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Form

990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization
The Howard University
Doing Business As
Number and street (or P O box if mail is not delivered to street address)
2400 6th Street NW
Room/suite
City or town, state or country, and ZIP + 4
Washington, DC 20059

D Employer identification number
53-0204707

E Telephone number
(202) 806-6100

G Gross receipts \$ 1,210,725,000

F Name and address of Principal Officer
Sidney A Ribeau PhD
2400 6TH STREET NW
Washington, DC 20059

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

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

H(c) Group Exemption Number

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

J Web site: www.howard.edu

K Type of organization ☒ Corporation ☐ trust ☐ association ☐ other

L Year of Formation 1867

M State of legal domicile DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
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 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3 Number of voting members of the governing body (Part VI, line 1a) 3 33

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 30

5 Total number of employees (Part V, line 2a) 5 9,301

6 Total number of volunteers (estimate if necessary) 6 700

7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . 7a 16,094,271

7b Net unrelated business taxable income from Form 990-T, line 34 . . . 7b -806,186

Revenue

8 Contributions and grants (Part VIII, line 1h) 314,804,000 247,113,750

9 Program service revenue (Part VIII, line 2g) 435,954,935 622,671,335

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,461,000 -32,064,395

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 78,007,000 7,266,249

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 843,226,935 844,986,939

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 44,944,935 46,433,154

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 454,842,005 486,277,226

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

b (Total fundraising expenses, Part IX, column (D), line 25 5,972,855)

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 379,486,163 435,534,559

18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A)) 879,273,103 968,244,939

19 Revenue less expenses Subtract line 18 from line 12 -36,046,168 -123,258,000

Net Assets or Fund Balances

20 Total assets (Part X, line 16) Beginning of Year End of Year 1,388,709,000 1,223,048,884

21 Total liabilities (Part X, line 26) 571,973,000 720,464,739

22 Net assets or fund balances Subtract line 21 from line 20 816,736,000 502,584,145

Part II Signature Block

Please Sign Here

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 of officer Date 2010-04-15

ROBERT M TAROLA Senior VP/CFO Type or print name and title

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 EIN Phone no

Crowe Horwath LLP 330 E Jefferson Blvd PO Box 7 South Bend, IN 466240007 (574) 232-3992

Part IIStatement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission
Howard University is an institution that educates students, develops professionals, conducts research, and serves patients through 12 schools of higher education and an academic medical center

2

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

Yes

No

If “Yes,” describe these new services on Schedule O

3

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

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses
Section 501(c)(3) and (4) organizations and 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 \$ 540,817,242 including grants of \$ 46,433,154) (Revenue \$ 278,442,413)
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 \$ 248,843,909 including grants of \$ 0) (Revenue \$ 328,531,000)
A private, nonprofit institution, Howard University Hospital is the nation's only teaching hospital located on the campus of a historically Black university It offers medical students a superior learning environment and opportunities to observe or participate in 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 and provided \$29,775,000 of charity care

4c

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

4d

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

























4e

Total program service expenses \$ 789,661,151 Must equal Part IX, Line 25, column (B).







Form 990 (2008)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	Yes
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13	Yes
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 	16	Yes
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 	17	No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	Yes
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	Yes
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Yes
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 	26	Yes
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 	27	No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> 		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5 percent 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>		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	2,324	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	9,301	
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country <u>NI , MI</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	<i>Section 501(c)(7) organizations.</i> Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	<i>Section 501(c)(12) organizations.</i> Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	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?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or 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		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?		No
14	Does the organization have a written document retention and destruction policy?		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization?		No
Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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 <u>DC</u>
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ROBERT TAROLA 2244 10TH STREET NW Washington, DC 20059 (202) 806-2411

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

Form 990 (2008)

Part VII

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
1b Total								8,954,533	0	463,492

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **722**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Cedarcrestone 1255 Alderman Drive ALPHARETTA, GA 30005	See Schedule O	9,839,607
Sodexo Inc 9801 Washingtonian Boulevard GAITHERSBURG, MD 20878	See Schedule O	9,608,573
On Assignment Healthcare Staffing 26651 W Agoura Road CALABASAS, CA 91302	See Schedule O	3,321,060
Thompson Cobb Bazilio Associates 1101 15th Street NW Suite 400 WASHINGTON, DC 20005	See Schedule O	6,033,623
PricewaterhouseCoopers LLP 1301 K Street NW Suite 800W WASHINGTON, DC 20005	See Schedule O	7,114,325

Part VIII

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues					
			1b				
	c	Fundraising events	1c	1,667,036			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	234,545,000			
	f	All other contributions, gifts, grants, and similar amounts not included above		10,901,714			
			1f				
	g	Noncash contributions included in lines 1a-1f \$ 65,305					
h	Total (Add lines 1a-1f)		247,113,750				
Program Service Revenue			Business Code				
	2a	ACADEMIC SERVICES		294,140,335	278,442,413	15,697,922	0
	b	PATIENT SERVICES		328,531,000	328,531,000	0	0
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f \$ 622,671,335					
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		13,630,000	0	-18,145	13,648,145
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross Rents	1,273,671	19,368			
	b	Less rental expenses	859,177	0			
	c	Rental income or (loss)	414,494	19,368			
	d	Net rental income or (loss)		433,862	0	414,494	19,368
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	318,269,000	18,605			
	b	Less cost or other basis and sales expenses	363,982,000	0			
	c	Gain or (loss)	-45,713,000	18,605			
	d	Net gain or (loss)		-45,694,395	0	0	-45,694,395
	8a	Gross income from fundraising events (not including \$ 583,250 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	a	1,667,036			
	b	Less direct expenses	b	896,884			
	c	Net income or (loss) from fundraising events		-313,634	0	0	-313,634
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
11a	OTHER REVENUE		7,146,021	0	0	7,146,021	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d \$ 7,146,021						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		844,986,939	606,973,413	16,094,271	-25,194,495	

