

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

Form header section containing: B Check if applicable (Address change, Name change, etc.), C Name of organization (THE HOWARD UNIVERSITY), D Employer identification number (53-0204707), E Telephone number (2028066100), G Gross receipts (\$1,176,278,790), H(a) Is this a group return for affiliates? (No), H(b) Are all affiliates included? (No), H(c) Group exemption number, I Tax-exempt status (501(c)(3)), J Website (WWW.HOWARD.EDU), K Form of organization (Corporation), L Year of formation (1867), M State of legal domicile (DC)

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature block section containing: Sign Here (Signature of officer: ROBERT M. TAROLA, SENIOR VP, CFO AND TREASURER), Paid Preparer (Print/Type preparer's name: WILLIAM J. ADAMS), and Preparer Use Only (Firm's name: URISH POPECK & CO., LLC)

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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

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

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 \$ 440,505,235. including grants of \$ 61,422. ) (Revenue \$ 275,672,000. ) EDUCATION, GENERAL/OTHER - HOWARD UNIVERSITY IS A COMPREHENSIVE RESEARCH ORIENTED HISTORICALLY BLACK PRIVATE UNIVERSITY PROVIDING AN EDUCATIONAL EXPERIENCE OF EXCEPTIONAL QUALITY TO STUDENTS OF HIGH ACADEMIC POTENTIAL WITH PARTICULAR EMPHASIS UPON THE PROVISION OF EDUCATIONAL OPPORTUNITIES TO ALL STUDENTS. HOWARD UNIVERSITY SERVES A COMMUNITY OF APPROXIMATELY 10,000 STUDENTS.

4b (Code: ) (Expenses \$ 321,655,698. including grants of \$ ) (Revenue \$ 341,581,000. ) 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 \$ 72,726,740. including grants of \$ ) (Revenue \$ 42,414,000. ) THE UNIVERSITY OFFERS EDUCATIONAL SUPPORT THROUGH ITS AUXILIARY SERVICES FOR THE BENEFIT OF FACULTY, STAFF AND STUDENTS. AUXILIARY SERVICES INCLUDE STUDENT HOUSING, FOOD SERVICE, BOOKSTORE, AND A PUBLIC TELEVISION STATION.

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

4e Total program service expenses 834,887,673.

**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)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		
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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	X	
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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
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 United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....	X	
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....	X	

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
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> .....	X	
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> .....	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
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> .....		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
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> .....	X	
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> .....		X
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> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
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> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
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> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
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> .....		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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> .....		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
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 .....	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</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. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</b>	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)?	X	
<b>4b</b>	If "Yes," enter the name of the foreign country: <u>NIGERIA, MALAWI</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  DC,  NY
- 18** Section 6104 requires an organization to make its Forms 1023 (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.  
 Own website     Another's website     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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  \_\_\_\_\_  
 ROBERT M. TAROLA - 202-806-2411  
 2244 10TH STREET NW, WASHINGTON, DC 20059

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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, PH.D. PRESIDENT	40.00	X		X			594,465.	0.	127,450.	
RICHARD L. WRIGHT, PH.D. BOARD MEMBER	40.00	X					129,614.	0.	18,272.	
MR. ADDISON BARRY RAND CHAIRMAN	1.00	X		X			0.	0.	0.	
RENEE HIGGINBOTHAM-BROOKS, ESQ. VICE CHAIRWOMAN	1.00	X		X			0.	0.	0.	
CHARISSE R. LILLIE, ESQ. BOARD MEMBER	1.00	X					0.	0.	0.	
DR. REED V. TUCKSON 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.	
ANITA STEARNS MAYO, ESQ. BOARD MEMBER	1.00	X					0.	0.	0.	
MR. GERALD D. PROTHRO BOARD MEMBER	1.00	X					0.	0.	0.	
HAROLD P. FREEMAN, MD BOARD MEMBER	1.00	X					0.	0.	0.	
THE HONORABLE 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.	
CHARLES J. MCDONALD, MD BOARD MEMBER	1.00	X					0.	0.	0.	
FLORETTA DUKES MCKENZIE, PH.D. BOARD MEMBER	1.00	X					0.	0.	0.	
RUTH J. SIMMONS, PH.D. BOARD MEMBER	1.00	X					0.	0.	0.	
WAYMAN F. SMITH III, ESQ. BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
VERNON E. JORDAN, JR., ESQ. BOARD MEMBER	1.00	X						0.	0.	0.
STACEY J. MOBLEY, ESQ. BOARD MEMBER	1.00	X						0.	0.	0.
MR. JOHN A. THAIN BOARD MEMBER	1.00	X						0.	0.	0.
CORNELL LEVERETTE MOORE, ESQ. BOARD MEMBER	1.00	X						0.	0.	0.
THE HONORABLE L. DOUGLAS WILDER 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.
MS. ERIN RIGSBY BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								724,079.	0.	145,722.
<b>c Total from continuation sheets to Part VII, Section A</b>								7,092,769.	0.	375,773.
<b>d Total (add lines 1b and 1c)</b>								7,816,848.	0.	521,495.

**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 **746**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	X	

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXHO INC. & ASSOCIATES 9801 , GAITHERSBURG, MD 20878	SEE SCHEDULE O	12,377,034.
PRICE WATERHOUSE COOPERS LLP 1800 TYSONS BOULEVARD, MCLEAN, VA 22102	SEE SCHEDULE O	6,647,983.
BENNETT GROUP, INC. 1230 31ST ST. NW, WASHINGTON, DC 20007	SEE SCHEDULE O	3,720,020.
UNICCO SERVICE COMPANY 4100 N. FAIRFAX DR., ARLINGTON, VA 22203	SEE SCHEDULE O	2,718,126.
CITY SECURITY CONSULTANTS 2010 KENDALL ST. NE, WASHINGTON, DC 20002	SEE SCHEDULE O	2,701,478.

**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 **89**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week	(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			
MR. PIERRE ETIENNE BOARD MEMBER	1.00	X					0.	0.	0.	
WARNER LAWSON JR., ESQ. BOARD MEMBER	40.00	X					154,724.	0.	14,802.	
MRS. SHEILA JOHNSON BOARD MEMBER	1.00	X					0.	0.	0.	
MR. MARCUS WARE BOARD MEMBER	1.00	X					0.	0.	0.	
CHARLES BOYD, MD BOARD MEMBER	1.00	X					0.	0.	0.	
PAUL COTTON, MD BOARD MEMBER	1.00	X					0.	0.	0.	
PATRICK HARKER, PH.D. BOARD MEMBER	1.00	X					0.	0.	0.	
MS. AMY HILLIARD BOARD MEMBER	1.00	X					0.	0.	0.	
JOSHUA B. RALES, ESQ. BOARD MEMBER	1.00	X					0.	0.	0.	
MRS. BERNAREE P. WILEY BOARD MEMBER	1.00	X					0.	0.	0.	
ARTIS HAMPSHIRE-COWAN, ESQ. SENIOR VP AND SECRETARY	40.00			X			538,372.	0.	23,197.	
HASSAN MINOR, PH.D. SENIOR VP STRATEGIC PLANNING	40.00			X			808,439.	0.	28,349.	
MR. SIDNEY H. EVANS, JR. CHIEF FINANCIAL OFFICER	40.00			X			286,546.	0.	1,056.	
NORMA LEFTWICH, ESQ. GENERAL COUNSEL	40.00			X			488,907.	0.	28,517.	
MRS. NESTA BERNARD VP OF UNIVERSITY ADVANCEME	40.00			X			215,857.	0.	24,804.	
MR. ROBERT M. TAROLA, CPA CHIEF FINANCIAL OFFICER	40.00			X			0.	0.	0.	
MR. TROY STOVALL CHIEF OPERATING OFFICER	40.00			X			137,361.	0.	16,198.	
JAMES H. WYCHE, PH.D. PROVOST & CHIEF ACADEMIC O	40.00			X			309,218.	0.	20,190.	
EVE J. HIGGINBOTHAM, MD SVP OF HEALTH SCIENCES	40.00			X			624,396.	0.	17,935.	
BARBARA GRIFFIN, PH.D. VP OF STUDENT AFFAIRS	40.00			X			163,243.	0.	22,613.	
Total to Part VII, Section A, line 1c .....										

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

Table with 6 main columns: (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. Rows include Edward Cornwell, III, MD; Oscar Streeter, MD; Wayne Fredrick, MD; Clairmont Griffith, MD; John T Hebert, MD; H. Patrick Swygert, Esq.; Oliver G. McGee, Ph.D.

Total to Part VII, Section A, line 1c ..... 7,092,769. 375,773.

