# Form **990**

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

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

OMB No 1545-0047 2009

Open to Public Inspection

A Fo	rthe 2	2009 calendar ye		1-2009 and ending 06-30-201	.0	D Emmlerson idea	atification number		
		oplicable <b>Please</b>	C Name of organization FISK UNIVERSITY				ntification number		
Add	fress ch	ange use IRS label or		62-0202000					
— Nar	me char	nge print or	Doing Business As		E Telephone nu	muer			
— <sub>Init</sub>	ial retur			ıf maıl ıs not delivered to street addre	ess) Room/suite	(615) 329-8			
– Ter	mınated	Instruc- tions.	1000 17TH AVENUE	and the second district and th	, , , , , , , , , , , , , , , , , , , ,	<b>G</b> Gross receipts \$	5 25,460,340		
– <sub>Am</sub>	ended r	eturn	City or town, state or country, a	nd ZIP + 4		ł			
_		pending	NASHVILLE, TN 37208						
,,,,,	, ilea cio ii			56. a a v		ı			
			me and address of principal of CY ROBERTS	nicer		ıs a group return ates?	for		
			17TH AVENUE				, 105 , 110		
		NASH	VILLE,TN 37208		H(b) Are a	ll affiliates include	ed?		
- Ta	v ovom	nt status 🔽 501/	c) ( 3 ) <b>4</b> (insert no )	/1) <b>- - - - - - - - -</b>			(see instructions)		
Lia	x-exem	pr status   501(	c) (3) 🖪 (Insert no )   4947(a)	(1) OF 1 527	H(c) Grou	up exemption nur	nber 🟲		
J W	ebsit e	:► WWW FISK E	DU						
<b>K</b> Forr	n of org	anization  Corpor	ation Trust Association 7 Other	er F INSTITUTION	<b>L</b> Year of fo	rmation 1867 M	State of legal domicile TN		
	rt I				<b>'</b>	•	-		
			he organization's mission or m						
			roduces graduates from divers	e backgrounds with the integri	ty and intelled	t required for sul	ostantive contributions		
Governance		to society							
₫									
<u>.</u>									
é	2	Check this box 🕨	f the organization disconting	nued its operations or disposed	l of more than	25% of its net a	ssets		
ø	3	Number of voting	members of the governing boo	dy (Part VI, line 1a)		3	26		
er ab	4	Number of indepe	ndent voting members of the q	governing body (Part VI, line 1	b)	. 4	26		
Ě			mployees (Part V, line 2a) .				630		
Activities			olunteers (estimate if necess			6			
4				art VIII, column (C), line 12	_		0		
		-	siness taxable income from Fo	, , ,,		7b			
					Pric	or Year	Current Year		
	8	Contributions ar	nd grants (Part VIII, line 1h)			12,057,002	10,775,358		
ē	9					11,067,455	10,412,034		
ē	10	•		es 3, 4, and 7d )		126,366	105,964		
Reven	11		Part VIII, column (A), lines 5,		4,430,518	4,166,984			
	12	•	add lines 8 through 11 (must e		4,430,518	4,100,984			
	12		· · · · · · · · · · · ·			27,681,341	25,460,340		
	13		lar amounts paıd (Part IX, colu			4,076,679	3,889,647		
	14	Benefits paid to	or for members (Part IX, colu		0	0			
	15	Salaries, other o	compensation, employee benef	fits (Part IX, column (A), lines	5 –				
\$		10)				11,729,507	11,565,744		
Expenses	16a	Professional fun	draising fees (Part IX, column	(A), line 11e)		0			
ਲੋ	ь	Total fundraising ex	penses (Part IX, column (D), line 25	<u></u> 656,562					
	17	Other expenses	(Part IX, column (A), lines 11	.a-11d, 11f-24f)		12,445,307 12,774,3			
	18	Total expenses	Add lines 13-17 (must equal	Part IX, column (A), line 25)		28,251,493 28,229,7			
	19	Revenue less ex	penses Subtract line 18 from	line 12		-570,152 -2,769,4			
<u>ያ</u>					_	g of Current	End of Year		
Net Assets or Fund Balances						/ear			
8 B	20		art X, line 16)			109,844,401	107,539,550		
골	21	Total liabilities	(Part X, line 26)			18,788,852	19,025,140		
	22		nd balances Subtract line 21	from line 20		91,055,549	88,514,410		
Pai	rt II	Signature B							
				ed this return, including accompanying of preparer (other than officer) is base					
		— — — — — — — — — — — — — — — — — — —	, correct, and complete Decidion of	preparer (other than officer) is base	ed on all illionnat	non or which prepare	- Has any knowledge		
Sign	1	*****			2011-	-05-16			
Here	<b>e</b>	Signature of office	cer		Date				
		CLANCY ROBERT	S VP OF FINANCE/CFO						
		Type or print nai							
		Preparer's L		Date	Check If	Preparer's identify	ving number		
Paid		signature RICH	ARD M WINSTEAD	self-	(see instructions)	-			
	arer's	Firm's name /	ire & CDOCCITN & ACCOCTATES DO		empolyed 🕨 🦵				
Use (		Firm's name (or you if self-employed),	P			EIN ▶			
J 36 (	Jiiiy	address, and ZIP +	2525 WEST END SUITE 1100						
			NASHVILLE, TN 37203			Phone no 🕨 (61	.5) 320-5500		
			urn with the preparer shown at				▼ Yes		