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	6,099,154	6,099,154		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	37,512,243	37,512,243		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	2,821,757	2,821,757		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	5,993,123	1,480,742	4,074,611	437,770
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	368,559,578	330,948,186		2,690,848
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,411,315	8,264,150	9,142,161	5,004
9	Other employee benefits	68,741,992	56,938,642	11,566,275	237,075
10	Payroll taxes	25,571,218	20,504,387	4,509,862	556,969
11	Fees for services (non-employees)				
a	Management	640,625	0	640,625	0
b	Legal	1,256,695	0	1,256,695	0
c	Accounting	15,899,801	0	15,899,801	0
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	2,768,079	0	2,768,079	0
g	Other	80,323,470	34,513,153	45,544,874	265,443
12	Advertising and promotion	376,664	343,892	23,461	9,311
13	Office expenses	73,078,056	56,609,151	15,127,717	1,341,188
14	Information technology	0			
15	Royalties	0			
16	Occupancy	23,363,286	20,605,830	2,757,456	0
17	Travel	5,534,539	5,232,264	269,067	33,208
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	0			
20	Interest	6,964,817	5,140,662	1,824,155	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	45,811,276	40,314,938	5,496,338	0
23	Insurance	24,596,022	19,001,816	5,594,206	0
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT EXPENSE	37,776,000	32,804,544	4,971,456	0
b	CHARITY CARE	29,775,000	29,775,000	0	0
c	RESTRUCTURING COSTS	22,649,000	22,649,000	0	0
d	AUXILIARY/BOOKSTORE	9,663,086	9,662,310	776	0
e	DUES/SUBS/LICENSE/PERMIT FEES	7,856,806	4,038,077	3,764,494	54,235
f	All other expenses	47,201,337	44,401,253	2,458,280	341,804
25	Total functional expenses. Add lines 1 through 24f	968,244,939	789,661,151	172,610,933	5,972,855
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	19,621,000	1	19,733,644
	2 Savings and temporary cash investments	0	2	13,131,474
	3 Pledges and grants receivable, net	30,420,000	3	21,987,984
	4 Accounts receivable, net	69,146,000	4	80,273,721
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>	0	6	168,126
	7 Notes and loans receivable, net	10,354,000	7	9,787,000
	8 Inventories for sale or use	1,102,918	8	1,057,271
	9 Prepaid expenses and deferred charges	69,145,082	9	11,803,355
	10a Land, buildings, and equipment cost basis	10a 1,109,352,004		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b 513,568,880	567,633,000	10c 595,783,124
	11 Investments—publicly traded securities	257,292,000	11	300,244,092
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	315,153,000	12	128,874,000
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	48,842,000	15	40,205,093
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,388,709,000	16	1,223,048,884	
Liabilities	17 Accounts payable and accrued expenses	237,608,000	17	307,043,633
	18 Grants payable		18	
	19 Deferred revenue	12,439,000	19	9,480,464
	20 Tax-exempt bond liabilities	166,644,000	20	159,580,000
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties	23,140,000	23	29,438,411
	24 Unsecured notes and loans payable	0	24	26,335,000
	25 Other liabilities <i>Complete Part X of Schedule D</i>	132,142,000	25	188,587,231
	26 Total liabilities. Add lines 17 through 25	571,973,000	26	720,464,739
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	521,636,000	27	249,279,244
	28 Temporarily restricted net assets	197,750,000	28	157,792,784
	29 Permanently restricted net assets	97,350,000	29	95,512,117
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	816,736,000	33	502,584,145
	34 Total liabilities and net assets/fund balances	1,388,709,000	34	1,223,048,884

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization The Howard University	Employer identification number 53-0204707
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input checked="" type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	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 <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally Integrated d <input type="checkbox"/> Type III - Other
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage		
15Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage		
17Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

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

Facts and Circumstances Test

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization The Howard University	Employer identification number 53-0204707
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)<input type="checkbox"/> Preservation of an historically importantly land area<input type="checkbox"/> Protection of natural habitat<input checked="" type="checkbox"/> Preservation of certified historic structure<input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><th></th><th>Held at the End of the Year</th></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 0											
4	Number of states where property subject to conservation easement is located ▶ 1											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>											
6	Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶ 104 00											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ 5,000											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input checked="" type="checkbox"/> Yes<input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶ \$

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Trust, 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 why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	460,122,000				
b Contributions	6,260,000				
c Investment earnings or losses	-80,823,000				
d Grants or scholarships	14,796,000				
e Other expenditures for facilities and programs	0				
f Administrative expenses	0				
g End of year balance	370,763,000				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 44 %

b

Permanent endowment ▶ 18 %

c

Term endowment ▶ 38 %

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

3a(i)

☐

No

3a(ii)

☐

No

b

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

3b

☐

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		27,772,000		27,772,000
b Buildings		619,995,004	289,347,180	330,647,824
c Leasehold improvements		178,269,000	93,401,445	84,867,555
d Equipment		283,319,000	130,820,255	152,498,745
e Other		0	0	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				595,786,124