**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	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	2,000,345.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	234,668,000.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8,374,655.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		73,997.				
	<b>h Total.</b> Add lines 1a-1f		245,043,000.				
	<b>Program Service Revenue</b>		<b>Business Code</b>				
<b>2 a</b> PATIENT SERVICES		624100	371,958,000.	371,958,000.			
<b>b</b> ACADEMIC SERVICES		611710	275,969,000.	275,969,000.			
<b>c</b> AUXILIARY SERVICES		721310	61,135,000.	42,127,020.	19,007,980.		
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f		709,062,000.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		7,433,000.	7,409,986.	23,014.		
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross Rents	(i) Real	(ii) Personal				
		1,140,632.	14,763.				
		<b>b</b> Less: rental expenses		1,378,708.			
		<b>c</b> Rental income or (loss)		-238,076.	14,763.		
	<b>d</b> Net rental income or (loss)						
				-223,313.		-223,313.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		203,644,000.	37,522.				
		<b>b</b> Less: cost or other basis and sales expenses		184,757,000.			
		<b>c</b> Gain or (loss)		18,887,000.	37,522.		
	<b>d</b> Net gain or (loss)						
				18,924,522.		18,924,522.	
<b>8 a</b> Gross income from fundraising events (not including \$ 2,000,345. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>						
	196,322.						
	<b>b</b> Less: direct expenses	<b>b</b>	1,133,232.				
<b>c</b> Net income or (loss) from fundraising events							
			-936,910.		-936,910.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> OTHER REVENUE			9,707,551.			9,707,551.	
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			9,707,551.				
<b>12 Total revenue.</b> See instructions.			989,009,850.	697,464,006.	19,030,994.	27,471,850.	

**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 .....	5,644,853.	5,644,853.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	64,997,442.	64,997,442.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....	6,151,591.	6,151,591.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	4,439,937.		4,151,266.	288,671.
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 .....	377,827,510.	343,118,561.	31,644,951.	3,063,998.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	41,256,279.	24,213,190.	17,043,089.	
9 Other employee benefits .....	46,897,846.	41,690,666.	4,972,322.	234,858.
10 Payroll taxes .....	25,661,219.	20,704,152.	4,305,440.	651,627.
11 Fees for services (non-employees):				
a Management .....	1,795,833.		1,795,833.	
b Legal .....	2,751,764.		2,751,764.	
c Accounting .....	3,907,655.		3,907,655.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....	85,071.			85,071.
f Investment management fees .....	1,939,891.		1,939,891.	
g Other .....	68,007,181.	40,354,133.	27,375,149.	277,899.
12 Advertising and promotion .....	4,045,903.	3,916,709.	81,320.	47,874.
13 Office expenses .....	80,604,371.	63,014,182.	16,963,632.	626,557.
14 Information technology .....	1,608,202.	1,233,093.	370,701.	4,408.
15 Royalties .....	2,797,343.	2,789,793.		7,550.
16 Occupancy .....	30,721,216.	21,091,685.	9,604,254.	25,277.
17 Travel .....	3,417,381.	3,224,325.	170,351.	22,705.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	10,311,106.	9,455,298.	775,826.	79,982.
20 Interest .....	10,890,587.	9,434,014.	1,456,573.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	50,866,832.	46,824,870.	4,041,962.	
23 Insurance .....	20,764,363.	17,818,557.	2,945,806.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a CHARITY CARE .....	51,658,187.	51,658,187.		
b BAD DEBT EXPENSE .....	30,935,231.	30,376,430.	558,801.	
c TRAINEE EXPENSE .....	10,356,812.	10,356,812.		
d AUXILIARY/BOOKSTORE .....	9,684,630.	9,684,630.		
e FEES (DUES, PERMITS, BA .....	6,991,010.	6,991,010.		
f All other expenses .....	191,755.	143,490.		48,265.
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	977,209,001.	834,887,673.	136,856,586.	5,464,742.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	22,352,890.	<b>1</b>	23,686,000.		
	<b>2</b> Savings and temporary cash investments .....	9,215,477.	<b>2</b>	3,594,000.		
	<b>3</b> Pledges and grants receivable, net .....	21,177,149.	<b>3</b>	17,788,000.		
	<b>4</b> Accounts receivable, net .....	88,742,529.	<b>4</b>	82,593,000.		
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	120,000.	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....	120,000.	<b>6</b>			
	<b>7</b> Notes and loans receivable, net .....	9,052,615.	<b>7</b>		8,547,000.	
	<b>8</b> Inventories for sale or use .....	746,154.	<b>8</b>			
	<b>9</b> Prepaid expenses and deferred charges .....	11,687,924.	<b>9</b>		16,556,000.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,411,132,000.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 806,780,000.	589,358,626.	<b>10c</b>	604,352,000.	
	<b>11</b> Investments - publicly traded securities .....	382,491,923.	<b>11</b>		447,799,000.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	76,596,000.	<b>12</b>		102,505,000.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>			
	<b>14</b> Intangible assets .....		<b>14</b>			
	<b>15</b> Other assets. See Part IV, line 11 .....	37,321,336.	<b>15</b>		151,051,000.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,248,862,623.	<b>16</b>		1,458,591,000.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	285,903,152.	<b>17</b>	279,958,000.		
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....	7,056,873.	<b>19</b>	8,454,000.		
	<b>20</b> Tax-exempt bond liabilities .....	152,151,792.	<b>20</b>	294,057,000.		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	60,454,685.	<b>23</b>			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	9,285,000.	<b>24</b>		74,317,000.	
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	260,089,970.	<b>25</b>		193,902,000.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	774,941,472.	<b>26</b>		850,688,000.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets .....	191,474,030.	<b>27</b>	284,160,000.		
	<b>28</b> Temporarily restricted net assets .....	178,538,721.	<b>28</b>	209,045,000.		
	<b>29</b> Permanently restricted net assets .....	103,908,400.	<b>29</b>	114,698,000.		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>			
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>			
	<b>33</b> Total net assets or fund balances .....	473,921,151.	<b>33</b>		607,903,000.	
<b>34</b> Total liabilities and net assets/fund balances .....	1,248,862,623.	<b>34</b>		1,458,591,000.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	989,009,850.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	977,209,001.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	11,800,849.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	473,921,151.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	122,181,000.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	607,903,000.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		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?		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate 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?	X	
<b>3b</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.	X	

Form **990** (2010)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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

**2010**

**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 described in **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?
 

	Yes	No
(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 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).

(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	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2010.</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 - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2010.</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 - 2009.</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"/>
<b>18 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 III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2010**

**Open to Public Inspection**

**Name of the organization**

THE HOWARD UNIVERSITY

**Employer identification number**

53-0204707

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" 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 education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a 1
b Total acreage restricted by conservation easements .....	2b 0.00
c Number of conservation easements on a certified historic structure included in (a) .....	2c 1
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d 1

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

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

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ 280

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 5,253.

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

Yes  No

9 In Part 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that 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:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  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	407,511,000.	370,763,000.	460,122,000.		
b Contributions	5,368,000.	7,718,000.	6,260,000.		
c Net investment earnings, gains, and losses	77,672,000.	43,394,000.	-80,823,000.		
d Grants or scholarships	14,269,000.	15,101,000.	14,796,000.		
e Other expenditures for facilities and programs	-413,000.	-737,000.			
f Administrative expenses					
g End of year balance	476,695,000.	407,511,000.	370,763,000.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  47.00 %
- b Permanent endowment  38.00 %
- c Term endowment  15.00 %

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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 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		27,711,000.		27,711,000.
b Buildings		746,882,000.	381,262,000.	365,620,000.
c Leasehold improvements		28,665,000.	22,464,000.	6,201,000.
d Equipment		333,695,000.	260,080,000.	73,615,000.
e Other		274,179,000.	142,974,000.	131,205,000.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				604,352,000.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) PRIVATE EQUITY AND VENTURE CAPITAL	88,420,000.	END-OF-YEAR MARKET VALUE
(B) REAL ESTATE	8,890,000.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	5,195,000.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	102,505,000.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1) UNEXPENDED BOND PROCEEDS	102,429,000.
(2) DEPOSITS WITH TRUSTEES	48,622,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	151,051,000.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) UNDERFUNDED DEFINED BENEFIT PENSION PLAN	74,560,000.
(3) RESERVE FOR SELF-INSURED LIABILITIES	79,799,000.
(4) INTEREST RATE SWAP	104,000.
(5) REFUNDABLE ADVANCES UNDE US GOV'T	7,343,000.
(6) ASSET RETIREMENT OBLIGATION	11,806,000.
(7) ENVIRONMENTAL REMEDIATION	3,000,000.
(8) UNCLAIMED PROPERTY	3,026,000.
(9) STUDENT DEPOSITS AND REFUNDS	3,944,000.
(10) RESERVES FOR LEGAL CONTINGENCIES	6,663,000.
(11) OTHER	3,657,000.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	193,902,000.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	989,009,850.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	977,209,001.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	11,800,849.
4	Net unrealized gains (losses) on investments	4	64,740,000.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	57,441,000.
9	Total adjustments (net). Add lines 4 through 8	9	122,181,000.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	133,981,849.

