRY WARREN, CEO OF THE HOSPITAL HOWARD UNIVERSITY RETAINS RIGHT ADVISORY LLC FOR THE SERVICES OF ROBERT TAROLA AS CFO



Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		REVIEW OF FORM 990 BY GOVERNING BOARD A MEETING OF THE AUDIT AND LEGAL COMMITTEES (A&LC) OF THE BOARD OF DIRECTORS IS HELD TO PRESENT AND REVIEW A DRAFT OF THE FULL FORM 990, INCLUDING ALL APPLICABLE SCHEDULES EACH A&LC COMMITTEE MEMBER IS PROVIDED A COPY OF THE RETURN PRIOR TO THE MEETING AT THE MEETING THEY ARE ALLOWED TO ASK QUESTIONS REGARDING THE FORM 990 CHANGES ARE DOCUMENTED AND THE FORM 990 IS UPDATED A FINAL DRAFT OF THE FULL FORM 990 IS PROVIDED ELECTRONICALLY TO EACH MEMBER OF THE FULL BOARD FOR REVIEW ONCE THE BOARD HAS HAD TIME TO REVIEW AND COMMENT ON FORM 990, IT IS FILED WITH THE IRS



Identifier	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 REVIEWED BY THE CHIEF COMPLIANCE OFFICER/OFFICE OF THE GENERAL COUNSEL IF AN ACTUAL CONFLICT OF 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 CONFLICTING ISSUE



Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15a		COMPENSATION OF THE CEO, EXECUTIVE DIRECTOR, OR OTHER TOP MANAGEMENT OFFICIAL THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT INCLUDED A REVIEW AND APPROVAL BY THE BOARD OF TRUSTEES, WHICH CONSISTED OF ONLY INDEPENDENT PERSONS THE BOARD OF TRUSTEES USED A CUSTOMIZED SURVEY OF HOWARD UNIVERSITY'S BENCHMARK INSTITUTIONS CREATED BY PRM CONSULTING TO DETERMINE THE COMPENSATION THE PROCESS WAS DOCUMENTED IN THE BOARD MEETING MINUTES AND WAS LAST UNDERTAKEN ON APRIL 28, 2008



Identifier	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



Identifier	Return Reference	Explanation
PART XI, LINE 2C		THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR



Identifier	Return Reference	Explanation
Schedule K	BOND PROCEEDS INFORMATION	A B Issue Price 53,490,000 00 44,175,000 00 Premium 1,339,032 70 - Proceeds 54,829,032 70 44,175,000 00 COI 214,590 76 193,342 42 Project Acct 53,168,311 99 - Bond Issuer 816,016 97 339,643 70 Issuer's Fee 267,450 00 220,875 00 Underw riter's Discount 362,662 98 248,261 79 Separate Acct - 43,172,877 09 Proceeds 54,829,032 70 44,175,000 00 Allocable Investments 4,404,542 53 3,062 91 Schedule K Part I, Line A (C) The CUSIP for the last maturity is 254839L92, how ever, reported is the CUSIP used on Form 8038 Part II, Line 3 Proceeds along with amounts from the 1996 debt service fund were deposited in a seperate account The Series 2006B bond proceeds are no longer held by us because they were spent in a current refunding Part II, Line 4 Minor amounts remained in the accounts and have since been used They were not invested at high rates Part II, Line 5 Cost of issuance 1,018,857 95 Band Insurer Premium 1,155,660 67



Identifier	Return Reference	Explanation
THE HOWARD UNIVERSITY		PART IX, PAGE 10, LINE 9 OTHER EMPLOYEE BENEFITS THE AMOUNTS INCLUDED ON LINE 9, OTHER EMPLOYEE BENEFITS, INCLUDE THE FOLLOWING WORKERS COMPENSATION 4,616,692 POST-RETIREMENT AND LIFE INSURANCE 21,007,120 HEALTH INSURANCE 30,831,502 OTHER BENEFITS 9,664,700 TOTAL EXPENSES, LINE 9 66,120,014 PART IX, PAGE 10, LINE 11G IT SERVICES 5,467,861 42 FOOD SERVICES 9,923,146 97 ACCOUNTS RECEIVABLE BILLING AND COLLECTIONS 3,761,691 00 MEDICAL SERVICES 13,114,705 51 SECURITY SERVICES 4,297,555 10 REPAIRS & MAINTENANCE 9,726,837 32 OTHER PURCHASED SERVICES 23,005 233 52 TOTAL EXPENSE, LINE 11G 69,297,030 84 PART IX, PAGE 10, LINE 13 FUNDRAISING 635,701 03 SUPPLIES 48,853 256 35 REPAIRS AND MAINTENANCE 6,419,115 53 TELEPHONE / COMMUNICATIONS 8,348,780 08 POSTAGE / PRINTED MATERIALS 2,656,012 01 RENTAL 4,207,052 16 TOTAL EXPENSES, LINE 13 71,120,864 07