Schedule D (Form 990) 2008

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other CAPITAL	52,622,000	F
Other FIXED INCOME - CORPORATE BONDS	1,478,000	F
Other SECURITIES	556,000	F
Other EQUITY HEDGE FUND - LONG/SHORT	29,842,000	F
Other RETURN	35,011,000	F
Other REAL ESTATE INVESTMENTS	9,365,000	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶	128,874,000	

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

(a) Description	(b) Book value
SELF-INSURED LIABILITIES	40,205,093
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

(a) Description of Liability	(b) Amount
Federal Income Taxes	
UNDERFUNDED DEFINED BENEFIT PENSION PLAN	73,759,000
DEPOSITS HELD IN CUSTODY FOR OTHERS	1,329,000
SELF-INSURED LIABILITIES	76,838,000
INTEREST RATE SWAP	3,961,000
REFUNDABLE ADVANCES UNDER US GOV'T LOANS	8,153,000
ASSET RETIREMENT OBLIGATION	10,929,000
ENVIRONMENTAL REMEDIATION	3,000,000
UNCLAIMED PROPERTY	2,638,000
STUDENT DEPOSITS AND REFUNDS	1,891,000
OTHER LIABILITIES	6,089,231
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	188,587,231

Schedule D (Form 990) 2008

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	844,986,939
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	968,244,939
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-123,258,000
4	Net unrealized gains (losses) on investments	4	-50,090,000
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-140,803,000
9	Total adjustments (net) Add lines 4 - 8	9	-190,893,000
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-314,151,000

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	581,370,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-50,090,000
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-140,803,000
e	Add lines 2a through 2d	2e	-190,893,000
3	Subtract line 2e from line 1	3	772,263,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,371,000
b	Other (Describe in Part XIV)	4b	68,352,939
c	Add lines 4a and 4b	4c	72,723,939
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	844,986,939

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	895,521,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	1,756,061
e	Add lines 2a through 2d	2e	1,756,061
3	Subtract line 2e from line 1	3	893,764,939
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	4,371,000
b	Other (Describe in Part XIV)	4b	70,109,000
c	Add lines 4a and 4b	4c	74,480,000
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	968,244,939

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 XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
SCHEDULE D, PART II, LINE 9	CONSERVATION EASEMENTS	THE ORGANIZATION DOES NOT REPORT ITS CONSERVATION EASEMENTS IN ITS FINANCIAL STATEMENTS
SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS	The intended use of the organization's endowment fund is to supply a source of income for operations in order to further the organization's mission and tax-exempt purpose
Schedule D, part XI, line 8	reconciliation of change in net assets	Unrealized loss on interest rate swap (2,161,000) Unrealized change in funded status of defined benefit pension plan (124,964,000) Unrealized change in obligation for post-retirement benefit plan (27,388,000) Unrealized gain on land swap 13,710,000 total line 8 (140,803,000) Schedule D, Part XII, Line 2d Reconciliation of Revenue Unrealized loss on interest rate swap (2,161,000) Unrealized change in funded status of defined benefit pension plan (124,964,000) Unrealized change in obligation for post-retirement benefit plan (27,388,000) Unrealized gain on land swap 13,710,000 total line 2d (140,803,000) Schedule D, part XII, Line 4b Reconciliation of revenue Scholarships and grants 40,334,000 Charity care 29,775,000 Fundraising event expenses (896,884) Rental expenses (859,177) Total Line 4b 68,352,939 Schedule D, Part XIII, line 2d Reconciliation of expenses Fundraising event expenses 896,884 Rental expenses 859,177 Total Line 2d 1,756,061 Schedule D, Part XIII, line 4b Reconciliation of expenses Scholarships and grants 40,334,000 Charity care 29,775,000 total line 4b 70,109,000

SCHEDULE E

(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Name of the organization The Howard University	Employer identification number 53-0204707
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		YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 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)	3	Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	4a 4b 4c 4d	Yes Yes Yes Yes	
5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	5a 5b 5c 5d 5e 5f 5g 5h		No No No No No No No No
6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 6a or b, please explain using an attached statement	6a 6b	Yes	No
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," attach an explanation	7	Yes	

OMB No. 1545-0047
2008
**Open to Public
 Inspection**

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Employer identification number

53-0204707

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**

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

For Paperwork Reduction Act Notice, see the instructions for Form 990. Cat No 50082W **Schedule F (Form 990) 2008**

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 ☐ ☐
Use Schedule F-1 if additional space is needed.

[illegible]

2 Enter total number of organizations that are recognized as charities by the foreign country 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 IIIGrants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	Cent America/Caribbean	108	1,499,828	CHECK	0	N/A	N/A
SCHOLARSHIPS	East Asia/Pacific	2	32,395	CHECK	0	N/A	N/A
SCHOLARSHIPS	Europe/Iceland/Greenland	16	165,347	CHECK	0	N/A	N/A
SCHOLARSHIPS	Middle East/North Africa	2	32,395	CHECK	0	N/A	N/A
SCHOLARSHIPS	North America	9	106,342	CHECK	0	N/A	N/A
SCHOLARSHIPS	South America	6	88,623	CHECK	0	N/A	N/A
SCHOLARSHIPS	South Asia	3	41,675	CHECK	0	N/A	N/A
SCHOLARSHIPS	Sub-Saharan Africa	72	855,152	CHECK	0	N/A	N/A