**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	958,834,850.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	64,740,000.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	57,441,000.
e	Add lines 2a through 2d	2e	122,181,000.
3	Subtract line 2e from line 1	3	836,653,850.
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	1,684,000.
b	Other (Describe in Part XIV.)	4b	150,672,000.
c	Add lines 4a and 4b	4c	152,356,000.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	989,009,850.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	824,852,001.
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	2,511,000.
e	Add lines 2a through 2d	2e	2,511,000.
3	Subtract line 2e from line 1	3	822,341,001.
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	1,684,000.
b	Other (Describe in Part XIV.)	4b	153,184,000.
c	Add lines 4a and 4b	4c	154,868,000.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	977,209,001.

**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, line 2; 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.

PART II, LINE 9: THE ORGANIZATION DOES NOT REPORT ITS CONSERVATION

EASEMENTS IN ITS FINANCIAL STATEMENTS.

PART III, LINE 4: THE UNIVERSITY'S COLLECTIONS OF ART, HISTORICAL

TREASURES, AND OTHER SIMILAR ASSESTS 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 XIV** Supplemental Information (continued)

PART V, LINE 4: 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 1,873,000.

UNREALIZED CHANGE IN FUNDED STATUS OF DEFINED BENEFIT

PENSION PLAN 61,424,000.

UNREALIZED CHANGE IN OBLIGATION FOR POST RETIREMENT BENEFIT

PLAN 5,953,000.

OTHER ITEMS, NET -11,809,000.

TOTAL TO SCHEDULE D, PART XI, LINE 8 57,441,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED LOSS ON INTEREST RATE SWAP 1,873,000.

UNREALIZED CHANGE IN FUNDED STATUS OF DEFINED BENEFIT

PENSION PLAN 61,424,000.

UNREALIZED CHANGE IN OBLIGATION FOR POST-RETIREMENT BENEFIT

PLAN 5,953,000.

OTHER ITEMS, NET -11,809,000.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 57,441,000.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES -1,133,000.

CHARITY CARE 51,658,000.

SCHOLARSHIPS AND GRANTS 71,149,000.

RENTAL EXPENSE -1,379,000.

**Part XIV** Supplemental Information (continued)

BAD DEBT EXPENSE 30,377,000.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 150,672,000.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES 1,133,000.

RENTAL EXPENSE 1,378,000.

TOTAL TO SCHEDULE D, PART XIII, LINE 2D 2,511,000.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

CHARITY CARE 51,658,000.

SCHOLARSHIPS AND GRANTS 71,149,000.

BAD DEBT EXPENSE 30,377,000.

TOTAL TO SCHEDULE D, PART XIII, LINE 4B 153,184,000.

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

**Schools**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **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.**

Name of the organization

THE HOWARD UNIVERSITY

Employer identification number

53-0204707

**Part I**

**1** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....

	YES	NO
<b>1</b>	X	

**2** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....

<b>2</b>	X	
----------	---	--

**3** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.

<b>3</b>	X	
----------	---	--

If you need more space, use Part II .....

THE UNIVERSITY MAINTAINS A WELL PUBLICIZED RACIALLY  
NONDISCRIMINATORY POLICY. THE POLICY IS AVAILABLE IN WRITTEN  
BROCHURES, AS WELL AS AVAILABLE VIA THE ORGANIZATION'S  
WEBSITE (WWW.HOWARD.EDU).

**4** Does the organization maintain the following?

**a** Records indicating the racial composition of the student body, faculty, and administrative staff? .....

<b>4a</b>	X	
-----------	---	--

**b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....

<b>4b</b>	X	
-----------	---	--

**c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....

<b>4c</b>	X	
-----------	---	--

**d** Copies of all material used by the organization or on its behalf to solicit contributions? .....

<b>4d</b>	X	
-----------	---	--

If you answered "No" to any of the above, please explain. If you need more space, use Part II.

**5** Does the organization discriminate by race in any way with respect to:

**a** Students' rights or privileges? .....

<b>5a</b>		X
-----------	--	---

**b** Admissions policies? .....

<b>5b</b>		X
-----------	--	---

**c** Employment of faculty or administrative staff? .....

<b>5c</b>		X
-----------	--	---

**d** Scholarships or other financial assistance? .....

<b>5d</b>		X
-----------	--	---

**e** Educational policies? .....

<b>5e</b>		X
-----------	--	---

**f** Use of facilities? .....

<b>5f</b>		X
-----------	--	---

**g** Athletic programs? .....

<b>5g</b>		X
-----------	--	---

**h** Other extracurricular activities? .....

<b>5h</b>		X
-----------	--	---

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

**6a** Does the organization receive any financial aid or assistance from a governmental agency? .....

<b>6a</b>	X	
-----------	---	--

**b** Has the organization's right to such aid ever been revoked or suspended? .....

<b>6b</b>		X
-----------	--	---

If you answered "Yes" to either line 6a or line 6b, explain on Part II.

**7** Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II .....

<b>7</b>	X	
----------	---	--



**Part II**

**Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information.

SCHEDULE E, LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE ORGANIZATION RECEIVES FINANCIAL ASSISTANCE FROM GOVERNMENTAL AGENCIES

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

RELATED EXPENSES.

Multiple horizontal lines for supplemental information.

**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

**2010**

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 V the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA	11	66	PROGRAM SERVICES	MEDICAL AND EDUCATIONAL SERVICES	1,850,145.
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		6,900,752.
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		4,953,899.
<b>3 a</b> Sub-total .....	11	66			13,704,796.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	11	66			13,704,796.

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	CENTRAL AMERICA AND THE CARIBBEAN	143	1,989,048.	CHECK	0.		
SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	6	83,981.	CHECK	0.		
SCHOLARSHIPS	EUROPE (INCLUDING ICELAND & GREENLAND)	17	236,247.	CHECK	0.		
SCHOLARSHIPS	MIDDLE EAST AND NORTH AFRICA	4	61,684.	CHECK	0.		
SCHOLARSHIPS	NORTH AMERICA	57	797,400.	CHECK	0.		
SCHOLARSHIPS	SOUTH AMERICA	6	86,348.	CHECK	0.		
SCHOLARSHIPS	SOUTH ASIA	10	135,400.	CHECK	0.		
SCHOLARSHIPS	SUB-SAHARAN AFRICA	193	2,674,460.	CHECK	0.		

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2010

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: MONITORING USE OF GRANT FUNDS OUTSIDE THE

UNITED STATES: HOWARD UNIVERSITY USES PROGRAM-SPECIFIC GUIDELINES TO

MONITOR THE PROGRESS OF GRANT ACTIVITIES CONDUCTED OUTSIDE THE UNITED

STATES. THE GUIDELINES OUTLINE THE SCOPE OF WORK, ESTABLISHED DEADLINES,

AND THE CONTENT OF SPECIFIC REPORTS/DELIVERABLES IN A MANNER CONSISTENT

WITH THE TERMS AND CONDITIONS OF THE FUNDING AGENCY AND GRANT AWARD.

PRINCIPAL INVESTIGATORS PREPARE PROGRAMMATIC PROGRESS REPORTS (MONTHLY,

QUARTERLY, ANNUALLY AS REQUIRED) THAT ASSESS PROGRAM ACTIVITIES, IDENTIFY

PROBLEMS OR ISSUES AND MODIFY THE DESIGN OR IMPLEMENTATION OF THE PROJECT

AS NECESSARY. THE GRANTS AND CONTRACTS ACCOUNTING OFFICE PREPARES

MONTHLY FINANCIAL AND BILLING REPORTS FOR INTERNAL AND EXTERNAL REVIEW.