Identifier	Return Reference	Explanation
		990 PART VII, PAGE 8, SECTION B INDEPENDENT CONTRACTORS NAME SODEXHO INC & AFFILIATES ADDRESS 9801 WASHINGTONIAN BOULEVARD, GAITHERSBURG, MD 20878 DESCRIPTION OF SERVICES FOOD SERVICE FOR STUDENTS COMPENSATION \$9,451,626 NAME PRICE WATERHOUSE COOPERS LLP ADDRESS 1301 K STREET NW, SUITE 800W, WASHINGTON, DC 20005 DESCRIPTION OF SERVICES AUDIT SERVICES FOR HOWARD UNIVERSITY, HOWARD UNIVERSITY HOSPITAL, AND CIRCULAR A-133 COMPENSATION \$7,317,650 NAME CEDARCRESTONE ADDRESS 1255 ALDERMAN DRIVE, ALPHARETTA, GA 30005 DESCRIPTION OF SERVICES IT CONSULTING FOR PEOPLESOFT INSTALLATION COMPENSATION \$4,502,163 NAME BENNETT GROUP INC ADDRESS 1230 31ST STREET NW, WASHINGTON, DC 20007 DESCRIPTION OF SERVICES MAJOR RENOVATIONS COMPENSATION \$2,700,880 NAME CITY SECURITY CONSULTANTS ADDRESS 2010 KENDALL STREET NE, WASHINGTON, DC 20002 DESCRIPTION OF SERVICES HOWARD UNIVERSITY AND HOWARD UNIVERSITY HOSPITAL SECURITY SERVICES COMPENSATION \$2,579,456



Identifier	Return Reference	Explanation
PART IX, LINE 24A STATEMENT OF FUNCTIONAL EXPENSES	CHARITY CARE	Charity care is calculated for purposes of line 24a based on services provided to patients w ho meet the criteria of the 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 Charity care is reported on Schedule H at cost based on the patient cost to charges ratio







Additional Data

Software ID:

Software Version:

EIN: 53-0204707

Name: THE HOWARD UNIVERSITY

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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SIDNEY A RIBEAU PHD PRESIDENT	40 00	X		X				608,049	0	123,089
DR STARMANDA BULLOCK BOARD MEMBER	40 00	X						112,136	0	12,564
MR ADDISON BARRY RAND CHAIRMAN	1 00	X		X				0	0	0
RENEE HIGGINBOTHAM-BROOK VICE CHAIRWOMAN	1 00	X		X				0	0	0
CHARISSE R LILLIE ESQ BOARD MEMBER	1 00	X						0	0	0
RICHARD D PARSONS ESQ BOARD MEMBER	1 00	X						0	0	0
MRS ELIZABETH G EARLY BOARD MEMBER	1 00	X						0	0	0
MR ROBERT L LUMPKINS BOARD MEMBER	1 00	X						0	0	0
MS DANIELLE K PERRY BOARD MEMBER	1 00	X						0	0	0
DR APRILLE J ERICSSON BOARD MEMBER	1 00	X						0	0	0
ANITA STEARNS MAYO ESQ BOARD MEMBER	1 00	X						0	0	0
MR GERALD D PROTHRO BOARD MEMBER	1 00	X						0	0	0
DR HAROLD P FREEMAN BOARD MEMBER	1 00	X						0	0	0
MRS RENETTA D MCCANN BOARD MEMBER	1 00	X						0	0	0
M KASIM REED ESQ BOARD MEMBER	1 00	X						0	0	0
MR EARL G GRAVES SR BOARD MEMBER	1 00	X						0	0	0
DR CHARLES J MCDONALD BOARD MEMBER	1 00	X						0	0	0
JAMES E SILCOTT AIA BOARD MEMBER	1 00	X						0	0	0
MRS DIANNE ATKINSON HUD BOARD MEMBER	1 00	X						0	0	0
DR FLORETTA DUKES MCKEN BOARD MEMBER	1 00	X						0	0	0
DR RUTH J SIMMONS BOARD MEMBER	1 00	X						0	0	0
MRS MARIE C JOHNS BOARD MEMBER	1 00	X						0	0	0
WAYMAN F SMITH III ESQ BOARD MEMBER	1 00	X						0	0	0
VERNON E JORDAN JR E BOARD MEMBER	1 00	X						0	0	0
STACEY J MOBLEY ESQ BOARD MEMBER	1 00	X						0	0	0