#### Part III Statement of Program Service Accomplishments

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 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 DETAILS 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, OF CULTURE AND 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

4e	Total program service ex	penses <b>►</b> \$	20,159,253		
4d	Other program services (Expenses \$	•	edule O ) uding grants of \$	) (Revenue \$	)
<b>4c</b>	(Code	) (Expenses \$	ıncludıng grants	of \$ ) (Revenu	) 
4b	(Code	) (Expenses \$	ıncludıng grants	of \$ ) (Revenu	ue \$ )
	PRIMARY PURPOSE OF EDUCA		EDUCATION AND PROVIDES INSTRU	ICTION SCHOLARSHIPS AND VARIOUS	SUPPORT SERVICES IN ACHIEVING ITS
4a	·	) (Expenses \$	20,159,253 including grant		
4	Describe the exempt purp Section 501(c)(3) and 50	ose achievement 1(c)(4) organizat	s for each of the organization	n's three largest program servio ) trusts are required to report th program service reported	
	If "Yes," describe these c				. Tes p No
3	Did the organization ceases		make significant changes in l	how it conducts, any program	
	If "Yes," describe these n	ew services on S	chedule O		
2	the prior Form 990 or 990		ant program services during	the year which were not listed	

Part TV	Checklist	of Da	auired	Schadu	عما
20 II W W	CHECKHSL	UI RE	uuneu	Scheuu	16:

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	_
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
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>	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
a.	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	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 this return (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		NO
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
b	If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
•	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

1000 17TH AVENUE NASHVILLE,TN 37208 (615) 329-8604

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 26			
b	Enter the number of voting members that are independent 1b 26	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	. 3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		V	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	Yes	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	124	103	
	to conflicts?	12b	Yes	
	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14 15	Does the organization have a written document retention and destruction policy?	14	Yes	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		.,	
	The organization's CEO, Executive Director, or top management official	15a	Yes	
D	Other officers or key employees of the organization	15b	res	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	16b			
Se	ection C. Disclosure			I
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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			_
20	State the name, physical address, and telephone number of the person who possesses the books and records of the CLANCY ROBERTS	ie orga	ınızatıor	า ▶-

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

#### 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. Use Schedule J-2 if additional space is needed

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

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

(A) Name and Title  A verage hours per week  A	Check this box if the organization did		sate any	/ curi	rent	or fo	rmer c	ffice	r, director, trustee	or key employee	
week or director o		A verage hours		tion (	ched		I		Reportable compensation	Reportable compensation	Estimated amount of other
See add'l data			Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W-	organizations (W- 2/1099-	from the organization and related
	See add'l data										
											-
	,										