THIS OVERSIGHT ENSURES ACCURACY AND COMPLIANCE IN FINANCIAL MANAGEMENT,

PROPER MAINTENANCE OF GRANT MANAGEMENT DOCUMENTATION, AND THE ACHIEVEMENT

OF PROGRAMMATIC DELIVERABLES AND MILESTONES.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

**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.**

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 email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

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

**b** If "Yes," list the 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ADHERE NETWORK - 78 W 132ND STREET, #3, NEW YORK, NY	CENTER FOR EXCELLENCE IN ADVERTISING / ROUNDTABLE		X	126,000.	102,048.	23,952.
<b>Total</b>				126,000.	102,048.	23,952.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CHARTER DAY DINNER	SCHOOL OF BUSINESS 40TH ANNIVERSARY	9	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	688,561.	604,365.	903,741.	2,196,667.
	<b>2</b> Less: Charitable contributions .....	564,560.	566,406.	869,379.	2,000,345.
	<b>3</b> Gross income (line 1 minus line 2) .....	124,001.	37,959.	34,362.	196,322.
Direct Expenses	<b>4</b> Cash prizes .....			2,397.	2,397.
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	382,474.		51,355.	433,829.
	<b>7</b> Food and beverages .....		92,490.	118,276.	210,766.
	<b>8</b> Entertainment .....	4,837.	1,100.	10,250.	16,187.
	<b>9</b> Other direct expenses .....	269,060.	91,739.	109,255.	470,053.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 1,133,232 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				-936,910.

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

**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?  Yes  No  
**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_



- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

<b>13a</b>		%
<b>13b</b>		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ADHERE NETWORK

(I) ADDRESS OF FUNDRAISER: 78 W 132ND STREET, #3, NEW YORK, NY 10037

(II) ACTIVITY: CENTER FOR EXCELLENCE IN ADVERTISING / ROUNDTABLE DISCUSSION

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>40</u> %	X	
<b>c</b> If the organization did 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 used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</b> If "Yes," did the organization make it available to the public?	X	

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

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheets 1 and 2)			26,675,124.		26,675,124.	2.73%
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a)			140,431,314.	135,232,472.	5,198,842.	.53%
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)			15,803,079.	12,503,478.	3,299,601.	.34%
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			182,909,517.	147,735,950.	35,173,567.	3.60%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			1,090,741.	0.	1,090,741.	.11%
<b>f</b> Health professions education (from Worksheet 5)			44,929,481.	20,579,603.	24,349,878.	2.49%
<b>g</b> Subsidized health services (from Worksheet 6)			36,474,626.	21,601,932.	14,872,694.	1.52%
<b>h</b> Research (from Worksheet 7)			21,214,056.	21,214,056.		
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8)	210	18,850	283,998.	0.	283,998.	.03%
<b>j Total.</b> Other Benefits	210	18,850	103,992,902.	63,395,591.	40,597,311.	4.15%
<b>k Total.</b> Add lines 7d and 7j	210	18,850	286,902,419.	211,131,541.	75,770,878.	7.75%

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A with columns for question numbers and amounts. Includes questions about bad debt expense reporting and amounts at cost.

Yes/No column table for Section A and Section C.

Section B. Medicare

Table for Section B with columns for question numbers and amounts. Includes questions about Medicare revenue, allowable costs, and shortfall.

Section C. Collection Practices

Table for Section C with columns for question numbers and Yes/No responses. Includes questions about written debt collection policy.

Part IV Management Companies and Joint Ventures

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

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, measured by total revenue per facility, from largest to smallest)

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

Name and address

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: N/A

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2010)		
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
<b>3</b> In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>8</b> Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		X
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?		X
If "Yes," indicate the FPG family income limit for eligibility for free care: _____ %		

**Part V Facility Information** (continued) N/A

	Yes	No
<b>10</b> Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? .....		X
If "Yes," indicate the FPG family income limit for eligibility for discounted care: _____ %		
<b>11</b> Explained the basis for calculating amounts charged to patients? .....		X
If "Yes," indicate the factors used in determining such amounts (check all that apply):		
<b>a</b> <input type="checkbox"/> Income level		
<b>b</b> <input type="checkbox"/> Asset level		
<b>c</b> <input type="checkbox"/> Medical indigency		
<b>d</b> <input type="checkbox"/> Insurance status		
<b>e</b> <input type="checkbox"/> Uninsured discount		
<b>f</b> <input type="checkbox"/> Medicaid/Medicare		
<b>g</b> <input type="checkbox"/> State regulation		
<b>h</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>12</b> Explained the method for applying for financial assistance? .....		X
<b>13</b> Included measures to publicize the policy within the community served by the hospital facility? .....		X
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b> <input type="checkbox"/> The policy was attached to billing invoices		
<b>c</b> <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b> <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b> <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b> <input type="checkbox"/> The policy was available on request		
<b>g</b> <input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>14</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		X
<b>15</b> Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:			
<b>a</b> <input type="checkbox"/> Reporting to credit agency			
<b>b</b> <input type="checkbox"/> Lawsuits			
<b>c</b> <input type="checkbox"/> Liens on residences			
<b>d</b> <input type="checkbox"/> Body attachments			
<b>e</b> <input type="checkbox"/> Other actions (describe in Part VI)			
<b>16</b> Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? .....	16		X
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):			
<b>a</b> <input type="checkbox"/> Reporting to credit agency			
<b>b</b> <input type="checkbox"/> Lawsuits			
<b>c</b> <input type="checkbox"/> Liens on residences			
<b>d</b> <input type="checkbox"/> Body attachments			
<b>e</b> <input type="checkbox"/> Other actions (describe in Part VI)			
<b>17</b> Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply): .....			
<b>a</b> <input type="checkbox"/> Notified patients of the financial assistance policy on admission			
<b>b</b> <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge			
<b>c</b> <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
<b>d</b> <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
<b>e</b> <input type="checkbox"/> Other (describe in Part VI)			

**Part V Facility Information** (continued) N/A

**Policy Relating to Emergency Medical Care**

**18** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....

	Yes	No
<b>18</b>		X

If "No," indicate the reasons why (check all that apply):

- a**  The hospital facility did not provide care for any emergency medical conditions
- b**  The hospital facility did not have a policy relating to emergency medical care
- c**  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d**  Other (describe in Part VI)

**Charges for Medical Care**

**19** Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):

- a**  The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility
- b**  The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility
- c**  The hospital facility used the Medicare rate for those services
- d**  Other (describe in Part VI)


**20** Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? .....

If "Yes," explain in Part VI.

<b>20</b>		X
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**21** Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient? .....

If "Yes," explain in Part VI.

<b>21</b>		X
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**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C: HUH OFFERS UNINSURED PATIENTS A 40% DISCOUNT.

PATIENTS CAN COMPLETE A CHARITY APPLICATION AS NEEDED.

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.

PART I, LINE 7: 7A: CHARITY CARE AT COST - FREE OR DISCOUNTED

HEALTH CARE SERVICES PROVIDED TO PERSONS WHO MEET THE ORGANIZATION'S

**Part VI Supplemental Information**

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.

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,

**Part VI Supplemental Information**

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 RESPONSIBILITY 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.

PART I, LN 7 COL(F): 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.

PART II: COMMUNITY BUILDING ACTIVITIES

HOWARD UNIVERSITY PARTICIPATES IN SEVERAL HOUSING & URBAN DEVELOPMENT

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

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

STRENGTHEN THE HOUSING MARKET TO BOLSTER THE ECONOMY AND PROTECT

**Part VI Supplemental Information**

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.

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 \$51,658, 32,788  
AND \$29,775 FOR THE FISCAL YEARS ENDED JUNE 30, 2011, 2010 AND 2009,  
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, 2011, 2010 AND 2009 WAS \$73,750,  
\$52,596 AND \$51,038, RESPECTIVELY.

PART III, LINE 8: MEDICARE IS AN ENTITLEMENT PROGRAM IN WHICH THE  
HOSPITAL DOES NOT HAVE THE ABILITY TO NEGOTIATE PAYMENT RATES. THEREFORE,  
ANY SHORTFALL FOR SERVICES PROVIDED SHOULD BE CONSIDERED A CONTRIBUTION TO  
THE COMMUNITY.

PART III, LINE 9B: HUH WILL FORGO EXTRAORDINARY COLLECTION ACTIONS  
AGAINST PATIENTS UNTIL MAKING REASONABLE EFFORTS TO DETERMINE WHETHER THE  
PATIENT IS ELIGIBLE FOR ASSISTANCE UNDER HUH'S FINANCIAL ASSISTANCE  
POLICY.

