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CLIENT'S COPY

April 27, 2018

Willie M. Hughey
Fisk University
1000 17th Avenue North
Nashville, TN 37208

Dear Willie:

Enclosed are the original and one copy of the 2016 Exempt Organization return, as follows...

2016 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Please review the returns for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,



Steven D. Warren

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2017

Prepared for	Willie M. Hughey Fisk University 1000 17th Avenue North Nashville, TN 37208
Prepared by	Crosslin, PLLC 3803 Bedford Avenue, Suite 103 Nashville, TN 37215
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 15, 2018.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

FISK UNIVERSITY

62-0202000

Name and title of officer

WILLIE M. HUGHEY

CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>39,803,441.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CROSSLIN, PLLC to enter my PIN 21144
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62163367376

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 4/27/2018

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

Form **990**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FISK UNIVERSITY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1000 17TH AVENUE NORTH City or town, state or province, country, and ZIP or foreign postal code NASHVILLE, TN 37208 F Name and address of principal officer: WILLIE M. HUGHEY SAME AS C ABOVE	D Employer identification number 62-0202000 E Telephone number (615) 329-8500 G Gross receipts \$ 40,747,238. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.FISK.EDU		
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ INSTI L Year of formation: 1867 M State of legal domicile: TN		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FISK UNIVERSITY PRODUCES GRADUATES FROM DIVERSE BACKGROUNDS WITH THE INTEGRITY AND INTELLECT 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 21 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 597 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																			
Revenue	8 Contributions and grants (Part VIII, line 1h) 14,019,598. 15,840,597. 9 Program service revenue (Part VIII, line 2g) 17,948,504. 16,437,958. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,393,733. 716,122. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,352,350. 6,808,764. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 41,714,185. 39,803,441.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;"></th> <th style="width:33%;">Prior Year</th> <th style="width:33%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>14,019,598.</td> <td>15,840,597.</td> </tr> <tr> <td>9</td> <td>17,948,504.</td> <td>16,437,958.</td> </tr> <tr> <td>10</td> <td>2,393,733.</td> <td>716,122.</td> </tr> <tr> <td>11</td> <td>7,352,350.</td> <td>6,808,764.</td> </tr> <tr> <td>12</td> <td>41,714,185.</td> <td>39,803,441.</td> </tr> </tbody> </table>		Prior Year	Current Year	8	14,019,598.	15,840,597.	9	17,948,504.	16,437,958.	10	2,393,733.	716,122.	11	7,352,350.	6,808,764.	12	41,714,185.	39,803,441.
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12	41,714,185.	39,803,441.																		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 12,337,630. 11,004,189. 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) 13,180,372. 13,160,622. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,447,144. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 14,550,723. 14,485,337. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 40,068,725. 38,650,148. 19 Revenue less expenses. Subtract line 18 from line 12 1,645,460. 1,153,293.																			
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 121,551,837. 124,429,651. 21 Total liabilities (Part X, line 26) 15,266,744. 16,175,006. 22 Net assets or fund balances. Subtract line 21 from line 20 106,285,093. 108,254,645.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;"></th> <th style="width:33%;">Beginning of Current Year</th> <th style="width:33%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>121,551,837.</td> <td>124,429,651.</td> </tr> <tr> <td>21</td> <td>15,266,744.</td> <td>16,175,006.</td> </tr> <tr> <td>22</td> <td>106,285,093.</td> <td>108,254,645.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20	121,551,837.	124,429,651.	21	15,266,744.	16,175,006.	22	106,285,093.	108,254,645.						
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22	106,285,093.	108,254,645.																		

Part II Signature Block

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

Sign Here	Signature of officer WILLIE M. HUGHEY, CFO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name STEVEN D. WARREN	Preparer's signature 	Date 4/27/18	Check if self-employed <input type="checkbox"/>	PTIN P00921930
	Firm's name ▶ CROSSLIN, PLLC	Firm's EIN ▶ 27-5360847			
	Firm's address ▶ 3803 BEDFORD AVENUE, SUITE 103 NASHVILLE, TN 37215		Phone no. (615) 320-5500		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: FISK UNIVERSITY PRODUCES GRADUATES FROM DIVERSE BACKGROUNDS WITH THE INTEGRITY AND INTELLECT REQUIRED FOR SUBSTANTIVE CONTRIBUTIONS TO SOCIETY. OUR CURRICULUM IS GROUNDED IN THE LIBERAL ARTS. OUR FACULTY AND ADMINISTRATORS EMPHASIZE THE DISCOVERY AND ADVANCEMENT OF

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 31,289,608. including grants of \$ 11,004,189.) (Revenue \$ 23,246,722.) THE ORGANIZATION IS AN INSTITUTION OF HIGHER EDUCATION AND PROVIDES INSTRUCTION SCHOLARSHIPS AND VARIOUS SUPPORT SERVICES IN ACHIEVING ITS PRIMARY PURPOSE OF EDUCATING STUDENTS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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 31,289,608.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 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>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 21		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 16		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **TN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **WILLIE M. HUGHEY - 615-329-8604**
1000 17TH AVENUE, NASHVILLE, TN 37208

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) BARBARA LANDERS BOWLES CHAIRPERSON OF BOARD	1.00	X						0.	0.	0.
(2) JACQUELYN DENTON ALTON TRUSTEE	1.00	X						0.	0.	0.
(3) LINDA BROWN COLEMAN TRUSTEE	1.00	X						0.	0.	0.
(4) MICHAEL E. HAMPTON TRUSTEE	1.00	X						0.	0.	0.
(5) DAVID CRABTREE TRUSTEE	1.00	X						0.	0.	0.
(6) AMANDA GRISCOM LITTLE TRUSTEE	1.00	X						0.	0.	0.
(7) GINA R. DAVIS TRUSTEE	1.00	X						0.	0.	0.
(8) PATTY LITTON DELONY TRUSTEE	1.00	X						0.	0.	0.
(9) RASHAUN L. WILLIAMS TRUSTEE	1.00	X						0.	0.	0.
(10) TANYA TORRES STUDENT/TRUSTEE	1.00	X						0.	0.	0.
(11) GREGORY A. DENDY, JR. STUDENT/TRUSTEE	1.00	X						0.	0.	0.
(12) PATRICIA CASTLES MEADOWS TRUSTEE	1.00	X						0.	0.	0.
(13) CYNTHIA R. MCINTYRE TRUSTEE	1.00	X						0.	0.	0.
(14) FRANK SIMMONS TRUSTEE	1.00	X						0.	0.	0.
(15) JULIETTE PRYOR TRUSTEE	1.00	X						0.	0.	0.
(16) ANITA ESTELL TRUSTEE	1.00	X						0.	0.	0.
(17) KENDALL P. NORRIS TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) REV. MARCUS D. COSBY TRUSTEE	1.00	X					0.	0.	0.	
(19) FRANK L. SIMS PRESIDENT/TRUSTEE	40.00	X		X			0.	0.	0.	
(20) SHIRLEY BROWN FACULTY/TRUSTEE	40.00	X					93,911.	0.	26,295.	
(21) PHYLLIS FREEMAN FACULTY/TRUSTEE	40.00	X					76,309.	0.	21,367.	
(22) RODNEY HANLEY PROVOST & VP OF ACADEMIC AFFAIRS	40.00			X			178,733.	0.	50,045.	
(23) JACENDA DAVIDSON VP FOR HUMAN RESOURCES	40.00			X			80,714.	0.	22,600.	
(24) WILLIE M. HUGHEY VP FOR ADMINISTRATION & CFO	40.00			X			63,654.	0.	17,823.	
(25) EDWINA HARRIS HAMBY VP OF INSTITUTIONAL ADVANCEMENT	40.00			X			113,976.	0.	31,913.	
(26) JASON CURRY VP OF INSTITUTIONAL EFFECTIVENESS	40.00			X			77,000.	0.	21,560.	
1b Sub-total							684,297.	0.	191,603.	
c Total from continuation sheets to Part VII, Section A							489,021.	0.	136,926.	
d Total (add lines 1b and 1c)							1,173,318.	0.	328,529.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