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
The Howard University

Employer identification number
53-0204707

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐

Mail solicitations

b

☐

Email solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No

b

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

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

3

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

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

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			charter day	140th anniv.	12	(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	1,500,000	240,825	509,461	2,250,286
	2	Less Charitable contributions	1,180,000	65,000	422,036	1,667,036
3	Gross revenue (line 1 minus line 2)		320,000	175,825	87,425	583,250
Direct Expenses	4	Cash Prizes	0	0	900	900
	5	Non-cash Prizes	0	0	2,100	2,100
	6	Rent/Facility costs	325,401	94,245	48,135	467,781
	7	Other direct expenses	298,724	51,080	76,299	426,103
	8	Direct expense summary Add lines 4 through 7 in column (d) ▶				896,884
	9	Net income summary Combine lines 3 and 8 in column (d). ▶				- 313,634

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

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

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

	Yes	No
13 Indicate the percentage of gaming activity operated in		
a The organization's facility 13a		
b An outside facility 13b		
14 Provide 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? 15a		
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		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
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? 17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
The Howard University

Employer identification number
53-0204707

Part I

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

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

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from <i>worksheets 1 and 2</i>)						
b Unreimbursed Medicaid (from <i>worksheet 3, column a</i>)						
c Unreimbursed costs—other means-tested government programs (from <i>worksheet 3, column b</i>)						
d Total Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from <i>worksheet 4</i>)						
f Health professions education (from <i>worksheet 5</i>)						
g Subsidized health services (from <i>worksheet 6</i>)						
h Research (from <i>worksheet 7</i>)						
i Cash and in-kind contributions to community groups (from <i>worksheet 8</i>)						
j Total Other Benefits						
k Total (line 7d and 7j)						

Part IICommunity Building Activities

(Complete this table if the organization conducted any community building activities) (Optional for 2008)

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total						

Part IIIBad Debt, Medicare, & Collection Practices

(Optional for 2008)

Section A. Bad Debt Expense

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

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5		
6	Enter Medicare allowable costs of care relating to payments on line 5	6		
7	Enter line 5 less line 6—surplus or (shortfall)	7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IVManagement Companies and Joint Ventures

(Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

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

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

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

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

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

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
The Howard University

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
53-0204707

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

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

☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

3

Enter total number of other organizations

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS	1836	37,512,243	0	N/A	N/A

Part IV

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

Identifier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	MONITORING USE OF GRANT FUNDS IN THE UNITED STATES	Scholarship recipients are reviewed to ensure completion and satisfaction of the scholarship criteria. Should a recipient be found to be out of compliance, they will no longer be eligible for future scholarships.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
The Howard University

Employer identification number
53-0204707

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	<div><div><input type="checkbox"/> First class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div></div>			
	<div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div>			
	<div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div></div>			
	<div><div><input type="checkbox"/> Discretionary spending account</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div>			
	<div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div>			
	<div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space 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) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

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 (Form 990) 2008

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds	OMB No 1545-0047
		2008
		Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization The Howard University	Employer identification number 53-0204707
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Part I

Bond Issues (Required for 2008)

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	District of Columbia	53-6001131	254839L35	09-15-2006	17,290,000	finance building renovations		X		X
B	District of Columbia	53-6001131	254839L92	09-15-2006	36,200,000	finance building renovations		X		X
C	District of Columbia	53-6001131	254839M26	09-15-2006	44,175,000	refund outstanding debt		X		X

Part II

Proceeds (Optional for 2008)

		A		B		C		D		E	
1	Total Proceeds of Issue										
2	Gross Proceeds in Reserve Funds										
3	Proceeds in Refunding or Defeasance Escrows										
4	Other Unspent Proceeds										
5	Issuance Costs from Proceeds										
6	Working Capital Expenditures from Proceeds										
7	Capital Expenditures from Proceeds										
8	Year of Substantial Completion										
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III

Private Business Use (Optional for 2008)

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

Part III Private Business Use *(Continued)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b Are there any research agreements with respect to the financed property which may result in private business use?										
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6 Total of lines 4 and 5										
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

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

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2008

Open to Public Inspection

Transactions with Interested Persons

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization The Howard University	Employer identification number 53-0204707
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Part I

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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2

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

▶ \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II

Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Sidney H Evans Jr		X	50,000	62,250		No	Yes		Yes	
Edward Cornwell III		X	100,000	100,000		No	Yes		Yes	

Total▶ \$162,250

Part III

Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

Part IV

Business Transactions Involving Interested Persons

To be completed by organizations that 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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
The Howard University

Employer identification number
53-0204707

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	6	65,305	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 (describe _____)				
26 Other (describe _____)				
27 Other (describe _____)				
28 Other (describe _____)				

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?	30a	No
b If "Yes", describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	No
b If "Yes", describe in Part II		
33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		

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

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization The Howard University	Employer identification number 53-0204707
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Identifier	Return Reference	Explanation
FORM 990, PART V, PAGE 5, LINES 7G AND 7H	ORGANIZATIONS THAT MAY RECEIVE DEDUCTIBLE CONTRIBUTIONS	THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY, CARS, BOATS, AIRPLANES, OR OTHER VEHICLES DURING THE YEAR ENDED JUNE 30, 2009, THEREFORE, THESE QUESTIONS DO NOT APPLY AND HAVE BEEN INTENTIONALLY LEFT BLANK