1b	Total .									•	907,697	0	11,287

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►5

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

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation						
BONE MCALLESTER NORTON PLLC 500 UNION STREET SUITE 1600 NASHVILLE, TN 37219	LEGAL SERVICES	186,999						
ORION BUILDING CORPORATION 2014 BROADWAY SUITE 200 NASHVILLE, TN 37201	CONSTRUCTION SERVICE	209,259						
GCA SERVICES GROUP P O BOX 534198 ATLANTA, GA 30353	JANITORIAL SERVICES	243,541						
ADVANTAGE BUILDERS INC 504 AUTUMN SPRINGS CT SUITE 23 FRANKLIN, TN 37067	CONSTRUCTION SERVICE	379,191						
HONEYWELL INC 12490 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	MAINTENANCE SERVICES	392,020						
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►7								

Page 8

Form 99								Page <b>9</b>
Part V	<u>/+++</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or
20	1a	Federated cam	paigns 1a					514
Contributions, gifts, grants and other similar amounts	ь	Membership du	es 1b					
g.g amα	С	Fundraising eve	ents <b>1c</b>					
#£	d	Related organiz	zations 1d					
E, S	e	Government grants	s (contributions) <b>1e</b>	7,835,223				
tíor r si	f	All other contribution	ons, gifts, grants, and <b>1f</b>	2,940,135				i i
ê¥	g		butions included in					
				_	10 775 250			
<u>٥</u> ٣	h	Total. Add lines	s 1a-1f	•	10,775,358			
e E				Business Code				
wen	2a	TUITION AND FEES			10,412,034	10,412,034		
⊕ 22	b c							
Š	d		_					
33	e							
<u></u>	f	All other progra	am service revenue					
Program Serwce Revenue		, -		_				
	д 3		ome (including dividence		10,412,034			
			ar amounts)	. 1	105,964			105,964
	4		stment of tax-exempt bond p	F	0			
	5	Royalties	<u> </u>	▶	0			
			(ı) Real	(11) Personal				
	6a	Gross Rents Less rental						
	Ь	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount	(ı) Securities	(II) O ther				
	'	from sales of assets other						
	١.	than inventory Less cost or						
	b	other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gaın or (los	s)	▶	0			
	8a	Gross income f events (not inc						
Other Revenue		\$ of contributions	reported on line 1c) see 18					
Jer	ь	Less direct ex	penses b					
ᅙ	С		loss) from fundraising (	events 🕨	0			
	9a		rom gaming activities ie 19 <b>a</b>					
	ь		penses <b>b</b>					
	10-		(loss) from gaming activ	/ities	0			
	Tua	Gross sales of returns and allo	5 5					
	ь		oods sold <b>b</b>					
	С	Net income or (	(loss) from sales of inve	Business Code	0			
	11a	AUXILLIARY I		Dusilless Code	2,934,271	2,934,271		
	ь	OTHER INCOM			586,186	586,186		
			Y CONVERSION -		646,527			646,527
		FLOOD						
		All other revenu						
	e	rotal. A dd lines	s 11a-11d		4,166,984			
	12	Total revenue.	See Instructions	▶	25,460,340	13,932,491		752,491