	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>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THOMPSON FACILITIES, 505 HUNTMAR PARK DRIVE, SUITE 350, HERNDON, VA 20170	FACILITY SERVICING	2,641,722.
THOMPSON HOSPITALITY, 505 HUNTMAR PARK DRIVE, SUITE 350, HERNDON, VA 20170	FOOD SERVICES	2,416,995.
CIGNA 900 COTTAGE GROVE RD, BLOOMFIELD, CT 06002	INSURANCE	1,158,148.
ANDERSON PIPING 2131 UTOPIA AVE, NASHVILLE, TN 37211	CONSTRUCTION	913,266.
NASHVILLE ELECTRIC SERVICE 1214 CHURCH STREET, NASHVILLE, TN 37246	CONSTRUCTION	833,369.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) WARREN E. COLLINS DIRECTOR OF CENTOR FOR PHYSICS	40.00					X		115,615.	0.	32,372.
(28) ARNOLD BURGER VICE PROVOST OF ACADEMIC INITIATIVES	40.00					X		136,368.	0.	38,183.
(29) PRINCILLA EVANS MORRIS DIRECTOR OF CENTOR FOR TEACHING	40.00					X		128,377.	0.	35,946.
(30) SYDNEY LEO FORMER OFFICER	1.00						X	108,661.	0.	30,425.
Total to Part VII, Section A, line 1c								489,021.		136,926.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	6,517,339.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,323,258.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			15,840,597.				
Program Service Revenue	2 a TUITION AND FEES	Business Code	611310	16,437,958.	16,437,958.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			16,437,958.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			371,881.			371,881.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		1,088,038.	200,000.					
		b Less: cost or other basis and sales expenses			866,197.	77,600.		
		c Gain or (loss)			221,841.	122,400.		
	d Net gain or (loss)				344,241.		344,241.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
10 a 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							
Miscellaneous Revenue			Business Code					
11 a AUXILIARY INCOME		900099		6,419,105.	6,419,105.			
	b OTHER INCOME		900099		389,659.	389,659.		
		c						
	d All other revenue							
e Total. Add lines 11a-11d				6,808,764.				
12 Total revenue. See instructions.				39,803,441.	23,246,722.	0.	716,122.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	11,004,189.	11,004,189.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,064,659.	795,515.	269,144.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,106,033.	7,551,247.	1,885,551.	669,235.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,989,930.	1,369,621.	485,975.	134,334.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	183,480.		183,480.	
c Accounting	232,741.		232,741.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,837,344.	765,442.	768,025.	303,877.
12 Advertising and promotion	148,453.	50,868.	8,364.	89,221.
13 Office expenses	587,380.	282,098.	211,262.	94,020.
14 Information technology	293,870.	1,773.	290,743.	1,354.
15 Royalties				
16 Occupancy	1,941,159.	1,658,232.	282,927.	
17 Travel	1,048,914.	889,427.	103,976.	55,511.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	109,132.	74,417.	25,981.	8,734.
20 Interest	392,709.	333,835.	58,874.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,423,706.	1,224,387.	199,319.	
23 Insurance	470,697.	4,191.	466,506.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD SERVICES	1,992,895.	1,854,430.	96,291.	42,174.
b REPAIRS	1,591,617.	1,559,325.	32,292.	
c BAD DEBT EXPENSE	717,527.	617,073.	100,454.	
d SUPPLIES	360,142.	319,853.	38,410.	1,879.
e All other expenses	1,153,571.	933,685.	173,081.	46,805.
25 Total functional expenses. Add lines 1 through 24e	38,650,148.	31,289,608.	5,913,396.	1,447,144.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	2,135,512.	1	1,768,107.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	2,832,216.	3	5,440,842.	
	4 Accounts receivable, net	5,406,710.	4	3,786,114.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net	1,100,673.	7	116,315.	
	8 Inventories for sale or use	50,917.	8	31,231.	
	9 Prepaid expenses and deferred charges	1,204,718.	9	1,129,461.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 90,353,587.			
	b Less: accumulated depreciation	10b 64,361,845.	24,330,425.	10c	25,991,742.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	19,969,053.	12	21,075,214.	
	13 Investments - program-related. See Part IV, line 11	64,521,613.	13	65,090,625.	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	121,551,837.	16	124,429,651.		
Liabilities	17 Accounts payable and accrued expenses	1,768,579.	17	1,385,855.	
	18 Grants payable		18		
	19 Deferred revenue	1,277,297.	19	1,778,371.	
	20 Tax-exempt bond liabilities	6,444,357.	20	5,718,956.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	5,487,199.	23	7,046,216.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	289,312.	25	245,608.	
	26 Total liabilities. Add lines 17 through 25	15,266,744.	26	16,175,006.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	83,947,829.	27	81,795,957.	
	28 Temporarily restricted net assets	3,360,147.	28	6,396,407.	
	29 Permanently restricted net assets	18,977,117.	29	20,062,281.	
	Organizations that do not follow SFAS 117 (ASC 958), 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	106,285,093.	33	108,254,645.	
	34 Total liabilities and net assets/fund balances	121,551,837.	34	124,429,651.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	39,803,441.
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,650,148.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,153,293.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	106,285,093.
5	Net unrealized gains (losses) on investments	5	816,259.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	108,254,645.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **FISK UNIVERSITY** Employer identification number **62-0202000**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. 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% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