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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
MR JOHN A THAIN BOARD MEMBER	1 00	X						0	0	0	
HONORABLE JACK F KEMP BOARD MEMBER - DECEASED	1 00	X						0	0	0	
CORNELL LEVERETTE MOORE BOARD MEMBER	1 00	X						0	0	0	
HONORABLE L DOUGLAS WIL BOARD MEMBER	1 00	X						0	0	0	
MS JESSYE NORMAN BOARD MEMBER	1 00	X						0	0	0	
MR GREGORY A WHITE BOARD MEMBER	1 00	X						0	0	0	
MR JOHN D ZEGLIS BOARD MEMBER	1 00	X						0	0	0	
nnamdi anozie boARD MEMBER	1 00	X						0	0	0	
kirsten bowden boarD MEMBER	1 00	X						0	0	0	
ALVIN THORNTON PHD INTERIM PROVOST	40 00			X				222,658	0	26,473	
ARTIS HAMPSHIRE-COWAN CORPORATE SECRETARY	40 00			X				237,634	0	19,731	
DR HASSAN MINOR SENIOR VP	40 00			X				288,848	0	26,573	
SIDNEY H EVANS JR CHIEF FINANCIAL OFFICER	40 00			X				444,158	0	27,528	
DONALD E WILSON MD SENIOR VP OF HEALTH SCIE	24 00			X				614,797	0	1,709	
NORMA LEFTWICH JD GENERAL COUNSEL	40 00			X				267,112	0	27,650	
NESTA BERNARD VP OF UNIVERSITY ADVANCE	40 00			X				204,464	0	24,943	
FLORENCE BONNER PHD VP FOR RESEARCH AND COMP	40 00			X				255,801	0	22,426	
ROBERT M TAROLA CHIEF FINANCIAL OFFICER	40 00			X				0	0	0	
TROY STOVALL CHIEF OPERATING OFFICER	40 00			X				0	0	0	
JAMES H WYCHE PHD PROVOST & CHIEF ACADEMIC	40 00			X				0	0	0	
EVE HIGGINBOTHAM MD SVP OF HEALTH SERVICES	40 00			X				0	0	0	
MARIAN WILSON PHD SR EXEC OF OPERATIONS	40 00			X				196,154	0	0	
CARROLL LITTLE DIR OF INTERNAL AUDIT	40 00			X				179,038	0	0	
ANDREW RIVERS CHIEF OF STAFF	40 00			X				148,346	0	0	
JOHN PEEPLES INTERIM ASST VP FOR OPE	40 00			X				123,692	0	0	



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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DON BELL PHD VP PRESIDENTIAL INITIATIVE	40 00			X				191,404	0	0
LARRY WARREN CEO-HOWARD UNIV HOSPITAL	40 00				X			602,500	0	0
EDWARD CORNWELL III MD SURGEON-IN-CHIEF	40 00					X		739,833	0	13,816
OSCAR STREETER MD RADIOLOGIST	40 00					X		539,211	0	0
WAYNE FREDRICK MD INTERIM DIRECTOR CANCER	40 00					X		554,693	0	0
CLAIRMONT GRIFFITH MD ANESTHESIOLOGIST	40 00					X		595,687	0	0
ANDRE J DUERINCKX MD RADIOLOGIST	40 00					X		535,611	0	0
H PATRICK SWYGERT PHD FORMER PRESIDENT	40 00						X	417,841	0	21,931
VIRGIL E ECTON FORMER VICE PRESIDENT	40 00						X	410,309	0	0
RICHARD A ENGLISH FORMER CHIEF ACADEMIC OFFICER	40 00						X	358,814	0	10,625
FRANKLIN CHAMBERS FORMER VICE PROVOST	40 00						X	57,872	0	0
OLIVER G MCGEE FORMER VP OF RESEARCH	40 00						X	245,763	0	6,977



Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Charity Care	32,788,383	32,788,383		
Bad Debt Expense	30,899,185	27,648,560	3,250,625	
Trainee expense	12,788,197	12,731,619	56,578	
Fees (Dues, Permits, Ba	11,167,958	11,167,958		
Auxiliary/Bookstore	8,821,772	8,821,772		