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, PAGE 6, LINE 3	DELEGATION OF DUTIES TO A MANAGEMENT COMPANY	How ard University Hospital retains LHW, Inc for payment of services for Larry Warren, CEO of the hospital

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, PAGE 6, LINE 10	REVIEW OF FORM 990 BY GOVERNING BODY	A board meeting is held w ith our tax advisors and executive committee to present and review a draft of the full Form 990, including all applicable schedules Each Executive Committee member is provided a copy of the return prior to the meeting At the meeting they are allow ed 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 to each member of the full board for review Once the form 990 has been review ed it is filed w ith the IRS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, Page 6, Line 12c	Compliance w ith conflict of interest policy	Annual disclosure is required of each officer, director, trustee and key employee Each person completes an annual conflict of interest questionnaire Once the conflict of interest questionnaires are completed they are review ed by the Chief Compliance Officer/Office of the General Counsel If an actual conflict of interest is determined to exist, that person is excluded from any discussions concerning the conflicting issue and is not permitted to vote on any decisions regarding the conflicting issue

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, PAGE 6, LINES 13 AND 14	WRITTEN WHISTLEBLOWER POLICY AND WRITTEN DOCUMENT RETENTION AND	DESTRUCTION POLICY Although the organization did not have a w ritten w histleblow er policy or w ritten document retention and destruction policy in place at year-end, policies w ere finalized and implemented prior to the filing of the organization's 2008 Form 990

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, PAGE 6, LINE 15A	COMPENSATION OF CEO, EXECUTIVE DIRECTOR, OR OTHER TOP MANAGEMENT OFFICIAL	The process for determining the compensation of the organizations president included a review and approval by the Board of Trustees, w hich consisted only of independent persons The Board of Trustees used a customized survey of How ard Universitys benchmark institutions created by PRM Consulting to determne the compensation The process w as documented in the Board Meeting minutes and w as last undertaken on April 28, 2008

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION C, PAGE 6, LINE 19	PUBLIC DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT 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 w ebsite

Identifier	Return Reference	Explanation
FORM 990, PART VII, SECTION B, PAGE 8	DESCRIPTION OF SERVICES FOR INDEPENDENT CONTRACTORS	Cedarcrestone - IT consulting for PeopleSoft installation Sodexho, Inc - food service for students On Assignment Healthcare Staffing - Temporary on-call nursing services Thompson Cobb Bazillo & Associates, PC - outsourced general accounting services Pricew aterhouseCoopers LLP - audit services for How ard University, How ard University Hospital, and Circular A-133

Identifier	Return Reference	Explanation
FORM 990, PART IX, PAGE 10, LINES 9, 11g, AND 13	OTHER EMPLOYEE BENEFITS, OTHER FEES FOR SERVICES, AND OFFICE EXPENSES	The amounts included on line 9, other employee benefits, include the follow ing Workers' compensation 5,144,477 Postretirement and life insurance 14,485,718 Health insurance 39,084,799 Other benefits 10,026,998 Total expenses, line 9 \$68,741,992 The amounts included on line 11g, other fees for services, include the follow ing IT Services \$11,550,192 Engineering Services 4,748,836 Food Services 10,647,668 Nursing Services 8,387,840 Accounts receivable billing& collection 7,063,838 Medical Services 8,935,864 Security Services 5,504,476 Repairs & Maintenance 9,327,416 Other purchased services 14,157,340 Total expenses, line 11g \$80,323,470 The amounts included on line 13, office expenses, include the follow ing Supplies \$44,614,986 Repairs and Maintenance 8,365,944 Rental 9,802,255 Telephone/communication 7,317,057 Postage/Printed Materials 2,101,691 Taxes (465,065) Fundraising expenses 1,341,188 Total expenses, line 13 \$73,078,056

Additional Data

Software ID:
Software Version:
EIN: 53-0204707
Name: The Howard University

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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 addison barry rand , chairman	1 0	X		X				0	0	0
sidney a ribeau phd , president	40 0	X		X				307,498	0	77,106
renee higginbotham-brooks , vice chairwoman	1 0	X		X				0	0	0
dr starmanda bullock , board member	1 0	X						110,238	0	10,942
charisse r lillie esq , board member	1 0	X						0	0	0
richard d parsons esq , board member	1 0	X						0	0	0
mrs elizabeth g early , board member	1 0	X						0	0	0
mr robert l lumpkins , board member	1 0	X						0	0	0
ms danielle k perry , board member	1 0	X						0	0	0
dr aprilie j ericsson , board member	1 0	X						0	0	0
anita stearns mayo esq , board member	1 0	X						0	0	0
mr gerald d prothro , board member	1 0	X						0	0	0
dr harold p freeman , board member	1 0	X						0	0	0
mrs renetta d mccann , board member	1 0	X						0	0	0
m kasim reed esq , board member	1 0	X						0	0	0
mr earl g graves sr , board member	1 0	X						0	0	0
dr charles j mcdonald , board member	1 0	X						0	0	0
james e silcott aia , board member	1 0	X						0	0	0
mrs dianne atkinson hudson , board member	1 0	X						0	0	0
dr floretta dukes mckenzie , board member	1 0	X						0	0	0
dr ruth j simmons , board member	1 0	X						0	0	0
mrs marie c johns , board member	1 0	X						0	0	0
wayman f smith III esq , board member	1 0	X						0	0	0
vernon e jordan jr esq , board member	1 0	X						0	0	0
stacey j mobley esq , board member	1 0	X						0	0	0
mr john a thain , board member	1 0	X						0	0	0
honorable jack f kemp , board member	1 0	X						0	0	0
cornell leverette moore esq , board member	1 0	X						0	0	0
honorable l douglas wilder , board member	1 0	X						0	0	0
ms victoria d kirby , board member	1 0	X						2,820	0	0