FISK UNIVERSITY

Employer identification number

62-0202000

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization FISK UNIVERSITY	Employer identification number 62-0202000
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	A LA CARTE SPECIALTY FOODS LLC 501 LOUISIANA ST. WESTWEGO, LA 70094	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BILLYE S. AARON & HENRY AARON 1611 ADAMS DR SW ATLANTA, GA 30311-3625	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JACQUELYN DENTON ALTON 1966 30 MILAN ESTS HOUSTON, TX 77056-4931	\$ 15,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	AMERICAN HONDA MOTOR COMPANY 1919 TORRANCE BLVD TORRANCE, CA 90501-2746	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	LOUIS H. ANDERSON, JR., M.D. 1977 520 13TH ST., SE UNIT B WASHINGTON, DC 20003	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE ATTICUS TRUST P.O. BOX 22007 NASHVILLE, TN 37202-2007	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FISK UNIVERSITY	Employer identification number 62-0202000
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PATRICIA AVERYHART & HOWARD D. AVERYHART, SR. 8942 HILLMAN WAY DR BARTLETT, TN 38133-4185	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	SANDRA L. BARNES, PH.D. 1986 68 RAVENWOOD HILLS CIRCLE NASHVILLE, TN 37215-6167	\$ 7,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	BASS, BERRY & SIMS PLC 150 THIRD AVENUE SOUTH, SUITE 2800 NASHVILLE, TN 37201	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	EDWARD V. BENNETT, JR., M.D. 1969 78 GULLANE DR. SLINGERLANDS, NY 12159-9798	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	BARBARA LANDERS BOWLES 1968 5015 S ELLIS AVE CHICAGO, IL 60615-2711	\$ 41,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	PHILLIP E. BROOKS, JR. 1962 1596 PARROT AVE SUNNYVALE, CA 94087-4944	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FISK UNIVERSITY	Employer identification number 62-0202000
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ELAINE L. BROWN, M.D. 1979 & F. PHILIP BROWN, D.D.S. 1971 9554 MAJESTIC OAK CIR SAN ANTONIO, TX 78255-3449	\$ 7,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	EDWARD T. BUFORD III, D.D.S. 1974 PO BOX 8831 SILVER SPRING, MD 20907-8831	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	CAL TURNER FAMILY FOUNDATION 138 SECOND AVENUE NORTH, SUITE 200 NASHVILLE, TN 37201	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	GWENDOLYN JONES CAMPBELL 1967 3341 GLENVIEW CIR SW ATLANTA, GA 30331-2407	\$ 4,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	THE MICHAEL AND PAMELA CARTER CHARITABLE FUND 1028 VAUGHN CREST DR FRANKLIN, TN 37069-7211	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	CONSTANTINE L AND ANN CLEMENTE OF THE AYCO CHARITABLE FOUNDATION 1300 BENJAMIN FRANKLIN DR UNIT 1109 SARASOTA, FL 34236-2159	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	JOHN INGRAM ADVISED FUND OF THE COMMUNITY FOUNDATION OF MIDDLE TENNESS 3833 CLEGHORN BLVD. #400 NASHVILLE, TN 37215-2519	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	COMMUNITY HEALTH SYSTEMS PROFESSIONAL SERVICES CORP., LLC 4000 MERIDIAN BLVD FRANKLIN, TN 37067	\$ 34,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	SANDRA LANEISE COULBERSON 1984 3941 JOHNS HOPKINS COURT DECATUR, GA 30034-5709	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	DIANE M. CRABTREE & DAVID P. CRABTREE 3008 SMITH LANE FRANKLIN, TN 37069	\$ 10,110.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	DELORES HARRELL CRAWFORD 1965 & GEORGE I. CRAWFORD, D.M.D. 1008 OLD GRANITEVILLE HWY AIKEN, SC 29801-7778	\$ 13,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	HELEN M. CUMMINGS 17 BYRNE ROAD MILTON, MA 21861	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	ANGELA CURRY & JASON CURRY, PH.D. 919 DR DB TODD JR BLVD NASHVILLE, TN 37208-3325	\$ 12,954.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	THE DALE AND GWEN ORRED FAMILY FOUNDATION 1525 W. WT HARRIS BOULEVARD CHARLOTTE, NC 28262	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	GINA R. DAVIS, ESQ. 1982 6922 S JEFFERY BLVD CHICAGO, IL 60649-1576	\$ 10,898.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	ESTATE OF CHRISTIANE DE MAISONCELLE 2160 NE 56TH COURT, APT. 110 FT. LAUDERDALE, FL 33308	\$ 149,222.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	PAULETTE JONES DELK 1967 & SAM DELK, M.D. 2319 HICKORY FOREST DR MEMPHIS, TN 38119	\$ 5,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	DEVINE-MAJORS FOUNDATION 409 ELLENDALE AVENUE NASHVILLE, TN 37205	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FISK UNIVERSITY	Employer identification number 62-0202000
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	DOMINION FOUNDATION P. O. BOX 26666 RICHMOND, VA 23261	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	DR. MAYA ANGELOU FOUNDATION 1025 WEST FIRST STREET WINSTON-SALEM, NC 27101	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	ROBERTA A. HARVEY DUNNIGAN 1964 7268 GLENSHIRE RD CLEVELAND, OH 44146-5930	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	MARCHETA MCMANUS ENEAS 1970 & JUDSON F. ENEAS, M.D. 1967 P.O. BOX N-1698 NASSAU, BAHAMAS	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	EXXONMOBIL FOUNDATION P. O. BOX 7288 PRINCETON, NJ 85431	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	GEO-DAZ INVESTMENTS NO 2, LLC 3619 PERCIVAL AVENUE MIAMI, FL 33133	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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37	CHARLES AND MEG GERBER FUND ONE COMMERCE SQUARE, SUITE 1900 MEMPHIS, TN 38103	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	RANDILYN WOODRUFF GILLIAM 1967 5625 CRESCENT PARK W APT 111 PLAYA VISTA, CA 90094-2083	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	LAWRENCE W. HAMILTON 1979 9670 MAYPAN PL SEMINOLE, FL 33777-4906	\$ 6,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	HANK AARON CHASING THE DREAM FOUNDATION 5470 EAST IDLEWOOD LANE ATLANTA, GA 30327	\$ 208,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	HAROLD AND BARBARA MARTIN FOUNDATION 448 FAWNS RUN MORGANVILLE, NJ 77511	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	ROBERT L. HARVEY, JR., M.D. 1965 592 9TH ST OAKLAND, CA 94607-3938	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	CORA M. HARVEY & + ROBERT L. HARVEY, SR. 1950 5326 DUSHORE DR DAYTON, OH 45417-8830	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	ANN B. HAWKINS & O. M. HAWKINS 6410 POPLAR AVENUE, SUITE 900 MEMPHIS, TN 38119	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	HCA/TRISTAR HEALTH ONE PARK PLAZA NASHVILLE, TN 37202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	NANCY S. HEARON 105 LINDSAY ST CARRBORO, NC 27510-1739	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	JOLINDA HERRING 1985 20281 E COUNTRY CLUB DR APT 206 AVENTURA, FL 33180-3024	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	HIGHMARK FIFTH AVENUE PLACE PITTSBURGH, PA 15222-3099	\$ 28,854.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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49	HOMEFREE-USA 6200 BALTIMORE AVENUE RIVERDALE, MD 20737	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	PATSY PATTERSON HOSCH 1967 505 COUNTRY CLUB DRIVE STOCKBRIDGE, GA 30281	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	INGRAM CONTENT GROUP 4400 HARDING PIKE, 9TH FLOOR NASHVILLE, TN 37205	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	J. R. HYDE III FAMILY FOUNDATION 17 WEST PONTOTOC AVENUE, SUITE 200 MEMPHIS, TN 38103	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	ADOLPHUS M. JACKSON, D.M.D. 1977 473 HEATHERWOOD DR HOOVER, AL 35244-3600	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	JAMES R. MEADOWS JR. FOUNDATION 2424 BEAR RD. NASHVILLE, TN 37215	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	JANE & RICHARD ESKIND AND FAMILY FOUNDATION 104 LYNNWOOD BLVD. NASHVILLE, TN 37205	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	IBM CORPORATION - MATCHING GIFTS PO BOX 12195, BUILDING 203 RESEARCH TRIANGLE PARK, NC 27709	\$ 7,683.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	HARRIETT GREEN JENKINS, ED.D., J.D. 1945 8046 PARK OVERLOOK DR BETHESDA, MD 20817-2724	\$ 204,742.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	KEITH L. JENNINGS 1981 1453 CHAPIN ST NW WASHINGTON, DC 20009-4510	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	CAROL RAWLS JOHNSON, ED.D. 1969 7665 CHAPEL RIDGE DR CORDOVA, TN 38016-2853	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	GEORGE E. JOHNSON 1977 180 E PEARSON ST APT 6407 CHICAGO, IL 60611-2119	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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61	JOHNSON & JOHNSON MATCHING GIFTS PROGRAM P.O. BOX 8317 PRINCETON, NJ 85431	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	JOHNSON & JOHNSON - LISTERINE ROYALTIES J&J CONSUMER PRODUCTS RARITAN, NJ 88691	\$ 121,741.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	THE KENILWORTH FUND AT THE NEW YORK COMMUNITY TRUST 909 THIRD AVENUE NEW YORK, NY 10022	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	KGV FOUNDATION OF COMMUNITY ENGAGEMENT 2509 LANAWOOD DRIVE NASHVILLE, TN 37217	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	LANDERS BOWLES FAMILY FOUNDATION 5015 S ELLIS AVE CHICAGO, IL 60615-2711	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	TARYN L. LAWRENCE 1981 5217 PANOLA MILL DRIVE LITHONIA, GA 30038	\$ 10,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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67	LETTIE PATE WHITEHEAD FOUNDATION, INC. 191 PEACHTREE STREET, NE SUITE 3540 ATLANTA, GA 30303	\$ 115,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	KESHA NEWELL LUSAIN '97 & W. ERIC LUSAIN '97 2719 HACKBERRY ST CINCINNATI, OH 45206-2123	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	FRANCENE CHILES MANGHAM 1967 2815 DUKE OF WINDSOR ATLANTA, GA 30344-5605	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	HASSELL H. MCCLELLAN, D.B.A. 1967 43 VALENTINE ROAD MILTON, MA 02186-1027	\$ 6,056.