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
			(B), (C), and	(D).	(D)			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	0						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,889,647	3,889,647					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0						
4	Benefits paid to or for members	0						
5	Compensation of current officers, directors, trustees, and key employees	837,697	259,155	578,542				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0						
7	Other salaries and wages	9,105,981	6,148,071	2,506,836	451,074			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0						
9	Other employee benefits	1,622,066	633,138	869,400	119,528			
10	Payroll taxes	0						
11	Fees for services (non-employees)							
а	Management	0						
ь	Legal	402,653	6,669	395,984				
с	Accounting	83,001	,	83,001				
d	Lobbying	0		,				
e	Professional fundraising See Part IV, line 17	0						
f	Investment management fees	111,456	109	111,347				
g	Other	0		,				
12	Advertising and promotion	15,410	12,462	2,798	150			
13	Office expenses	549,002	449,817	80,615	18,570			
14	Information technology	232,665	42,518	181,578	8,569			
15	Royalties	0	12/515	191,575				
16	Occupancy	1,095,522	942,149	153,373	_			
17	Travel	451,438	323,965		19,312			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	431,430	323,303	100,101	19,312			
19	Conferences, conventions, and meetings	16,939	1,230	15,209	500			
20	Interest	604,602	519,958	84,644				
21	Payments to affiliates	0	319,930	34,044				
22	Depreciation, depletion, and amortization	3,074,455	2,644,031	430,424				
23	Insurance	366,265	314,988					
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	300,203	311,300	31,211				
а	REPAIRS AND MAINTENANCE	1,042,894	896,889	146,005	_			
b	FOOD SERVICES	1,107,580	1,097,675	· ·				
c	CONTRACT SERVICES	871,537	171,045	683,510	16,982			
d	STIPENDS	896,300	896,300	·	<u> </u>			
e	CONSULTING	148,876	106,791	42,085				
f	All other expenses	1,703,797	802,646	879,274	21,877			
25	Total functional expenses. Add lines 1 through 24f	28,229,783	20,159,253	7,413,968	656,562			
26	Joint costs. Check here ► ☐ If following SOP 98-2	20,229,703	20,139,233	7,713,500	030,302			
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Pa	rt X	Balance Sheet					<del></del>			
					(A)		(B)			
	1				Beginning of year		End of year			
	1	Cash—non-interest-bearing			2,625,386	H-	2,184,255			
	2	Savings and temporary cash investments	•			2				
	3	Pledges and grants receivable, net	•			3				
	4	Accounts receivable, net			6,231,788	4	5,812,321			
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key	employees, and						
		Schedule L				5				
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of	n 4958(f)(1)) and							
		Schedule L		6						
stess	7	Notes and loans receivable, net		393,851	7	355,507				
Š	8	Inventories for sale or use				8				
⋖	9	Prepaid expenses and deferred charges	d expenses and deferred charges							
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	76,215,185						
	ь	Less accumulated depreciation	10b	50,873,515	26,893,896	10c	25,341,670			
	11	Investments—publicly traded securities			4,802,823	11	4,937,225			
	12	Investments—other securities See Part IV, line 11			12					
	13	Investments—program-related See Part IV, line 11	68,201,495	13	68,201,495					
	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) .			109,844,401	16	107,539,550			
	17	Accounts payable and accrued expenses .	3,841,737	17	4,058,688					
	18	Grants payable		18						
	19	Deferred revenue		1,126,522	19	1,519,347				
	20	Tax-exempt bond liabilities	8,729,519	20	8,464,519					
Sə	21	Escrow or custodial account liability Complete Part IV of Schedul			21					
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified								
ei i		persons Complete Part II of Schedule L				22				
	23	Secured mortgages and notes payable to unrelated third parties				23				
	24	Unsecured notes and loans payable to unrelated third parties				24				
	25	Other liabilities Complete Part X of Schedule D			5,091,074	25	4,982,586			
	26	Total liabilities. Add lines 17 through 25			18,788,852	26	19,025,140			
5		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	let e l	ines 27						
Fund Balance		through 29, and lines 33 and 34.								
lar	27	Unrestricted net assets	Unrestricted net assets							
Ва	28	Temporarily restricted net assets	3,648,197	28	4,530,623					
핃	29	Permanently restricted net assets			11,925,502	29	12,191,623			
교		Organizations that do not follow SFAS 117, check here ► ar								
2		lines 30 through 34.								
35	30	Capital stock or trust principal, or current funds				30				
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31				
	32	Retained earnings, endowment, accumulated income, or other fu	ınds		24 :-	32	00 511 115			
Net	33	Total net assets or fund balances			91,055,549		88,514,410			
	34	Total liabilities and net assets/fund balances			109,844,401	34	107,539,550			