Form 990, Part VII - Section Aaa

(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			
ms jessye norman , board member	1 0	X						0	0	0
mr gregory a white , board member	1 0	X						0	0	0
mr john d zeglis , board member	1 0	X						0	0	0
alvin thornton phd , Interim provost	40 0			X				166,032	0	22,995
artis hampshire-cowan , Corporate Secretary	40 0			X				270,435	0	15,774
dr hassan minor , Senior VP	40 0			X				281,442	0	27,100
sidney h evans jr , CHIEF FINANCIAL OFFICER	40 0			X				296,522	0	27,426
dr donald e wilson , Senior VP of Health Sciences	24 0			X				535,000	0	2,450
Norma Leftwich jd , General Counsel	40 0			X				258,915	0	27,375
Nesta Bernard , VP of University Advancement	40 0			X				173,803	0	23,225
Dr Florence Bonner , VP for Research and Compliance	40 0			X				190,711	0	15,547
Larry warren , CEO of Howard Univ Hospital	40 0				X			640,625	0	0
edward cornwell III PhD , Surgeon-in-Chief	40 0					X		553,367	0	10,865
sara tyce , general sales manager	40 0					X		488,325	0	11,860
wayne fredrick , interim director cancer center	40 0					X		449,297	0	27,347
CLAIRMONT GRIFFITH , ANESTHESIOLOGIST	40 0					X		427,202	0	28,296
DR CHILEDUM AHAGHOTU , PHYSICIAN	40 0					X		403,602	0	27,571
h patrick swygert , Former president	40 0						X	2,300,880	0	22,266
virgil e ecton , former vice president	40 0						X	253,146	0	27,388
richard a english , former Chief Academic Officer	40 0						X	219,467	0	20,581
victor f scott , former senior vp health svcs	40 0						X	260,385	0	20,441
franklin chambers , former vice provost	40 0						X	119,658	0	9,130
oliver g mcgee , former vp for research	40 0						X	245,163	0	7,807

Software ID:
Software Version:
EIN: 53-0204707
Name: The Howard University

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(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)
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Software ID:

Software Version:

EIN: 53-0204707

Name: The Howard University

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANACOSTIA ECONOMIC DEVELOPMENT CORP1800 MLK JR AVE SE WASHINGTON,DC 20020	52-0897780	501(c)(3)	48,459	0	N/A	N/A	SUPPORT OPERATIONS
APPLIED WIRELESS LOCAL AREA NETWORK INC155 GIBBS ST STE 419 ROCKVILLE,MD 20850	52-2337093		16,585	0	N/A	N/A	SUPPORT OPERATIONS
BARRONS EDUCATIONAL SERIES INC250 WIRELESS BLVD HAUPPAUGE,NY 117883924	11-1750275		34,026	0	N/A	N/A	SUPPORT OPERATIONS
BAYLOR COLLEGE OF MEDICINEP O BOX 201361 HOUSTON,TX 772161361	74-1613878	501(c)(3)	97,923	0	N/A	N/A	SUPPORT OPERATIONS
BOWIE STATE UNIVERSITY OFFICE OF THE CONTROLLER BOWIE,MD 20715	52-6002033		28,211	0	N/A	N/A	SUPPORT OPERATIONS
CALIFORNIA INSTITUTE OF TECHNOLOGY1200 E CALIFORNIA BLVD PASADENA,CA 91125	95-1643307	501(c)(3)	408,150	0	N/A	N/A	SUPPORT OPERATIONS
CHARLES R DREW UNIVERSITY OF MEDICICNE & SCIENCE 1731 East 120th st Los Angeles,CA 90059	95-6151774	501(c)(3)	195,379	0	N/A	N/A	SUPPORT OPERATIONS
CHILDREN'S NATIONAL MEDICAL CENTER111 MICHIGAN AVENUE NW WASHINGTON,DC 20010	53-0196580	501(c)(3)	287,533	0	N/A	N/A	SUPPORT OPERATIONS
CHILDREN'S RESEARCH INSTITUTE111 MICHIGAN AVE NW WASHINGTON,DC 20010	52-1654453	501(c)(3)	95,524	0	N/A	N/A	SUPPORT OPERATIONS
CITYLINE PHOTOGRAPHY LLC4018 37TH STREET MOUNT RAINIER,MD 20712	26-1417439		28,000	0	N/A	N/A	SUPPORT OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION FOR ENVIRONMENTALLY SAFE COMMUNITIES6642 Fisher Avenue FALLS CHURCH, VA 22046	52-2129256	501(c)(3)	26,856	0	N/A	N/A	SUPPORT OPERATIONS
COLORADO STATE UNIVERSITYSponsored Programs Fort Collins, CO 80523	84-6000545		24,178	0	N/A	N/A	SUPPORT OPERATIONS
DAVID G MORGAN854 Mandalay Avenue clearwater, FL 33767	32-5405840		12,000	0	N/A	N/A	SUPPORT OPERATIONS
DERRICK FOX9826 Endora Court Owings Mills, MD 21117	21-4159020		141,986	0	N/A	N/A	SUPPORT OPERATIONS
ECONOMIC POLICY INSTITUTE1333 H Street NW WASHINGTON, DC 200054707	52-1368964	501(c)(3)	82,514	0	N/A	N/A	SUPPORT OPERATIONS
FATHER MCKENNA CENTER19 EYE STREET NW WASHINGTON, DC 200011425	52-0893544		10,000	0	N/A	N/A	SUPPORT OPERATIONS
GIFT Of LIFE MICHIGAN 2203 Platt Road Ann Arbor, MI 481045113	38-2772488	501(c)(3)	131,056	0	N/A	N/A	SUPPORT OPERATIONS
GREATER Mt CALVARY HOLLY CHURCH802 Rhode Isl Ave NE Washington, DC 20018	52-2281384	501(c)(3)	50,000	0	N/A	N/A	SUPPORT OPERATIONS
HAMPTON UNIVERSITY 607 Cemetery Road Hampton, VA 23668	54-0505990	501(c)(3)	96,052	0	N/A	N/A	SUPPORT OPERATIONS
HOPE COLLEGE141 E 12TH STREET HOLLAND, MI 494233607	38-1381271	501(c)(3)	34,122	0	N/A	N/A	SUPPORT OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON STATE UNIVERSITY1400 Lynch St JACKSON, MS 39217	64-6000507		123,146	0	N/A	N/A	SUPPORT OPERATIONS
JOHNS HOPKINS UNIVERSITY SCHOOL OF PUBLIC HEALTH615 N Wolfe St BALTIMORE, MD 21205	52-0595110	501(c)(3)	157,602	0	N/A	N/A	SUPPORT OPERATIONS
LTG ASSOCIATES875 E Canal Dr Suite 1 Turlock, CA 95380	95-3936812		27,928	0	N/A	N/A	SUPPORT OPERATIONS
Melissa Elaine Clarke 10603 Glenwild RD Silver Spring, MD 20901	22-6239562		33,840	0	N/A	N/A	SUPPORT OPERATIONS
METCON INC2300 6th Street NW Washington, DC 20059	52-1208949		25,000	0	N/A	N/A	SUPPORT OPERATIONS
MOREHOUSE SCHOOL OF MEDICINE INC720 WESTVIEW DRIVE SW ATLANTA, GA 30310	58-1438873	501(c)(3)	19,088	0	N/A	N/A	SUPPORT OPERATIONS
MORGAN STATE UNIVERSITY1700 E COLD SPRING LANE BALTIMORE, MD 21251	52-6002033		97,853	0	N/A	N/A	SUPPORT OPERATIONS
MULTICULTURAL WELLNESS NETWORK 4522 INDNPLS BLVD EAST CHICAGO, IN 46312	35-2114853		116,271	0	N/A	N/A	SUPPORT OPERATIONS
NAVAJO AIDS NETWORK PO BOX 1313 CHINLE, AZ 865031313	86-0736661		76,915	0	n/a	n/a	support operations
NORFOLK STATE UNIVERSITY700 Park Avenue Norfolk, VA 23504	54-6002808		102,417	0	N/A	N/A	SUPPORT OPERATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA A&T STATE UNIVERSITY 1601 E Market Street Greensboro, NC 27411	56-6000007		99,693	0	N/A	N/A	SUPPORT OPERATIONS
ONLINE STAR INC2516 RED CEDAR DRIVE BOWIE, MD 207214506	20-8081180		30,132	0	N/A	N/A	SUPPORT OPERATIONS
PRINCE GEORGES COMMUNITY COLLEGE FOUNDATION301 Largo Road MH-2011 Largo, MD 207742199	52-1429938	501(c)(3)	25,759	0	N/A	N/A	SUPPORT OPERATIONS
REGENTS OF THE UNIVERSITY OF CALIFORNIA DAVIS 1 SHIELDS AVE DAVIS, CA 95616	94-6036494		33,985	0	N/A	N/A	SUPPORT OPERATIONS
RUSSIAN RESEARCH SERVICES CORP16410 NE 76TH STREET VANCOUVER, WA 98882	60-2673062		109,514	0	N/A	N/A	SUPPORT OPERATIONS
SOUTHERN UNIVERSITYJS CLARK ADMIN BLDG BATON ROUGE, LA 70813	72-6000817		22,046	0	N/A	N/A	SUPPORT OPERATIONS
SYSTEMATIC SOFTWARE ENGINEERING10680 MAIN ST FAIRFAX, VA 220303815	54-1778901		143,678	0	N/A	N/A	SUPPORT OPERATIONS
TENNESSEE STATE UNIVERSITY3500 JA Merritt Blvd Nashville, TN 37209	23-7105693		54,720	0	N/A	N/A	SUPPORT OPERATIONS
THE RESEARCH FOUNDATION OF SUNY 402 Crofts Hall BUFFALO, NY 14260	14-1368361	501(c)(3)	226,002	0	N/A	N/A	SUPPORT OPERATIONS
TYRONE DASH II2251 Sherman Avenue Washington, DC 20001	25-0653047		76,152	0	N/A	N/A	SUPPORT OPERATIONS