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	DIANNE HEMPHILL MCDONALD 1962 1270 5TH AVE APT 12T NEW YORK, NY 10029-3409	\$ 21,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	MCVAY FOUNDATION 14820 HIGHWAY 7, SUITE 200 MINNETONKA, MN 55345	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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73	ADRIENNE SERAILE MCWILLIAMS 1977 44 EDGECOMBE AVE NEW YORK, NY 10030-2403	\$ 5,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	MAURICE R. MESLANS & MARGARET E. HOLYFIELD PO BOX 355 UNION, MO 63084-0355	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	MIKE CURB FAMILY FOUNDATION 5309 HILLSBORO ROAD NASHVILLE, TN 37215	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	MLM CHARITABLE FOUNDATION 3131 EXECUTIVE PARKWAY TOLEDO, OH 43606-1327	\$ 6,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	JOAN THOMPSON MOBLEY, M.D. 1966 & STACEY MOBLEY, THE MOBLEY FAMILY FUND 103 GRAND PALM WAY PALM BEACH GARDENS, FL 33418-4630	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	VENITA J. MOORE 1977 5832 WINSTON DR INDIANAPOLIS, IN 46226-2328	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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79	PRINCILLA SMART MORRIS, PH.D. 1972 4241 HALLMARK RD NASHVILLE, TN 37218-1400	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	MSB COCKAYNE FUND, INC. 5214 MARYLAND WAY, SUTE 404 BRENTWOOD, TN 37207	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	NASHVILLE CONVENTION & VISITORS CORPORATION 150 4TH AVE N STE G250 NASHVILLE, TN 37219-2425	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	ROBERT W. NORTON & JANICE G. NORTON 57 OAK TREE RD BLUFFTON, SC 29910-4960	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	FREDRICK O. O'NEAL, PH.D. 1967 4605 LITTLE ROCK RD WILMINGTON, DE 19802-1006	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	FREIDA HOPKINS OUTLAW, PH.D. & LUCIUS T. OUTLAW, JR., PH.D. 1967 605 CLAYBORNE COURT NASHVILLE, TN 37215	\$ 4,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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85	TJUAN L. OVERLY, M.D. 1995 6616 COLONIAL FOREST LN KNOXVILLE, TN 37919-8350	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	DORIS SCHOOLER PENN 1965 & JESSE R. PENN 111 GRAND PALM WAY PALM BEACH GARDENS, FL 33418-4630	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	THE PHILADELPHIA FOUNDATION 1234 MARKET STREET, SUITE 1800 PHILADELPHIA, PA 19107	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	DONNA BURTON PICKARD 1977 7900 CALDERWOOD LN CINCINNATI, OH 45243-1324	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	ALMA JOHNSON POWELL 1957 1110 VERMONT AVE NW STE 900 WASHINGTON, DC 20005-3538	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	COLIN AND ALMA POWELL FAMILY CHARITABLE FUND OF THE BANK OF AMERICA 1317 BALLANTRAE FARM DR MCLEAN, VA 22101-3028	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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91	GEORGE W. POWELL, JR. 1977 6 SOUTH COURT EMERYVILLE, CA 94608	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	PROSPECT CREEK FOUNDATION 4900 IDS CENTER MINNEAPOLIS, MN 55402	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	AMBER PUGH, M.D. 1998 1857 ROYAL GORGE AVE CHARLOTTE, NC 28210-4688	\$ 7,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	MR. & MRS. BENJAMIN RECHTER, THE RECHTER FAMILY FUND OF THE COMMUNITY F 649 BELLE PARK CIR NASHVILLE, TN 37205-4239	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	GEORGE L. RICHARDS, JR. 1973 26878 WEMBLEY CT FARMINGTON HILLS, MI 48331-3529	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	RYMAN HOSPITALITY PROPERTIES FOUNDATION 1 OPRYLAND DRIVE NASHVILLE, TN 37214	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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97	KATHRYN SCHULZ 24451 BURNT MILL ROAD RIDGELY, MD 21660	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	MARGERY ATKINS SCOTT, M.D. 1967 2616 E LAKE DR VIRGINIA BEACH, VA 23454-1836	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	COREY J. SCRUGGS, M.D. 1997 2817 MOSS LAKE LANE PEARLAND, TX 77584	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	ADRIENNE D. SIMMONS, ESQ. & BRADLEY T. SHEARES, PH.D. 1978 3201 S OCEAN BLVD HIGHLAND BEACH, FL 33487-2571	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	SIMONE HILL SHEATS 1969 5050 MURRAY LANE BRENTWOOD, TN 37027	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	SHELL OIL COMPANY FOUNDATION MATCHING GIFTS P. O. BOX 8687 PRINCETON, NJ 85431	\$ 6,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FISK UNIVERSITY	Employer identification number 62-0202000
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	SHERMAN UNITED METHODIST CHURCH 2214 RIDGE AVENUE EVANSTON, IL 60201	\$ 7,514.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	DAZELLE DEAN SIMPSON, M.D. 1945 3619 PERCIVAL AVE MIAMI, FL 33133-4909	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	ROBYN JEFFERSON SIMS 1976 & FRANK L. SIMS 1783 GARRAUX PLACE NW ATLANTA, GA 30327-2449	\$ 13,413.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	FRANK & ROBYN SIMS DONOR ADVISED FUND 1783 GARRAUX PLACE NW ATLANTA, GA 30327-2449	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	QUENTIN TED SMITH, M.D. 1961 2750 RIDGE VALLEY RD NW ATLANTA, GA 30327-1826	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	VALERIA THOMAS SPANN 1955 765 AMSTERDAM AVE APT 5J NEW YORK, NY 10025-5711	\$ 5,853.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FISK UNIVERSITY	Employer identification number 62-0202000
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	BETSY J. SPEIGHT 1957 1205 S BENBOW RD GREENSBORO, NC 27406-2115	\$ 6,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	ROXANE M. STEWART 1967 1725 STURBRIDGE RD INDIANAPOLIS, IN 46260-1552	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	SUMMEROWER EDUCATIONAL FOUNDATION TRUST 5201 SOUTH UNIVERSITY AVENUE CHICAGO, IL 60615	\$ 7,795.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	TENNESSEE TITANS FOUNDATION P. O. BOX 281228 NASHVILLE, TN 37228	\$ 8,847.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	THOMPSON FACILITIES SERVICES 1741 BUSINESS CENTER DRIVE, SUITE 200 RESTON, VA 20190	\$ 7,659.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	THOMPSON HOSPITALITY SERVICES 1741 BUSINESS CENTER DRIVE SUITE 200 RESTON, VA 20190	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FISK UNIVERSITY	Employer identification number 62-0202000
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	KARL TURNER 1977 501 LOUISIANA STREET WESTWEGO, LA 70094-4141	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	UNITED CHURCH OF CHRIST LOCAL CHURCH MINISTRIES CLEVELAND, OH 44115-1100	\$ 70,458.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	UNITED NEGRO COLLEGE FUND, INC. 1805 7TH STREET NW WASHINGTON, DC 20001	\$ 433,955.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	WAL-MART STORES, INC. 702 S.W. 8TH STREET BENTONVILLE, AR 72716	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	WASHINGTON D.C. FISK ALUMNI ASSOCIATION P.O. BOX 60412 WASHINGTON, DC 20039	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	SHANNON L. WATKINS 1998 1518 SPRING STREET SE SMYRNA, GA 30080-3641	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FISK UNIVERSITY	Employer identification number 62-0202000
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	HARRIETT WATKINS & WALTER C. WATKINS, JR. 1968 171 DOURDAN BLOOMFIELD HILLS, MI 48304-1737	\$ 9,352.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	ESTATE OF ELMA L. WAY 1000 17TH AVENUE NORTH NASHVILLE, TN 37208	\$ 38,839.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	WE ENERGIES FOUNDATION 231 WEST MICHIGAN STREET MILWAUKEE, WI 53203	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	FAYE J. WEAVER 1967 914 RUSSELL ST NASHVILLE, TN 37206-3715	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	WHEELER AVENUE BAPTIST CHURCH 3826 WHEELER AVENUE HOUSTON, TX 77004	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	ESTATE OF SARAH ROSS WHITE '39 12613 MEADOWOOD DRIVE SILVER SPRING, MD 20901	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FISK UNIVERSITY	Employer identification number 62-0202000
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	ESTATE OF FLORENCE L. WILLIAMS 1943 310 PARKER STREET NEWARK, NJ 07104-1305	\$ 151,756.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	JAMES M. BULLET WILLIAMS, JR. 1982 5469 STREAM BANK LANE GREENBELT, MD 20770	\$ 8,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	LUCINDA W. ZAVELLE 1976 PO BOX 24020 SANTA FE, NM 87502-0020	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	LAMARR RICHARDSON 4208 LAKE RICHMOND DRIVE ORLANDO, FL 32811-5625	\$ 16,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
131	H. GERMAN WILSON HAYES MANOR PHILADELPHIA, PA 19131-2618	\$ 20,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FISK UNIVERSITY	Employer identification number 62-0202000
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
130	ARTWORK _____ _____ _____	\$ 16,500.	12/31/16
131	ARTWORK _____ _____ _____	\$ 20,000.	12/31/16
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization FISK UNIVERSITY	Employer identification number 62-0202000
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization FISK UNIVERSITY **Employer identification number** 62-0202000