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

### OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

FISK UNIVERSITY

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number** 

62-0202000

Pa	rt I	Reaso	n for Pub	olic Charity Stat	us (All org	anızatıons	must comp	olete this p	art.) See ins	tructions		
he o	rganiz			foundation because								
1	Γ	A churc	h, conventio	n of churches, or as:	sociation of	churches <b>s</b>	ection 170(b	)(1)(A)(i).				
2	굣	A schoo	l described	ın <b>section 170(b)(1)</b>	(A)(ii). (Att	ach Schedu	ıle E)					
3	Γ			erative hospital serv				n 170(b)(1)	(A)(iii).			
4	Γ		al research 's name, cit	organization operate	ed in conjunc	tion with a	hospital desc	cribed in <b>sec</b>	tion 170(b)(1	)( <b>A</b> )(iii). Ente	rthe	
				,,								
5	Γ	An orga	nızatıon ope	rated for the benefit	of a college	or universit	y owned or o	perated by a	governmenta	l unit describ	— ed ın	
		section	170(b)(1)(A	<b>\)(iv).</b> (Complete Pa	rt II )							
6	Γ	A federa	al, state, or l	ocal government or	governmenta	al unit desc	rıbed ın <b>secti</b>	on 170(b)(1	)(A)(v).			
7	Γ	describe	ed in	t normally receives a		part of its	support from	a governme	ntal unit or fro	m the genera	public	
_	_			(Complete Pa								
8	<u> </u>			described in <b>section</b>								
9	ı			normally receives								SS
		-		ties related to its ex	-	_		•				
				ss investment incom						x) from busin	esses	
	_	•		anızatıon after June 3	•			•	•			
10		A n orga	nızatıon orga	anızed and operated	exclusively	to test for p	oublic safety	See <b>section</b>	509(a)(4).			
11	Г	one or n the box	nore publicly	anized and operated supported organizates the type of suppo <b>b</b> Type II	tions describ rting organiz	bed in secti zation and c	on 509(a)(1)	) or section ! s 11e throug	509(a)(2) See jh 11h	•	a)(3).	Check
e f	Γ	other th section If the or check th	an foundatio 509(a)(2) ganization r nis box	x, I certify that the o	er than one o	or more pub	licly supporto	ed organızat Type I, Type	ions described	d in section 5	09(a)(:	1) or
g			ugust 17, 21 g persons?	006, has the organiz	ation accept	ted any gift	or contribution	on from any	ortne			
				ectly or indirectly co	ntrols, eithe	r alone or to	ogether with i	persons des	crıbed ın (ıı)		Yes	No
		and (III)	below, the g	overning body of the	the support	ed organiza	ition?			11g(i)		
			_	r of a person describ	7.7	_				11g(ii)		
		• •	•	ed entity of a person	• •		bove?			11g(iii)		
h				g information about t						[==5(:)	<u> </u>	
			,	,		J	,					
	(i) Name Suppoi rganiz	of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) list your gove docume	e ion in ted in irning	Did you no organiza col (i) c	otify the ition in of your	(vi) Is th organiza col (i) org in the U	ie tion in janized	A m	vii) ount of oport?
				(see (nstructions))	Yes	No	Yes	No	Yes	No	1	
						†				1		
						+	1	+				

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization				gaao., quu		<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> 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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

**EIN:** 62-0202000

Name: FISK UNIVERSITY

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

Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	(B) Average hours per		tion ( that a	(che	′)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
ALMA BROWN TRUSTEE	1 0	Х								
MIKE CURB	1 0	Х								
TRUSTEE EDDIE HAMILTON										
TRUSTEE	1 0	Х								
ROBERT HANFLING TRUSTEE	1 0	X								
KASE LAWAL TRUSTEE	1 0	Х								
ROBERT MALLETT TRUSTEE	1 0	Х								
JOAN MOBLEY TRUSTEE	1 0	Х								
PATRICIA MEADOWS TRUSTEE	1 0	Х								
GREGG MORTON TRUSTEE	1 0	Х								
SHEILA PETERS TRUSTEE	1 0	Х								
DONNA RICE TRUSTEE	1 0	Х								
WILLIS SHEFTALL TRUSTEE	1 0	Х								
PERIAN STRANG TRUSTEE	1 0	Х								
MICHAEL WOODHOUSE TRUSTEE	1 0	Х								
WARREN COLLINS TRUSTEE AND PROFESSOR	40 0	Х				×		118,509	0	2,865
THE HONORABLE LESLIE MEEK TRUSTEE	1 0	Х								
EDDIE GEORGE TRUSTEE	1 0	Х								
HOWARD GENTRY JR TRUSTEE	1 0	Х								
CHERYL DANIEL TRUSTEE	1 0	Х								
LINDA COLEMAN TRUSTEE	1 0	Х								
BARBARA BOWLES TRUSTEE	1 0	Х								
P ANDREW PATTERSON TRUSTEE	1 0	Х								
ROBERT NORTON TRUSTEE	1 0	Х								
JOHN BLUFORD TRUSTEE	1 0	Х								
MICHAEL REEVES TRUSTEE	1 0	Х								