HOWARD UNIVERSITY HOSPITAL'S PATIENT ACCOUNTS DEPARTMENT WILL IDENTIFY ALL

**Part VI Supplemental Information**

ACCOUNTS TO BE PLACED IN COLLECTIONS USING THE FOLLOWING CRITERIA:

1. NO ACCOUNTS WILL BE SENT FOR COLLECTION OR SUBJECT TO EXTRAORDINARY COLLECTION EFFORTS UNTIL IT HAS BEEN DETERMINED THAT THE PATIENT IS NOT ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER HUH'S FINANCIAL ASSISTANCE POLICY. EXTRAORDINARY COLLECTION EFFORTS INCLUDE LAWSUITS, LIENS ON RESIDENCES, ARRESTS, BODY ATTACHMENTS AND SIMILAR COLLECTION PROCESSES.

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 EFFECTIVENESS

4. BEHAVIORAL OR SOCIOLOGICAL STUDIES RELATED TO HEALTH, DELIVERY OF CARE, OR PREVENTION STUDIES RELATED TO CHANGES IN THE HEALTH CARE DELIVERY SYSTEM; AND

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

**Part VI Supplemental Information**

THIS CATEGORY ONLY INCLUDES RESEARCH INTERNALLY FUNDED OR RESEARCH FUNDED

BY A TAX-EXEMPT

OR GOVERNMENT ENTITY.

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

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

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

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

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

FOOD, EQUIPMENT, AND SUPPLIES.

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.

**Part VI Supplemental Information**

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,

Schedule H (Form 990) 2010

**Part VI Supplemental Information**

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.

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

ITS RESOURCES, FINANCIAL ASSISTANCE FOR MEDICALLY NECESSARY SERVICES FOR

PATIENTS WHO LACK THE MEANS TO PAY FOR SUCH SERVICES.

HOWARD UNIVERSITY HOSPITAL WILL PROVIDE ANNUALLY NO LESS THAN 3% OF ITS

TOTAL OPERATING EXPENSES TO FINANCIAL ASSISTANCE PROGRAM BY MEASURED COST.

THE BASIS FOR FINANCIAL ASSISTANCE WILL BE DETERMINED THROUGH A PATIENT

SELF REPORTING WITH SUPPORTING DOCUMENTATION/ATTESTATION ON: DOCUMENTED



**Part VI Supplemental Information**

ANNUAL FAMILY WORKING AND NON-WORKING INCOME(S), SELF-REPORTED FAMILY SIZE  
AND LIVING EXPENSES.

SOCIALIZATION OF AND EXPOSURE TO FINANCIAL ASSISTANCE PROGRAM:

THIS FINANCIAL ASSISTANCE PROGRAM WILL BE COMMUNICATED TO ALL HOWARD  
UNIVERSITY HOSPITAL PATIENTS THROUGH MULTIPLE MEANS.

1. PATIENTS PRESENTING FOR SERVICES FROM THE HOWARD UNIVERSITY  
HOSPITAL EMERGENCY DEPARTMENT WITHOUT VERIFIABLE THIRD PARTY PAYOR  
COVERAGE FOR ANTICIPATED SERVICES WILL BE NOTED IN HOSPITAL SYSTEM AS  
BEING UNINSURED. (REGISTRATION CLASSIFICATION OF  SELF PAY )

I. AN INFORMATIVE BROCHURE COVERING FINANCIAL ASSISTANCE  
OPTIONS WILL BE PROVIDED TO ALL AMBULATORY PATIENTS REGISTERED IN  
EMERGENCY DEPARTMENT AS SELF PAY.

II. PATIENTS WHO ARE DISCHARGED FROM THE EMERGENCY DEPARTMENT  
AFTER HAVING RECEIVED CARE WILL RECEIVE A FOLLOW-UP CALL AND  
CORRESPONDENCE FROM DESIGNATED ELIGIBILITY COMPANY.

III. PATIENTS WHO ARE ADMITTED TO HOWARD UNIVERSITY HOSPITAL  
FROM THE EMERGENCY DEPARTMENT WILL BE VISITED BY A FINANCIAL ASSISTANCE  
REPRESENTATIVE WHO WILL REVIEW WITH THE PATIENT ALL FEDERAL, DISTRICT AND  
HUH FINANCIAL ASSISTANCE PROGRAMS AVAILABLE TO THEM.

2. COMMUNITY AND POTENTIAL PATIENTS WILL BE INFORMED TO THE  
HOWARD UNIVERSITY HOSPITAL FINANCIAL ASSISTANCE PROGRAM THROUGH THE  
[HTTP://HUHEALTHCARE.COM](http://HUHEALTHCARE.COM) WEBSITE.

3. AT TIMES WHEN HOWARD UNIVERSITY HOSPITAL PARTICIPATES IN  
HEALTH FAIRS OR COMMUNITY OUTREACH PROGRAMS, A REPRESENTATIVE FOR THE  
FEDERAL, DISTRICT AND HUH FINANCIAL ASSISTANCE PROGRAM WILL BE AVAILABLE  
TO ANSWER QUESTIONS FROM INTERESTED PARTIES.

ALL PATIENT STATEMENTS, REGARDLESS OF THIRD PARTY PAYOR COVERAGE, WILL

**Part VI Supplemental Information**

NOTE HUH FINANCIAL ASSISTANCE PROGRAM WITH A CONTACT NUMBER FOR THE

DESIGNATED ELIGIBILITY COMPANY TO PROVIDE SUPPORT IN COMPLETING

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

**Part VI Supplemental Information**

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

**Part VI Supplemental Information**

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.

PART VI, LINE 5: 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

**Part VI Supplemental Information**

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

**Part VI Supplemental Information**

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

**Part VI Supplemental Information**

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.

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

DC

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

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

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

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

**Part II Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN DENTAL ASSOCIATION 75 REMITTANCE ASSOCIATION CHICAGO, IL 60675-1385	36-0724690		33,966.	0.			SUPPORT RESEARCH AND EDUCATION
ANACOSTIA ECONOMIC DEVELOPMENT CORP - 1800 MARTIN LUTHER KING JR. AVE SE - WASHINGTON, DC 20020	52-0897780	501 (C) (3)	66,451.	0.			SUPPORT RESEARCH AND EDUCATION
ANITA GUTIERREZ 719 CAPITOL SQUARE PLACE SW WASHINGTON, DC 20024	52-5555736		7,436.	0.			SUPPORT RESEARCH AND EDUCATION
AZIZA PRODUCTIONS 1200 G ST NW SUITE 800 WASHINGTON, DC 20005	54-2051073		26,625.	0.			SUPPORT RESEARCH AND EDUCATION
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA T100 MS BCM 203 HOUSTON, TX 77030-3411	74-1613878	501 (C) (3)	43,329.	0.			SUPPORT RESEARCH AND EDUCATION
BOWIE STATE UNIVERSITY 14000 JERICHO PARK ROAD BOWIE, MD 20715-9465	52-6002033		86,363.	0.			SUPPORT RESEARCH AND EDUCATION

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

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

Schedule I (Form 990) (2010)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD PASADENA, CA 91125	95-1643307		123,950.	0.			SUPPORT RESEARCH AND EDUCATION
CENTREMEGA CORPORATION 1700 FRASER FIR COURT MITCHELLVILLE, MD 20721	26-0554492		63,000.	0.			SUPPORT RESEARCH AND EDUCATION
CHARLES R DREW UNIVERSITY OF MEDICINE & - 1731 EAST 120TH STREET - LOS ANGELES, CA 90059	95-6151774	501 (C) (3)	68,044.	0.			SUPPORT RESEARCH AND EDUCATION
CHILDREN'S RESEARCH INSTITUTE 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010	52-1654453	501 (C) (3)	1,146,807.	0.			SUPPORT RESEARCH AND EDUCATION
COALITION FOR ENVIRONMENTALLY SAFE COMMUNITIES - 12037 HEATHER DOWN DRIVE - HERNDON, VA 20170	52-2129256	501 (C) (3)	49,473.	0.			SUPPORT RESEARCH AND EDUCATION
COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY OSP FORT COLLINS, CO 80523-2002	84-6000545		62,602.	0.			SUPPORT RESEARCH AND EDUCATION
COMMUNITY HEALTH PARTNERSHIP, INC. 6000 GEORGIA AVE NW WASHINGTON, DC 20011	16-1690461	501 (C) (3)	13,118.	0.			SUPPORT RESEARCH AND EDUCATION
CULTURALLY RESPONSIVE EVALUATION STRATEGIES & TECHNOLOGIES - 14900 WILLOW HILL LANE - CHESTERFIELD, VA 23832	27-1066296		24,072.	0.			SUPPORT RESEARCH AND EDUCATION
DC CHAMBER OF COMMERCE 1213 K STREET NW WASHINGTON, DC 20005	23-7158230		52,049.	0.			SUPPORT RESEARCH AND EDUCATION