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

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

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

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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 EDUCATIONAL OUTREACH PROGRA

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	19,182,065.	19,444,808.	19,278,067.	18,530,608.	18,021,642.
b Contributions	1,101,323.	805,870.	650,024.	391,374.	303,040.
c Net investment earnings, gains, and losses	1,392,148.	-104,908.	498,394.	912,877.	474,690.
d Grants or scholarships	460,378.	963,705.	981,677.	556,792.	268,764.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	21,215,158.	19,182,065.	19,444,808.	19,278,067.	18,530,608.

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

- a Board designated or quasi-endowment %
- b Permanent endowment 94.56 %
- c Temporarily restricted endowment 5.44 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		314,438.		314,438.
b Buildings		58,034,720.	35,571,115.	22,463,605.
c Leasehold improvements				
d Equipment		30,001,934.	26,849,256.	3,152,678.
e Other		2,002,495.	1,941,474.	61,021.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				25,991,742.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MONEY MARKET FUNDS	396,105.	END-OF-YEAR MARKET VALUE
(B) BENEFICIAL INTERESTS IN		
(C) TRUSTS AND ENDOWMENTS	5,720,709.	END-OF-YEAR MARKET VALUE
(D) MUTUAL BOND AND STOCK		
(E) FUNDS	14,958,400.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	21,075,214.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENTS IN ART		
(2) COLLECTIONS	15,227,950.	END-OF-YEAR MARKET VALUE
(3) INVESTMENT IN AFFILIATE	49,346,725.	END-OF-YEAR MARKET VALUE
(4) REAL ESTATE HELD FOR		
(5) INVESTMENT	515,950.	END-OF-YEAR MARKET VALUE
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	65,090,625.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADV. FROM FED GOVT. FOR PERKIN	165,158.
(3) DEPOSITS	80,000.
(4) CAPITAL LEASE OBLIGATIONS	450.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	245,608.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	29,615,511.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	816,259.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	816,259.
3	Subtract line 2e from line 1	3	28,799,252.
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	
b	Other (Describe in Part XIII.)	4b	11,004,189.
c	Add lines 4a and 4b	4c	11,004,189.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	39,803,441.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	27,645,959.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	27,645,959.
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	
b	Other (Describe in Part XIII.)	4b	11,004,189.
c	Add lines 4a and 4b	4c	11,004,189.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	38,650,148.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4:

FISK UNIVERSITY GALLERIES PROVIDE A WELCOMING ENVIRONMENT AND FOSTER AN APPRECIATION AND UNDERSTANDING OF ART THROUGH EXHIBITIONS, CLASSROOM INSTRUCTION, EDUCATIONAL PROGRAMS, AND RESEARCH. THE FISK ART COLLECTION CONSISTS OF MORE THAN 4000 WORKS OF ART - PAINTINGS, PRINTS, DRAWINGS, SCULPTURES, PHOTOGRAPHS, HISTORICAL ARTIFACTS AND OTHER OBJECTS - FROM CULTURES ACROSS THE GLOBE. MAJOR COLLECTIONS INCLUDE THE ALFRED STIEGLITZ COLLECTION OF MODERN ART, THE HARMON FOUNDATION COLLECTION OF AFRICAN AMERICAN ART, THE LIFF FAMILY COLLECTION OF AFRICAN ART, AND THE WINOLD REISS PORTRAIT COLLECTION AMONG MANY OTHERS. WORKS FROM THE COLLECTION ARE EXHIBITED REGULARLY IN PERMANENT AND TEMPORARY EXHIBITIONS AT THE UNIVERSITY'S AARON DOUGLAS AND CARL VAN VECHTEN GALLERIES. THEY ARE ALSO

Part XIII Supplemental Information (continued)

OCCASIONALLY LOANED FOR TEMPORARY EXHIBITION AT ACCREDITED MUSEUMS ACROSS THE UNITED STATES. THE GALLERIES ALSO SEEK TO RAISE AWARENESS AND SUPPORT AN APPRECIATION OF ART THROUGH THE CONTINUED ACQUISITION AND PRESERVATION OF WORKS OF ART RECEIVED AS DONATIONS TO FISK UNIVERSITY GALLERIES. THE COLLECTIONS AND ANY BENEFITS FROM THE ART WILL BE USED FOR THE MISSION OF THE UNIVERSITY.

PART X, LINE 2:

THE UNIVERSITY IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE UNIVERSITY IS NOT CLASSIFIED AS A PRIVATE FOUNDATION.

THE UNIVERSITY ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A MORE LIKELY THAN NOT THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A CUMULATIVE PROBABILITY ASSESSMENT THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. TAX POSITIONS FOR THE UNIVERSITY INCLUDE, BUT ARE NOT LIMITED TO, THE TAX-EXEMPT STATUS AND DETERMINATION OF WHETHER INCOME IS SUBJECT TO UNRELATED BUSINESS INCOME TAX; HOWEVER, THE UNIVERSITY HAS DETERMINED THAT SUCH TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIP EXPENSE NETTED AGAINST REVENUE

11,004,189.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIP EXPENSE NETTED AGAINST REVENUE 11,004,189.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

▶ **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

2016

Open to Public Inspection

▶ **Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization

FISK UNIVERSITY

Employer identification number

62-0202000

Part I

- 1** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 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?
- 3** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II

THE COLLEGE'S NONDISCRIMINATORY POLICY IS PRINTED IN THE "EMPLOYEE POLICIES AND PROCEDURES" MANUAL AS WELL AS THE STUDENT HANDBOOK.

- 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, use Part II.

- 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, use Part II.

- 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" on either line 6a or line 6b, explain on Part II.

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

	YES	NO
1	X	
2	X	
3	X	
4a	X	
4b	X	
4c	X	
4d	X	
5a		X
5b		X
5c		X
5d		X
5e		X
5f		X
5g		X
5h		X
6a	X	
6b		X
7	X	

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

Schedule E (Form 990 or 990-EZ) 2016

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.

Also provide any other additional information.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THROUGH AN APPROVED PROGRAM PARTICIPATION AGREEMENT (PPA) WITH THE U.S. DEPARTMENT OF EDUCATION (DOE), FISK UNIVERSITY IS APPROVED TO PARTICIPATE IN ALL FEDERAL TITLE IV STUDENT FINANCIAL AID PROGRAMS AND WAS AWARDED A TITLE III GRANT FROM THE DOE UNDER "STRENGTHENING HISTORICALLY BLACK COLLEGES AND MINORITY SERVING INSTITUTIONS."

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

FISK UNIVERSITY

Employer identification number

62-0202000

Part I General Information on Grants and Assistance

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

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

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

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 noncash assistance	(h) Purpose of grant or assistance

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

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

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

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS & FELLOWSHIPS FOR STUDENTS ATTENDING	493	11,004,189.	0.	N/A	N/A

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

PART I, LINE 2:

THE OFFICE OF SPONSORED PROGRAMS IS RESPONSIBLE FOR ENSURING THAT AUDITABLE RECORDS ARE MAINTAINED IN SUPPORT OF ALL DIRECT AND INDIRECT CHARGES TO GRANTS, CONTRACTS, OR AGREEMENTS. THE PRINCIPAL INVESTIGATOR INITIALLY APPROVES ALL EXPENDITURES OF A SPONSORED PROJECT AND IS RESPONSIBLE FOR DETERMINING WHETHER THE SPONSOR WILL ALLOW AN ITEM OF DIRECT COST, BEFORE THE EXPENDITURE IS PROCESSED. IN ADDITION, THESE EXPENDITURES ARE ALSO CLOSELY REVIEWED AND MONITORED BY THE OFFICE OF SPONSORED PROGRAMS BEFORE THE EXPENDITURE REQUISITION IS APPROVED FOR PAYMENT TO ENSURE THAT THE

Part IV Supplemental Information

GRANT FUNDS ARE PROPERLY UTILIZED FOR THE PURPOSES SPECIFIED IN THE GRANT CONTRACT/AGREEMENT.

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FISK UNIVERSITY

Employer identification number

62-0202000

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RODNEY HANLEY PROVOST & VP OF ACADEMIC AFFAIRS	(i)	178,733.	0.	0.	0.	50,045.	228,778.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ARNOLD BURGER VICE PROVOST OF ACADEMIC INITIATIVES	(i)	136,368.	0.	0.	0.	38,183.	174,551.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PRINCILLA EVANS MORRIS DIRECTOR OF CENTOR FOR TEACHING	(i)	128,377.	0.	0.	0.	35,946.	164,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SYDNEY LEO FORMER OFFICER	(i)	108,661.	0.	0.	0.	30,425.	139,086.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **FISK UNIVERSITY** Employer identification number **62-0202000**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	2	36,500.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISCELLANEOUS)	X	3	7,729.	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) (2016)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

FISK UNIVERSITY

Employer identification number

62-0202000

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:

INSTITUTION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REQUIRED FOR SUBSTANTIVE CONTRIBUTIONS TO SOCIETY.

FORM 990 PART III, LINE 1, DESCRIPTION OF ORGANIZATION VALUES

FISK UNIVERSITY PRODUCES GRADUATES FROM DIVERSE BACKGROUNDS WITH THE

INTEGRITY AND INTELLECT REQUIRED FOR SUBSTANTIVE CONTRIBUTIONS TO

SOCIETY. OUR CURRICULUM IS GROUNDED IN THE LIBERAL ARTS. OUR FACULTY

AND ADMINISTRATORS EMPHASIZE THE DISCOVERY AND ADVANCEMENT OF KNOWLEDGE

THROUGH RESEARCH IN THE NATURAL AND SOCIAL SCIENCES, BUSINESS AND THE

HUMANITIES. WE ARE COMMITTED TO THE SUCCESS OF SCHOLARS AND LEADERS

WITH GLOBAL PERSPECTIVE. THE D.E.T.A.I.L.S. REPRESENTS FISK'S CORE

VALUES. OUR VALUES REFLECT OUR OVERALL ETHICAL AND MORAL ENGAGEMENT.