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

(A) Name and Title	(B) Average hours per week	1	tinat institutional Truste	•	′)	Highest compensat	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
HAZEL O'LEARY PRESIDENT and trustee	40 0	×		X	×	<u>те</u> х		238,750	0	0
MARIE WILLIAMS VP & CHIEF ADMIN OFFICER	40 0			х	×	х		151,042	0	2,333
CHRISTOPHER M BROWN II EXECUTIVE VP/PROVOST	40 0			х	×	Х		258,750	0	4,146
ARNOLD BURGER PROFESSOR	40 0					х		140,646	0	1,943

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
REPAIRS AND MAINTENANCE	1,042,894	896,889	146,005	
FOOD SERVICES	1,107,580	1,097,675	9,905	
CONTRACT SERVICES	871,537	171,045	683,510	16,982
STIPENDS	896,300	896,300		
CONSULTING	148,876	106,791	42,085	

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DLN: 93493136064351

OMB No 1545-0047

Open to Public

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

ernal	Revenue Service Attach to F	orm 990. ► See separate instructions.		Inspection
	ne of the organization UNIVERSITY		Employer i	dentification number
ısı	OHIVEKSTI I		62-02020	00
Pa	rt I Organizations Maintaining Donor A		ınds or Ac	counts. Complete if the
	organization answered "Yes" to Form 9	90, Part IV, line 6.  (a) Donor advised funds	/h\ Eur	nds and other accounts
	Total number at end of year	(a) Donor advised funds	( <b>b)</b> Ful	- and other accounts
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor adv	Upone in westing that the access hold in dan	or oduce od	
	funds are the organization's property, subject to the	organization's exclusive legal control?		☐ Yes ☐ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beiconferring impermissible private benefit		•	ose Yes No
aı	t III Conservation Easements. Complete	of the organization answered "Yes" to	Form 990	, Part IV, line 7.
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	cion or pleasure) Preservation of an Preservation of a c	ertified histo	
			He	ld at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements	-	2b	
C	Number of conservation easements on a certified hi	` '	2c	
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d	
	Number of conservation easements modified, transfithe taxable year  Number of states where property subject to conserv	ation easement is located ►	_	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		lling of violat	ons, and Yes No
	Staff and volunteer hours devoted to monitoring, ins			
	A mount of expenses incurred in monitoring, inspect			ear ► \$
	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion	┌ Yes
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial	•	•
ar	Organizations Maintaining Collection Complete if the organization answered		or Other S	imilar Assets.
а	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or researc	h ın furthera	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in		
	(i) Revenues included in Form 990, Part VIII, line	1	•	<b>-</b> \$
	(ii) Assets included in Form 990, Part X			- \$
	If the organization received or held works of art, hist following amounts required to be reported under SFA			
а	Revenues included in Form 990, Part VIII, line 1	- -	•	<del>-</del> \$
			-	