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
D DAVIS SOLUTIONS 10700 KINLOCH ROAD SILVER SPRING, MD 20903	27-1400749		12,800.	0.			SUPPORT RESEARCH AND EDUCATION
DELAWARE STATE UNIVERSITY 1200 N DUPONT HWY DOVER, DE 19901	51-0305893		16,600.	0.			SUPPORT RESEARCH AND EDUCATION
DONALD T. WILSON 6558 MARLO DRIVE FALLS CHURCH, VA 22042	41-8627374		26,516.	0.			SUPPORT RESEARCH AND EDUCATION
EMERGENCE COMMUNITY ARTS COLLECTIVE - 733 EUCLID STREET N.W. - WASHINGTON, DC 20001	06-1687385	501 (C) (3)	18,500.	0.			SUPPORT RESEARCH AND EDUCATION
ENVIRONMENT RATING SCALES INSTITUTE, INC. - 711 GREENWOOD ROAD - CHAPEL HILL, NC 27514	20-0727268		30,111.	0.			SUPPORT RESEARCH AND EDUCATION
ETHIOPIAN COMMUNITY DEVELOPMENT COUNCIL - 901 SOUTH HIGHLAND STREET - ARLINGTON, VA 22204	52-1308986	501 (C) (3)	7,093.	0.			SUPPORT RESEARCH AND EDUCATION
GEORGETOWN UNIVERSITY 3970 RESERVOIR ROAD, NW WASHINGTON, DC 20057	53-0196603	501 (C) (3)	64,006.	0.			SUPPORT RESEARCH AND EDUCATION
GUERRILLA ARTS INK, LLC. 2825 7TH STREET NE WASHINGTON, DC 20017	14-1962252		76,180.	0.			SUPPORT RESEARCH AND EDUCATION
HAMPTON UNIVERSITY 114 WIGMAN BUILDING HAMPTON, VA 23668	54-0505990	501 (C) (3)	86,505.	0.			SUPPORT RESEARCH AND EDUCATION

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOWARD THEATRE RESTORATION, INC. 801 K STREET NW WASHINGTON, DC 20001	11-3810472	501 (C) (3)	200,000.	0.			SUPPORT RESEARCH AND EDUCATION
HOW THE WEATHER WORKS 7765 PRESERVE LANE, SUITE 5 NAPLES, FL 34119	10-0369993		33,000.	0.			SUPPORT RESEARCH AND EDUCATION
JACKSON STATE UNIVERSITY 1400 J.R. LYNCH STREET JACKSON, MS 39217	64-6000507		263,305.	0.			SUPPORT RESEARCH AND EDUCATION
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	52-0595110	501 (C) (3)	337,707.	0.			SUPPORT RESEARCH AND EDUCATION
LTG ASSOCIATES 875 E CANAL DRIVE TURLOCK, CA 95380	95-3936812		53,969.	0.			SUPPORT RESEARCH AND EDUCATION
MANNA, INC. 828 EVARTS ST NE WASHINGTON, DC 20018	52-1260689	501 (C) (3)	75,000.	0.			SUPPORT RESEARCH AND EDUCATION
MARSHA MC LEAN 500 RYANS RUN NEWPORT NEWS, VA 23608	23-8029493		8,460.	0.			SUPPORT RESEARCH AND EDUCATION
MASSAH BUNDU 5608 NEWTON STREET HYATTSVILLE, MD 20784	57-8081445		6,000.	0.			SUPPORT RESEARCH AND EDUCATION
MCV ASSOCIATES, INC 4605-C PINECREST OFFICE PARK DR ALEXANDRIA, VA 22312	54-1553636		26,400.	0.			SUPPORT RESEARCH AND EDUCATION

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEHARRY MEDICAL COLLEGE 1005 DR. D.B. TODD JR. BLVD NASHVILLE, TN 37027	62-0488046	501 (C) (3)	85,447.	0.			SUPPORT RESEARCH AND EDUCATION
MOREHOUSE SCHOOL OF MEDICINE, INC 720 WESTVIEW DRIVE SW ATLANTA, GA 30310-1495	58-1438873	501 (C) (3)	36,140.	0.			SUPPORT RESEARCH AND EDUCATION
MORGAN STATE UNIVERSITY 1700 E COLD SPRING LANE BALTIMORE, MD 21251	52-6002033		60,286.	0.			SUPPORT RESEARCH AND EDUCATION
NAVAJO AIDS NETWORK CHINLE VALLEY SCHOOL TRAILER #38 CHINLE, AZ 86503	86-0736661		46,634.	0.			SUPPORT RESEARCH AND EDUCATION
NATIONAL CENTER FOR FARMWORKER HEALTH, INC. - 1770 FM 967 - BUDA, TX 78610	71-1826899	501 (C) (3)	20,000.	0.			SUPPORT RESEARCH AND EDUCATION
NETWORK FOR TEACHING ENTREPRENEURSHIP DC REGION - 120 WALL STREET - NEW YORK, NY 10005	13-3408731		18,375.	0.			SUPPORT RESEARCH AND EDUCATION
NORFOLK STATE UNIVERSITY 700 PARK AVENUE NORFOLK, VA 23504	54-6002808		31,658.	0.			SUPPORT RESEARCH AND EDUCATION
PENNSYLVANIA STATE UNIVERSITY 820 NORTH UNIVERSITY PRESS UNIVERSITY PARK, PA 16802	24-6000376		125,000.	0.			SUPPORT RESEARCH AND EDUCATION
PRECISION SYSTEMS, INC 2713 NEWLANDS STREET NW WASHINGTON, DC 20015	52-1902336		8,461.	0.			SUPPORT RESEARCH AND EDUCATION

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROFESSIONAL SERVICES ENTERPRISE & ASSOCIATES - 10522 TRUXTON RD - HYATTSVILLE, MD 20783	20-8940614		38,600.	0.			SUPPORT RESEARCH AND EDUCATION
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109	05-3325080		75,124.	0.			SUPPORT RESEARCH AND EDUCATION
REGENTS OF THE UNIVERSITY OF CALIFORNIA - BOX 951432, 1125 MURPHY HALL, 405 HILGARD AVENUE - LOS ANGELES, CA 90095-1406	94-6036494		20,377.	0.			SUPPORT RESEARCH AND EDUCATION
RUSSIAN RESEARCH SERVICES CORP 16410 NE 76TH STREET VANCOUVER, WA 98882	60-2673062		44,750.	0.			SUPPORT RESEARCH AND EDUCATION
SHARMON L THORNTON 1111 ARMY NAVY DRIVE ARLINGTON, VA 22202-2029	30-1489762		83,654.	0.			SUPPORT RESEARCH AND EDUCATION
STANFORD UNIVERSITY LANE MEIDICAL LIBRARY ASSOCIATION STANFORD, CA 94305-5123	94-1156365	501 (C) (3)	2,685.	0.			SUPPORT RESEARCH AND EDUCATION
TEMPLE UNIVERSITY - OF THE COMMONWEALTH - 1330 WEST BERKS STREET, SULLIVAN HALL 3RD FLOOR - PHILADELPHIA, PA 19122	23-1365971	501 (C) (3)	56,682.	0.			SUPPORT RESEARCH AND EDUCATION
THE RESEARCH FOUNDATION OF SUNY PRESS - 1400 WASHINGTON AVE, MSC 312 - ALBANY, NY 12222	14-1368361	501 (C) (3)	249,736.	0.			SUPPORT RESEARCH AND EDUCATION
UNIVERSITY OF CALIFORNIA-DAVIS 3500 GILMAN DRIVE MC0953 LAJOLLA, CA 92093	94-6036494		24,962.	0.			SUPPORT RESEARCH AND EDUCATION