WE, THE FISK FAMILY, SEEK TO INTERNALIZE THESE PRINCIPLES AND APPLY

THEM IN OUR DAY-TO-DAY WORK AND IN OUR LIVES. DIVERSITY: WE BELIEVE

THAT OUR INDIVIDUAL DIFFERENCES ARE A COLLECTIVE STRENGTH. WE WILL

SUPPORT AND ENCOURAGE DIVERSITY OF OPINION AND OF CULTURE WHICH AIDS US

IN BUILDING A COLLECTIVE WISDOM THAT RESULTS IN MORE POWERFUL AND

RELEVANT SOLUTIONS TO OUR CHALLENGES. EXCELLENCE: WE BELIEVE THAT

EXCELLENCE IS THE RESULT OF A LIFELONG PURSUIT OF THE HIGHEST

STANDARDS. AT FISK, OUR COLLECTIVE QUEST IS TO EARN MERIT THROUGH

COMMITMENT TO RIGOROUS SCHOLARSHIP, CULTURAL LITERACY, AND HIGH ETHICAL

STANDARD. TEAMWORK: WE BELIEVE THAT INDIVIDUALS ACHIEVE HIGH STANDARDS

WHEN SUPPORTED BY THE COLLECTIVE WORK OF OTHERS. WE REINFORCE THIS

Name of the organization

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VALUE BY CONSTANTLY CREATING OPPORTUNITIES TO COLLABORATE BOTH INSIDE AND OUTSIDE TRADITIONAL ALLIANCES ON OUR UNIVERSITY, OUR PROXIMATE COMMUNITY, AND THE WORLD. ACCOUNTABILITY: WE BELIEVE THAT WE MUST HOLD OURSELVES TO THE HIGHEST STANDARD WHEN WE MAKE COMMITMENTS. CONSISTENT AND MEASURABLE FOLLOW-THROUGH IS ESSENTIAL FOR INDIVIDUAL AND TEAM PROGRESS. WE ARE FORTHRIGHT ABOUT OUR SUCCESSES AND SHORTCOMINGS AND WE WILL POSITION FISK FOR CONTINUED ACHIEVEMENT. INTEGRITY: WE BELIEVE THAT IT IS OUR RESPONSIBILITY TO PREPARE YOUNG PEOPLE TO BE STEWARDS OF AN EVER CHANGING WORLD, WHICH MEANS THAT WE MUST MODEL BEHAVIOR GROUNDED IN TRUTHFULNESS AND COMPASSION. LEADERSHIP: WE BELIEVE THAT LEADERS ARE OBLIGATED TO EMPOWER THOSE AROUND THEM. WE ARE CONSISTENT, TRANSPARENT, AND ACCOUNTABLE. THROUGH OUR WORDS AND BEHAVIORS WE ENCOURAGE OTHERS TO EXHIBIT THESE SAME ATTRIBUTES. SERVICE: WE BELIEVE THAT SERVICE IS OUR ABILITY TO GIVE THE GIFT OF KNOWLEDGE TO HUMANITY. AS WE SERVICE, WE BECOME TRANSFORMED AND SO ARE OUR COMMUNITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

KNOWLEDGE THROUGH RESEARCH IN THE NATURAL AND SOCIAL SCIENCES, BUSINESS AND THE HUMANITIES. WE ARE COMMITTED TO THE SUCCESS OF SCHOLARS AND LEADERS WITH GLOBAL PERSPECTIVE.

FORM 990, PART VI, SECTION B, LINE 11B:

AS AUTHORIZED BY THE BOARD OF TRUSTEES, A COPY OF THE FORM 990 IS DISTRIBUTED TO THE AUDIT COMMITTEE FOR CHANGES AND APPROVAL. COPIES OF THE FORM 990 ARE AVAILABLE TO THE FULL BOARD OF TRUSTEES UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 12C:

Name of the organization

FISK UNIVERSITY

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THE FISK UNIVERSITY ("FISK" OR THE "UNIVERSITY") BOARD OF TRUSTEES (THE "BOARD") HAS ADOPTED A CONFLICT OF INTEREST POLICY (THE "POLICY") THAT IS CURRENTLY IN EFFECT.

THE POLICY ESTABLISHES A PROCEDURE FOR TRUSTEES TO DISCLOSE CONFLICTS OR POTENTIAL CONFLICTS OF INTEREST AS THEY ARISE. THE POLICY ALSO CREATES A PROCEDURE WHEREBY THE INDIVIDUAL FACTS OF EACH SITUATION CAN BE ASSESSED IN RELATION TO THE BEST INTERESTS OF THE UNIVERSITY AND AN INFORMED, UNBIASED DECISION CAN BE MADE WITH REGARD TO WHETHER A PARTICULAR CONFLICT IS PERMISSIBLE OR IMPERMISSIBLE UNDER THE POLICY.

THE POLICY REQUIRES EACH TRUSTEE TO SUBMIT AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT AT LEAST ANNUALLY TO THE BOARD SECRETARY. NEW TRUSTEES ARE REQUIRED TO SUBMIT THE ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS UPON ACCEPTING SERVICE ON THE BOARD AND IN NO EVENT LATER THAN HIS OR HER FIRST BOARD/BOARD COMMITTEE MEETING.

THE UNIVERSITY ENDEAVORS TO ENSURE STRICT COMPLIANCE WITH THIS POLICY. TO ACHIEVE THIS GOAL, THE UNIVERSITY CONTINUALLY REMINDS AND EDUCATES THE BOARD MEMBERS ABOUT CONFLICT ISSUES. AT NEW TRUSTEE ORIENTATION, THE UNIVERSITY'S GENERAL COUNSEL PROVIDES A TUTORIAL ON CONFLICT ISSUES, REVIEWS THE UNIVERSITY'S BYLAWS REGARDING CONFLICTS, AND REVIEWS THE TERMS OF THE POLICY, INCLUDING REPORTING REQUIREMENTS. ALSO, AT THE BEGINNING OF EACH ANNUAL MEETING OF THE BOARD, THE BOARD MEMBERS ARE REMINDED BY THE BOARD'S CHAIRMAN, THE UNIVERSITY'S PRESIDENT AND THE UNIVERSITY'S GENERAL COUNSEL ABOUT CONFLICT REPORTING REQUIREMENTS; AND, THE BOARD MEMBERS ARE REQUIRED TO SUBMIT AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT PRIOR TO THE ADJOURNMENT OF THE MEETING. FOLLOWING THE MEETING, THE

Name of the organization

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UNIVERSITY'S GENERAL COUNSEL CHECKS EACH ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT RECEIVED TO ENSURE THAT ALL TRUSTEES HAVE COMPLETED THE REQUIRED FORM. THE GENERAL COUNSEL OBTAINS THE ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT FROM ANY TRUSTEE WHO DID NOT ATTEND THE ANNUAL MEETING OF THE BOARD OR WHO DID NOT RETURN THE FORM AT THE ADJOURNMENT OF THAT MEETING.