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>:, His</u>	torical Tre	easu	ures, or Oth	er	<u>Similar As</u>	sets (	continued)	
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie following th	nat ai	re a sıgnıfıcant	use	e of its collect	ion		
а	Public exhibition		d	✓ Loan o	rexc	hange progran	ns				
b	Scholarly research		e	✓ Other	EDU	CATIONALO	UTF	REACH PROG	RAMS		
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	v they further	the	organızatıon's	exei	mpt purpose ı	n		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,			ımıla		_ Yes	√ No	
Par	Part IV, line 9, or reported an an	ements. Comple	ete ıf	the organiz	atıo		"Yes	s" to Form 9	90,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for contributi	ions	or other asset	s no		_ Yes	☐ No	
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ing table							
								Am	A mount		
c C	Beginning balance					10					
d	Additions during the year					10	_				
e	Distributions during the year					16					
f	Ending balance					1f					
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?						Yes	☐ No	
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete					Form 990, Parton Porm 990, Parton Porm 990, Parton Porton			/=\Faus	Voore Dook	
1a	Beginning of year balance	(a)Current Year 12,141,741	(1	)Prior Year 12,431,114		TWO YEARS BACK	(a) 11	niee rears back	(e)rour	Tears back	
ь	Contributions	266,121		393,527	-						
_		340,558		-364,075	+						
C C	Investment earnings or losses Grants or scholarships	137,200		118,825	_	-					
d	Other expenditures for facilities	137,200		200,000	<del>                                     </del>						
е	and programs			200,000							
f	Administrative expenses										
g	End of year balance	12,611,220		12,141,741							
2	Provide the estimated percentage of the yea	r end balance held	as			•					
а	Board designated or quasi-endowment 🕨	0 %									
ь	Permanent endowment • 96.673 %										
	Term endowment ► 3.327 %										
c 3a	Are there endowment funds not in the posses	ssion of the organiz	ation 1	that are held	and a	administered fo	or th	ie			
	organization by								Yes	No	
	(i) unrelated organizations							3a(	i)	Νo	
	(ii) related organizations						•	3a(		No	
	If "Yes" to 3a(II), are the related organizatio	•			•			3Ł	<u> </u>		
4	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S						T		
	Description of investment			(a) Cost or of basis (investm		<b>(b)</b> Cost or othe basis (other)	r (	(c) Accumulated depreciation	(d) B	Book value	
1a	Land			123	350	1,084,18	38			1,207,538	
b	Buildings		•			48,777,44	12	27,971,864	1	20,805,578	
c	Leasehold improvements										
d	Equipment					23,425,85	6	21,215,423	3	2,210,433	
e	Other	<u> </u>				2,804,35	50	1,686,229	)	1,118,121	
Tota	<b>l.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	nn (B)	, line 10(c).)				. ►		25,341,670	
								Schedule D	(Form	990) 2009	

Part VII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation
Financial derivatives		Cost or end-of-year market value
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
STIEGLITZ ART COLLECTION	68,201,495	
	00,202,100	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	, ,	
Part IX Other Assets. See Form 990, Part X, lin		1
(a) Descrip	otion	(b) Book value
		<u> </u>
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	(5.)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
DEPOSITS HELD IN CUSTODY	49,000	
ADV FROM FED GOVT FOR PERKIN	394,866	
	4,394,689	
BANK LINE OF CREDIT CAPITAL LEASE OBLIGATION	144,031	
CALLINE FEWSE AREIGNATION	144,031	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	4,982,586	
	.,= == = = = = =	

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ıts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	25,460,340
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	28,229,783
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,769,443
4	Net unrealized gains (losses) on investments	4	228,304
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	228,304
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,541,139
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	
1	Total revenue, gains, and other support per audited financial statements	1	20,552,081
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d -3,889,647		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-3,889,647
3	Subtract line <b>2e</b> from line <b>1</b>	3	24,441,728
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	1,018,612
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	25,460,340
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	24,340,136
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	24,340,136
4	A mounts included on Form 990, Part IX, line 25, but not on line <b>1:</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	3,889,647
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	28,229,783
	rt XIV Supplemental Information		
C ~ ·	mplate this part to provide the descriptions required for Part II, lines 3, F, and 0, Part III, lines 1, and 4, Ps	r+ I\/	lines 1 h and 2 h

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

Ident if ier	Return Reference	Explanation
SCHEDULE D PART III	LINE 4	Fisk University Galleries provides a welcoming environment and fosters 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 Stiegltiz 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 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
SCHEDULE D PART XII	LINE 2D	\$(3,889,647) SCHOLARSHIP EXPENSE SHOWN ON BOOKS AS REVENUE OFFSET REPORTED ON THE TAX RETURN AS AN EXPENSE
SCHEDULE D PART XII	LINE 4B	TOTAL OF \$1,018,612 CONSISTS OF NON-OPERATING ACTIVITIES ON THE AUDIT INCLUDED IN REVENUE ON THE FORM 990 INTEREST AND DIVIDENDS \$105,964 GAIN ON INVOLUNTARY CONVERSION \$646,527 PRIVATE GIFTS AND GRANTS \$266,121
SCHEDULE D PART XIII	LINE 4B	\$3,889,647 SCHOLARSHIP EXPENSE SHOWN ON BOOKS AS REVENUE OFFSET REPORTED ON THE TAX RETURN AS AN EXPENSE
SCHEDULE D PART V	LINE 4	THE UNIVERSITY'S ENDOWMENT CONSISTS OF INDIVIDUAL DONOR RESTRICTED FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES AS REQUIRED BY GAAP, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS THE UNIVERSITY CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT, AND IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND THE REMAINING PORTION OF THE DONOR-RESTIRCTED ENDOWMENT FUND THAT IS NOT CLASSIFIED IN PERMANENTLY RESTRICTED NET ASSETS IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS IS CLASSIFIED BY PERMANENTLY RESTRICTED NET ASSETS ONTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY THE UNIVERSITY IN A MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY APPLICABLE STATE LAWS