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 CHICAGO 1225 EAST 6TH STREET CHICAGO, IL 60637	29-7901316	501 (C) (3)	91,560.	0.			SUPPORT RESEARCH AND EDUCATION
UNIVERSITY OF DISTRICT OF COLUMBIA 4200 CONNECTICUT AVE NW BLDG 38 WASHINGTON, DC 20008-1122	53-6001131		222,301.	0.			SUPPORT RESEARCH AND EDUCATION
UNIVERSITY OF ILLINOIS 1901 SOUTH FIRST STREET, SUITE A, CHAMPAIGN, IL 61820-7406	37-6000511		173,720.	0.			SUPPORT RESEARCH AND EDUCATION
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 48109	38-6006309		93,286.	0.			SUPPORT RESEARCH AND EDUCATION
UNIVERSITY OF PUERTO RICO COLBOS 9000 MAYAGUEZ, PR 00681-9001	66-0433761		239,662.	0.			SUPPORT RESEARCH AND EDUCATION
UNIVERSITY OF TEXAS AT EL PASO 500 W UNIVERSITY AVE EL PASO, TX 79968-0506	74-6000813		186,930.	0.			SUPPORT RESEARCH AND EDUCATION
UNIVERSITY OF TEXAS HEALTH SCIENCE 7703 FLOYD CURL DR, MAIL CODE 7967 SAN ANTONIO, TX 78229-3900	74-1586031		52,240.	0.			SUPPORT RESEARCH AND EDUCATION
VALIDUS COMMUNICATIONS LLC 2109 MILL ROAD ALEXANDRIA, VA 22314	20-8270864		1,006.	0.			SUPPORT RESEARCH AND EDUCATION
VANDERBILT UNIVERSITY CONTRACT AND GRANT ACCOUNTING NASHVILLE, TN 37235	62-0476822	501 (C) (3)	50,885.	0.			SUPPORT RESEARCH AND EDUCATION

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Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA STATE UNIVERSITY OFFICE OF CASH & INVESTMENTS, 1 HA PETERSBURG, VA 23806	54-6001811		42,490.	0.			SUPPORT RESEARCH AND EDUCATION
WASHINGTON REGIONAL ASSOCIATION OF 1400 16TH STREET , NW SUITE NW WASHINGTON, DC 20036	52-1756853	501 (C) (3)	105,000.	0.			SUPPORT RESEARCH AND EDUCATION
XAVIER UNIVERSITY OF LOUISIANA 7325 PALMETTO ST - BOX 37A NEW ORLEANS, LA 70125	72-0635884	501 (C) (3)	39,832.	0.			SUPPORT RESEARCH AND EDUCATION

**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.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	6150	64,997,442.	0.		

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

SCHEDULE I, PART I, LINE 2: MONITORING USE OF GRANT FUNDS IN THE UNITED

STATES: SUB-RECIPIENT OF GRANTS ARE REVIEWED TO ENSURE COMPLETION AND

SATISFACTION OF THE GRANT CRITERIA. SHOULD A RECIPIENT BE FOUND TO BE OUT

OF COMPLIANCE, THEY WILL NO LONGER BE ELIGIBLE FOR FUTURE SCHOLARSHIPS.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

THE HOWARD UNIVERSITY

Employer identification number

53-0204707

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <input type="checkbox"/> First-class or charter travel                     <input checked="" type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                     <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments                     <input checked="" type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                     <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	X	
<p><b>2</b> 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? .....</p>	X	
<p><b>3</b> 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.</p> <p> <input checked="" type="checkbox"/> Compensation committee                     <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Independent compensation consultant                     <input checked="" type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Form 990 of other organizations                     <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	X	
<p><b>4a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? .....</p>	X	
<p><b>4b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	X	
<p><b>4c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p>		X
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		X
<p><b>5a</b> The organization? .....</p>		X
<p><b>5b</b> Any related organization? .....</p>		X
<p><b>6</b> 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:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		X
<p><b>6a</b> The organization? .....</p>		X
<p><b>6b</b> Any related organization? .....</p>		X
<p><b>7</b> 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 .....</p>		X
<p><b>8</b> 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>		X
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>		

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

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SIDNEY A. RIBEAU, PH.D.	(i)	579,515.	0.	14,950.	20,650.	106,800.	721,915.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 RICHARD L. WRIGHT, PH.D.	(i)	111,342.	0.	18,272.	0.	0.	129,614.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 WARNER LAWSON JR., ESQ.	(i)	139,922.	0.	14,802.	0.	0.	154,724.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ARTIS HAMPSHIRE-COWAN, ESQ.	(i)	213,552.	302,820.	22,000.	16,551.	6,646.	561,569.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 HASSAN MINOR, PH.D.	(i)	264,255.	522,184.	22,000.	17,662.	10,687.	836,788.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MR. SIDNEY H. EVANS, JR.	(i)	10,015.	0.	276,531.	601.	455.	287,602.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 NORMA LEFTWICH, ESQ.	(i)	252,930.	224,050.	11,927.	17,414.	11,103.	517,424.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 MRS. NESTA BERNARD	(i)	214,544.	0.	1,313.	13,634.	11,170.	240,661.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 MR. TROY STOVALL	(i)	123,515.	0.	13,846.	11,215.	4,983.	153,559.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 JAMES H. WYCHE, PH.D.	(i)	294,068.	0.	15,150.	10,769.	9,421.	329,408.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 EVE J. HIGGINBOTHAM, MD	(i)	602,396.	0.	22,000.	6,500.	11,435.	642,331.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 BARBARA GRIFFIN, PH.D.	(i)	148,751.	0.	14,492.	11,676.	10,937.	185,856.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 EDWARD CORNWELL, III, MD	(i)	712,893.	0.	19,344.	22,071.	12,337.	766,645.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 OSCAR STREETER, MD	(i)	497,344.	0.	20,339.	17,509.	12,319.	547,511.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 WAYNE FREDRICK, MD	(i)	586,335.	97,006.	16,500.	21,209.	12,019.	733,069.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 CLAIRMONT GRIFFITH, MD	(i)	509,603.	0.	16,500.	14,700.	10,193.	550,996.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN T HEBERT, MD	(i)	536,786.	0.	16,500.	14,700.	19,718.	587,704.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 H. PATRICK SWYGERT, ESQ.	(i)	163,078.	0.	5,079.	11,824.	0.	179,981.	0.
	(ii)	0.	0.	0.	0.	5,529.	5,529.	0.
3 OLIVER G. MCGEE, PH.D.	(i)	168,399.	0.	0.	1,036.	2,948.	172,383.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**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.

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.

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.

**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.

HEALTH OR SOCIAL CLUB DUES:

THE UNIVERSITY PAID OR REIMBURSED THE PRESIDENT FOR THE DUES AND NORMAL

PERIODIC ASSESSMENTS INCURRED FOR MEMBERSHIP FOR TWO CLUBS. THE USE OF THE

MEMBERSHIP IN THE BUSINESS CLUBS IS LIMITED TO UNIVERSITY BUSINESS. THIS

WAS NOT REPORTED ON THE PRESIDENT'S FORM W-2.

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, 2011, THE FOLLOWING INDIVIDUAL LISTED ON

PART VII RECEIVED SEVERANCE PAYMENTS:

SIDNEY EVANS \$276,531

**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.

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

THE UNIVERSITY FUNDS A NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR DR.

RIBEAUX IN THE AMOUNT OF \$70,000 ANNUALLY PLUS SIX PERCENT INTEREST.

AMOUNT FUNDED FOR THE YEAR ENDED JUNE 30, 2011 TOTALED \$74,199.

IN 2007, AS PART OF A COMPREHENSIVE REVIEW AND

ADJUSTMENT OF COMPENSATION FOR FACULTY, DEANS AND STAFF PERSONNEL, THE

EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES APPROVED A

SUPPLEMENTAL PAYMENT FOR THREE KEY OFFICERS IF THEY REMAINED EMPLOYED WITH

HOWARD UNIVERSITY ON JUNE 30, 2010. SUCH PAYMENTS WERE MADE ON THAT DATE

AND ARE REFLECTED AS BONUSES IN THIS FORM 990. THE COMPENSATION REVIEW AND

ADJUSTMENTS APPROVED IN 2007 FOR ALL EMPLOYEES WERE BASED ON STUDIES BY AN

INDEPENDENT COMPENSATION CONSULTANT IN CONNECTION WITH THE THEN ANNOUNCED

TRANSITION OF PRESIDENTIAL LEADERHSHIP.