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UKNOW FOUNDATION 700 12TH ST NW STE 700 WASHINGTON, DC 20005	13-4347436	501(c)(3)	18,290	0	N/A	N/A	SUPPORT OPERATIONS
UNION TEMPLE BAPTIST CHURCH 1225 West Street SE Washington, DC 20020	23-7122917	501(c)(3)	30,000	0	N/A	N/A	SUPPORT OPERATIONS
UNIVERSITY OF CHICAGO 5801 South Ellis Avenue CHICAGO, IL 60637	29-7901316		148,392				SUPPORT OPERATIONS
UNIVERSITY OF DISTRICT OF COLUMBIA 4200 CNNCTCT AVE NW WASHINGTON, DC 20008	53-6001131		93,743	0	N/A	N/A	SUPPORT OPERATIONS
UNIVERSITY OF ILLINOIS One University Plaza Springfield, IL 62702	37-6000511		209,298	0	N/A	N/A	SUPPORT OPERATIONS
UNIVERSITY OF MARYLAND LEE BUILDING COLLEGE PARK, MD 20742	52-6002033		94,026	0	N/A	N/A	SUPPORT OPERATIONS
UNIVERSITY OF MICHIGAN DEPT 771240 DETROIT, MI 48277	05-3325080		715,822	0	N/A	N/A	SUPPORT OPERATIONS
UNIVERSITY OF PUERTO RICO R&D CENTER PO Box 9000 MAYAGUEZ, PR 00681	66-0433761		305,159	0	N/A	N/A	SUPPORT OPERATIONS
UNIVERSITY OF TEXAS AT EL PASO 500 W University Ave El Paso, TX 79968	74-6000813		224,334	0	N/A	N/A	SUPPORT OPERATIONS
UNIV OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 Floyd Curl Dr SAN ANTONIO, TX 78229	74-1586031		277,465	0	N/A	N/A	SUPPORT OPERATIONS

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URBAN PREPAREDNESS INC412 H STREET NE WASHINGTON, DC 20002	35-2296479		14,504	0	N/A	N/A	support operations
VALIDUS COMMUNICATIONS LLC 2109 Mill Road ALEXANDRIA, VA 22314	20-8270864		12,421	0	N/A	N/A	SUPPORT OPERATIONS
VIRGINIA STATE UNIVERSITY1 Hayden Street PETERSBURG, VA 23806	54-6001811		24,888	0	N/A	N/A	SUPPORT OPERATIONS
XAVIER UNIVERSITY OF LOUISIANA7325 Palmetto St New Orleans, LA 70125	72-0635884	501(c)(3)	443,167	0	N/A	N/A	SUPPORT OPERATIONS
ZANE NETWORKS LLC 8710 PAMPER LANE FORT WASHINGTON, MD 20744	52-2221847		36,113	0	N/A	N/A	SUPPORT OPERATIONS

Software ID:

Software Version:

EIN: 53-0204707

Name: The Howard University

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
sidney a ribeau phd	(i) (ii)	207,498 0	100,000 0	0 0	72,450 0	4,656 0	384,604 0	0 0
h patrick swygert	(i) (ii)	570,517 0	0 0	1,730,363 0	16,250 0	6,016 0	2,323,146 0	0 0
alvin thornton phd	(i) (ii)	151,032 0	0 0	15,000 0	11,644 0	11,351 0	189,027 0	0 0
artis hampshire-cowan	(i) (ii)	252,235 0	0 0	18,200 0	14,017 0	1,757 0	286,209 0	0 0
dr hassan minor	(i) (ii)	260,942 0	0 0	20,500 0	16,250 0	10,850 0	308,542 0	0 0
sidney h evans jr	(i) (ii)	251,022 0	25,000 0	20,500 0	16,250 0	11,176 0	323,948 0	0 0
dr donald e wilson	(i) (ii)	535,000 0	0 0	0 0	2,450 0	0 0	537,450 0	0 0
Norma Leftwich jd	(i) (ii)	248,415 0	0 0	10,500 0	16,250 0	11,125 0	286,290 0	0 0
Nesta Bernard	(i) (ii)	172,503 0	0 0	1,300 0	12,308 0	10,917 0	197,028 0	0 0
Dr Florence Bonner	(i) (ii)	170,211 0	0 0	20,500 0	12,296 0	3,251 0	206,258 0	0 0
Larry warren	(i) (ii)	640,625 0	0 0	0 0	0 0	0 0	640,625 0	0 0
edward cornwell III PhD	(i) (ii)	553,367 0	0 0	0 0	1,101 0	9,764 0	564,232 0	0 0
sara tyce	(i) (ii)	467,825 0	0 0	20,500 0	6,788 0	5,072 0	500,185 0	0 0
wayne fredrick	(i) (ii)	433,797 0	0 0	15,500 0	15,149 0	12,198 0	476,644 0	0 0
virgil e ecton	(i) (ii)	240,146 0	0 0	13,000 0	16,250 0	11,138 0	280,534 0	0 0
richard a english	(i) (ii)	219,467 0	0 0	0 0	15,288 0	5,293 0	240,048 0	0 0
victor f scott	(i) (ii)	260,385 0	0 0	0 0	13,391 0	7,050 0	280,826 0	0 0
franklin chambers	(i) (ii)	117,396 0	0 0	2,262 0	8,406 0	724 0	128,788 0	0 0
oliver g mcgee	(i) (ii)	245,163 0	0 0	0 0	2,450 0	5,357 0	252,970 0	0 0
CLAIRMONT GRIFFITH	(i) (ii)	427,202 0	0 0	0 0	28,296 0	0 0	455,498 0	0 0
DR CHILEDUM AHAGHOTU	(i) (ii)	393,102 0	0 0	10,500 0	15,725 0	11,846 0	431,173 0	0 0