ADDITIONALLY, THE UNIVERSITY'S BYLAWS SPECIFY THE PRESIDENT OR HIS OR HER DESIGNEE(S) AS THE ONLY UNIVERSITY OFFICIAL(S) AUTHORIZED TO ENTER INTO A BINDING AGREEMENT ON BEHALF OF THE UNIVERSITY. BY LIMITING SIGNATORY AUTHORITY TO THE PRESIDENT, THE UNIVERSITY HAS CENTRALIZED AND STANDARDIZED ITS CONTRACT REVIEW PROCESS. ALL CONTRACTS ARE REQUIRED TO UNDERGO REVIEW BY THE UNIVERSITY'S GENERAL COUNSEL, WHO SUBMITS A WRITTEN RECOMMENDATION WITH REGARD TO THE CONTRACT TO THE UNIVERSITY'S PRESIDENT. BY CENTRALIZING AND STANDARDIZING ITS CONTRACT REVIEW PROCESS THROUGH, AT LEAST THESE TWO OFFICES, THE UNIVERSITY IS ABLE TO, AMONG OTHER THINGS, REVIEW ALL CONTRACTUAL ARRANGEMENTS TO ENSURE THAT THERE ARE NO UNDISCLOSED CONFLICTS OF INTEREST ISSUES PRESENTED IN ANY SUCH ARRANGEMENT.

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

GOVERNANCE AND ADMINISTRATION: CEO EVALUATION/SELECTION

THE GOVERNING BOARD OF THE INSTITUTION IS RESPONSIBLE FOR THE SELECTION AND THE PERIODIC EVALUATION OF THE CHIEF EXECUTIVE OFFICER.

THE FISK BOARD OF TRUSTEES EMPLOYS SEARCH FIRMS THAT SPECIALIZE IN THE PLACEMENT OF SENIOR ADMINISTRATIVE PERSONNEL AT INSTITUTIONS OF HIGHER EDUCATION. THE SEARCH FIRM THEN MANAGES THE ENTIRE RECRUITMENT PROCESS,

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INCLUDING JOB SEARCH POSTINGS, SCREENINGS OF APPLICANTS AND THEIR CREDENTIALS AS WELL AS THE COORDINATION OF CANDIDATE INTERVIEWS WITH SELECTED MEMBERS FROM THE FISK BOARD OF TRUSTEES.

SUCH SEARCHES ARE CONDUCTED ON A 'HIGHLY CONFIDENTIAL' BASIS AND DO NOT INVOLVE THE OFFICE OF HUMAN RESOURCES UNTIL SUCH TIME AS THE BOARD OF TRUSTEES SELECTS AND ANNOUNCES THE PRESIDENTIAL CANDIDATE. IN ADDITION, THE BOARD OF TRUSTEES, USES ITS LEGAL COUNSEL TO FORMULATE AND/OR REVIEW ALL PRESIDENTIAL CONTRACTS FOR THE UNIVERSITY.

ARTICLE V, SECTION 1 OF FISK UNIVERSITY'S ("FISK" OR THE "UNIVERSITY") AMENDED AND RESTATED BYLAWS (THE "BYLAWS") CONFERS TO ITS BOARD OF TRUSTEES (THE "BOARD") THE AUTHORITY TO APPOINT THE PRESIDENT, WHO SERVES AS THE UNIVERSITY'S CHIEF EXECUTIVE OFFICER. SPECIFICALLY, ARTICLE V, SECTION 1 OF THE BYLAWS STATES THAT THE BOARD IS RESPONSIBLE FOR THE SELECTION OF THE INSTITUTION'S PRESIDENT.

PURSUANT TO ARTICLE IV, SECTION 1 OF THE BYLAWS, THE EXECUTIVE COMMITTEE OF THE BOARD IS CHARGED WITH RESPONSIBILITY OF EVALUATING THE PRESIDENT'S PERFORMANCE AND SETTING HIS OR HER COMPENSATION. UNDER THIS PROVISION OF THE BYLAWS, THE EXECUTIVE COMMITTEE IS COMPRISED OF THE BOARD CHAIRMAN, VICE-CHAIRMAN, THE SECRETARY OF THE BOARD, THE CHAIRPERSONS OF EACH OF THE BOARD'S STANDING COMMITTEES, AND THE PRESIDENT. THE EXECUTIVE COMMITTEE IS STAFFED BY THE GENERAL COUNSEL AND SECRETARY, WHO SERVES AS AN EX OFFICIO MEMBER OF THE COMMITTEE. THE BYLAWS DIRECT THE EXECUTIVE COMMITTEE TO DEVELOP, IMPLEMENT AND EVALUATE THE PRESIDENT'S PERFORMANCE MANAGEMENT PROGRAM, COMPENSATION, AND CONDITIONS OF EMPLOYMENT.

Name of the organization

FISK UNIVERSITY

Employer identification number

62-0202000

THE EMPLOYMENT AGREEMENT BETWEEN THE UNIVERSITY AND THE UNIVERSITY'S CURRENT PRESIDENT ALSO SETS FORTH A PROCESS FOR THE PRESIDENT'S EVALUATION. THE EMPLOYMENT AGREEMENT REQUIRED THE PRESIDENT TO DEVELOP A PERFORMANCE PLAN UNDER WHICH HE IS TO BE EVALUATED. THE AGREEMENT CONTEMPLATES THAT THE BOARD MAY PERFORM AN ANNUAL OR PERIODIC PERFORMANCE REVIEW OF THE PRESIDENT. THE DATE(S) AND FREQUENCY OF SUCH PERFORMANCE REVIEW(S) TO OCCUR ARE TO BE DETERMINED IN THE SOLE DISCRETION OF THE UNIVERSITY'S BOARD OF TRUSTEES, THROUGH THE APPLICABLE COMMITTEE OF THE BOARD (THE "COMMITTEE"). THE EMPLOYMENT AGREEMENT ALSO STATES THAT THE PRESIDENT'S INITIAL PERFORMANCE PLAN SHALL BE ADJUSTED ANNUALLY BY THE COMMITTEE AND THE PRESIDENT PRIOR TO THE CLOSE OF EACH FISCAL YEAR.

COMPENSATION DATA IS EVALUATED UTILIZING SALARY DATA PROVIDED BY CUPA-HR SO AS TO COMPARE FISK COMPENSATION DATA WITH COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

COMPENSATION DATA FOR THE PRESIDENT, OTHER OFFICERS AND/OR KEY EMPLOYEES OF THE UNIVERSITY ARE KEPT IN THEIR RESPECTIVE PERSONNEL FILES WITHIN THE OFFICE OF HUMAN RESOURCES. COMPENSATION DATA FOR THE PRESIDENT, PROVOST AND CFO ARE ALSO RETAINED BY THE UNIVERSITY'S LEGAL COUNSEL.

FORM 990, PART VI, SECTION C, LINE 19:

FISK UNIVERSITY HAS COPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ON FILE TO BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

FISK UNIVERSITY

Employer identification number

62-0202000

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
STIEGLITZ ART COLLECTION, LLC 600 MUSEUM WAY BENTONVILLE, AR 72712		TN		RELATED		49,346,725.		X	N/A	X		50.00%

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