**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 Part V.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

THE HOWARD UNIVERSITY

Employer identification number

53-0204707

**Part I Bond Issues** SEE PART V FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> DISTRICT OF COLUMBIA	53-6001131	254839L35	07/27/06	97,665,000.	FINANCE BUILDING RENOVATIONS AND REFUNDING	X			X		X
<b>B</b> DISTRICT OF COLUMBIA	53-6001131	NONEAVAIL	08/26/10	10,400,000.	FINANCE AND REFINANCE THE COST OF CERTAIN EQUIPMEN		X		X		X
<b>C</b> DISTRICT OF COLUMBIA	53-6001131	25483VDK7	04/27/11	220,245,253.	REFUND 1998 & 2006 OUTSTANDING DEBT AND FINA		X		X		X
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired	37,825,000.		236,030.					
<b>2</b> Amount of bonds legally defeased	29,395,000.							
<b>3</b> Total proceeds of issue			2,375,304.		169,163,175.			
<b>4</b> Gross proceeds in reserve funds					9,738,259.			
<b>5</b> Capitalized interest from proceeds								
<b>6</b> Proceeds in refunding escrows					43,301,030.			
<b>7</b> Issuance costs from proceeds			196,236.		3,650,659.			
<b>8</b> Credit enhancement from proceeds								
<b>9</b> Working capital expenditures from proceeds								
<b>10</b> Capital expenditures from proceeds			8,024,696.					
<b>11</b> Other spent proceeds								
<b>12</b> Other unspent proceeds			2,375,304.		116,123,886.			
<b>13</b> Year of substantial completion	2009							
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue?	X			X	X			
<b>15</b> Were the bonds issued as part of an advance refunding issue?		X		X	X			
<b>16</b> Has the final allocation of proceeds been made?	X			X		X		
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			X		X		

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property?		X		X	X			

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X	X			X		
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X	X			X		
<b>c</b> 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		X		X			
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%	1.30	%	.00	%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%	.00	%	.00	%		%
<b>6</b> Total of lines 4 and 5 .....		%	1.30	%	.00	%		%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? .....	X		X		X			

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> 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		X		X		
<b>2</b> Is the bond issue a variable rate issue? .....	X			X		X		
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X		X		
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintergrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>4a</b> Were gross proceeds invested in a GIC? .....	X			X		X		
<b>b</b> Name of provider .....	MORGAN STANLEY							
<b>c</b> Term of GIC .....	2.0000000							
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....	X							
<b>5</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X		X		
<b>6</b> Did the bond issue qualify for an exception to rebate? .....		X		X		X		

**Part V Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: DISTRICT OF COLUMBIA

(F) DESCRIPTION OF PURPOSE:

FINANCE BUILDING RENOVATIONS AND REFUNDING OUTSTANDING DEBT



**Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.**

(A) ISSUER NAME: DISTRICT OF COLUMBIA

(F) DESCRIPTION OF PURPOSE:

FINANCE AND REFINANCE THE COST OF CERTAIN EQUIPMENT

(A) ISSUER NAME: DISTRICT OF COLUMBIA

(F) DESCRIPTION OF PURPOSE:

REFUND 1998 & 2006 OUTSTANDING DEBT AND FINANCE NEW MONEY PROJECTS

PART II #3B - PROCEEDS OF \$8,024,696 WERE USED TO PURCHASE EQUIPMENT AND

PAYOFF BRIDGE LOAN.

PART II #3C - PROCEEDS OF \$51,082,079 WERE USED TO

COI AND REDEMPTIONS.



**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
PEPCO HOLDINGS	SEE SCHEDULE O	10,306,696.	UTILITIES		X
RIGHT ADVISORY LLC	SEE SCHEDULE O	1,085,230.	MANAGEMENT		X
ELIZABETH STROUD	SEE SCHEDULE O	113,609.	CONSULTING		X
CORNELL MOORE, ESQ.	TRUSTEE	4,795.	LEGAL SERVI		X
KAREN WYCHE, PH.D.	SPOUSE OF PROVOST	78,404.	UNIVERSITY		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: TROY STOVALL

(A) PURPOSE OF LOAN:

OFFSET LOSS FROM HOME SALE IN DEPRESSED HOUSING MARKET IN MISSISSIPPI

(A) NAME OF PERSON: EDWARD E. CORNWELL, III M.D., F.A.C.S, F.C.C.M.

(A) PURPOSE OF LOAN: TO RECRUIT AND ASSIST IN RELOCATION TO WASHINGTON, DC

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: PEPCO HOLDINGS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE SCHEDULE O

(D) DESCRIPTION OF TRANSACTION: UTILITIES PEPCO HOLDINGS

PROVIDE UTILITIES SERVICES TO THE UNIVERSITY

(A) NAME OF PERSON: RIGHT ADVISORY LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE SCHEDULE O CFO ROBERT TAROLOA IS MEMBER OF RIGHT ADVISORY LLC

(D) DESCRIPTION OF TRANSACTION: MANAGEMENT COMPENSATION FOR

FINANCIAL MANAGEMENT SERVICES PROVIDED BY RIGHT ADVISORY, LLC INCLUDING

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

VARIOUS INDIVIDUALS AND ROBERT TAROLA (SERVING AS CHIEF FINANCIAL OFFICER).

(A) NAME OF PERSON: ELIZABETH STROUD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE SCHEDULE O FORMER OFFICER OF THE UNIVERSITY

(D) DESCRIPTION OF TRANSACTION: CONSULTING COMPENSATION FOR

HUMAN RESOURCE MANAGEMENT CONSULTING SERVICES PROVIDED BY MS. STROUD

(A) NAME OF PERSON: CORNELL MOORE, ESQ.

(D) DESCRIPTION OF TRANSACTION: LEGAL SERVICES

(A) NAME OF PERSON: KAREN WYCHE, PH.D.

(D) DESCRIPTION OF TRANSACTION: UNIVERSITY EMPLOYEE

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.**

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....	X	1	62,900.	FMV
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	3	7,063.	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 .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <u>SPORTS EQUIPM</u> )	X	1	4,034.	FMV
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

THE HOWARD UNIVERSITY

Employer identification number

53-0204707

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION 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.

FORM 990, PART VI, SECTION A, LINE 3: DELEGATION OF DUTIES TO A

MANAGEMENT COMPANY:

HOWARD UNIVERSITY 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.

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.

FORM 990, PART VI, SECTION B, LINE 12C: COMPLIANCE WITH CONFLICT OF

INTEREST POLICY:

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

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

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

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.

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

FORM 990, PART VI, SECTION C, LINE 19: PUBLIC DISCLOSURE OF GOVERNING

DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S

WEBSITE AND UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

64,740,000.

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Name of the organization THE HOWARD UNIVERSITY	Employer identification number 53-0204707
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UNREALIZED LOSS ON INTEREST RATE SWAP 1,873,000.

UNREALIZED CHANGE IN FUNDED STATUS OF DEFINED BENEFIT

PENSION PLAN 61,424,000.

UNREALIZED CHANGE IN OBLIGATION FOR POST RETIREMENT BENEFIT

PLAN 5,953,000.

OTHER ITEMS, NET -11,809,000.

TOTAL TO FORM 990, PART XI, LINE 5 122,181,000.

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: \$12,377,034

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: \$6,647,983

NAME: BENNETT GROUP INC.

ADDRESS: 1230 31ST STREET NW, WASHINGTON, DC 20007

DESCRIPTION OF SERVICES: MAJOR FACILITIES RENOVATIONS

COMPENSATION: \$3,720,021

NAME: UNICCO SERVICE COMPANY

ADDRESS: 4100 N. FAIRFAX DRIVE, ARLINGTON, VA 22203

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Name of the organization THE HOWARD UNIVERSITY	Employer identification number 53-0204707
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DESCRIPTION OF SERVICES: FACILITY MAINTENANCE SERVICES

COMPENSATION: \$2,718,127

NAME: CITY SECURITY CONSULTANTS

ADDRESS: 2010 KENDALL STREET NE, WASHINGTON, DC 20002

DESCRIPTION OF SERVICES: HOWARD UNIVERSITY AND HOWARD UNIVERSITY

HOSPITAL SECURITY SERVICES

COMPENSATION: \$2,701,478

990, SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED

PERSONS

(A) NAME OF PERSON: PEPCO HOLDINGS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: UNIVERSITY

BOARD MEMBER, PATRICK HARKER, ALSO SERVES AS A MEMBER OF THE BOARD OF

DIRECTORS OF PEPCO HOLDINGS

(D) DESCRIPTION OF TRANSACTION: PEPCO HOLDINGS PROVIDE UTILITIES

SERVICES TO THE UNIVERSITY

(A) NAME OF PERSON: RIGHT ADVISORY LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: CFO ROBERT

TAROLA IS A MEMBER OF RIGHT ADVISORY, LLC

(D) DESCRIPTION OF SERVICES: COMPENSATION FOR FINANCIAL MANAGEMENT

SERVICES PROVIDED BY RIGHT ADVISORY, LLC INCLUDING ROBERT TAROLA

(SERVING AS CHIEF FINANCIAL OFFICER)

(A) NAME OF PERSON: ELIZABETH STROUD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FORMER

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01-24-11

Name of the organization  
THE HOWARD UNIVERSITY

Employer identification number  
53-0204707

OFFICER OF THE UNIVERSITY

(D) DESCRIPTION OF SERVICES: COMPENSATION FOR HUMAN RESOURCE MANAGEMENT

CONSULTING SERVICES PROVIDED BY MS. STROUD

Multiple horizontal lines for additional information or details.