**Employer identification number** 

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

FISK UNIVERSITY

Name of the organization

## **Schools**

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

	62-0202000			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,		l	
_	programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain	3	Yes	
	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?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	4b	Yes	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
		_		
		4		
5	Does the organization discriminate by race in any way with respect to	1_		
а	Students' rights or privileges?	5a		Νo
ь	Admissions policies?	5b		Νo
		55		
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
_	Educational policies?	5e		No
Ī	Educational policies	<u> </u>		NO
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)	<u> </u>		140
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🗲 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 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes	

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Schedule I (Form 990) DLN: 93493136064351

OMB No 1545-0047

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

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

Open to Public Inspect ion

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number FISK UNIVERSITY 62-0202000 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, non-cash assistance organization grant cash orassistance or government assistance other) Enter total number of section 501(c)(3) and government organizations . . . . . . . . . . . . . . . .

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS & FELLOWSHIPS FOR STUDENTS ATTENDING	276	3,889,647		N/A	N/A
See Addıtıonal Data Table					
				•	<u> </u>

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

Ident if ier	Return Reference	Explanation
SCHEDULE I	PART I LINE 2	The Office of Sponsored Prorgrams is responsible for ensuring that auditable records are maintained in suppport 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 grant funds are properly utilized for the purposes specified in the grant contract/agreeement.

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DLN: 93493136064351

OMB No 1545-0047

Open to Public

Inspection

#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Name of the organization FISK UNIVERSITY

**Employer identification number** 

62-0202000

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement orprovision of all the expenses desc	_		1b	Yes	
2	Did the organization require substantiation prior to					
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?				Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t					
	Compensation committee	굣	• •			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>  -                                   </u>	Approval by the board or compensation committee			İ
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line ${f 1}{f a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	ıt?	4a		Νo
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?					Νo
	If "Yes" to any of lines 4a-c, list the persons and $\boldsymbol{p}$	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					1
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
Ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described i					1
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name					(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
MARIE WILLIAMS	(I) (II)	151,042 0	0 0	0	l ' l		, - · -	
HAZEL O'LEARY	(ı) (ıı)	213,750 0	0	25,000 0	0		238,750 0	0
CHRISTOPHER M BROWN II	(I) (II)	213,750 0	0 0	45,000 0	4,146 0		262,896 0	0
	_							

#### Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation

Schedule J (Form 990) 2009

Software ID: Software Version:

**EIN:** 62-0202000

Name: FISK UNIVERSITY

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DLN: 93493136064351

**SCHEDULE 0** 

(Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information to Form 990**

2009

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

Attach to Form 990.

Open to Public Inspection

Name of the organization FISK UNIVERSITY

Employer identification number

62-0202000

Identifier	Return Reference	Explanation
990 PART VI	SECTION A LINE 10	A COPY OF THE FORM 990 WAS DISTRIBUTED TO THE AUDIT COMMITTEE AND APPROVED ON MAY 12, 2011 THE AUDIT COMMITTEE CHAIR REVIEWED CHANGES MADE TO THE 990 AFTER THE AUDIT COMMITTEE MEETING THAT WERE DISCUSSED AND APPROVED BY THE AUDIT COMMITTEE MEMBERS AT THE MEETING

ldentifier	Return Reference	Explanation
990 PART VI	SECTION B LINE 12C	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's General Counsel provides a tutorial on conflicts issues, reviews the University's Bylaw's 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 University's General Counsel checks each 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 Bylaw's 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

ldentifier	Return Reference	Explanation
990 PART VI	SECTION B LINE 15B	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, 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 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. The employment agreement between the University and the University's current President to develop a performance plan under which she is to be evalua

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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