

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2005**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 07/01, 2005, and ending 06/30/2006

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FISK UNIVERSITY	D Employer identification number 62-0202000
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1000 17TH AVENUE	E Telephone number (615) 329-8500
	City or town, state or country, and ZIP + 4 NASHVILLE, TN 37208	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶
	Please use IRS label or print or type. See Specific Instructions.	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ WWW.FISK.EDU**J Organization type** (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See instructions.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 29,278,743.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)**

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	3,927,446.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c	8,167,115.		
	d Total (add lines 1a through 1c) (cash \$ 12,070,888 noncash \$ 23,673.)			1d	12,094,561.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	11,889,766.
	3 Membership dues and assessments			3	
	4 Interest on savings and temporary cash investments			4	
	5 Dividends and interest from securities			5	251,813.
	6a Gross rents				
b Less rental expenses					
c Net rental income or (loss) (subtract line 6b from line 6a)			6c		
7 Other investment income (describe ▶)			7		
Expenses	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b Less cost or other basis and sales expenses	8a			
	c Gain or (loss) (attach schedule)	8b			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			8d	
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10a Gross sales of inventory, less returns and allowances	10a			
	b Less cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c		
11 Other revenue (from Part VII, line 103)			11	5,042,603.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	29,278,743.	
Net Assets	13 Program services (from line 44, column (B))			13	26,376,097.
	14 Management and general (from line 44, column (C))			14	5,141,554.
	15 Fundraising (from line 44, column (D))			15	1,230,292.
	16 Payments to affiliates (attach schedule)			16	
	17 Total expenses (add lines 16 and 44, column (A))			17	32,747,943.
18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	-3,469,200.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	70,158,480.	
20 Other changes in net assets or fund balances (attach explanation)		STMT 1	20	903,002.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	67,592,282.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	(cash \$ <u>5,374,440</u> , noncash \$ <u> </u>) If this amount includes foreign grants, check here <input type="checkbox"/>	5,374,440.	5,374,440.		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	645,190.		645,190.	
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies				
34	Telephone				
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize)				
a	INSTRUCTION	43a 5,877,556.	4,814,894.	1,062,662.	
b	RESEARCH	43b 5,770,643.	4,727,311.	1,043,332.	
c	ACADEMIC SUPPORT	43c 2,947,599.	2,414,673.	532,926.	
d	STUDENT SERVICES	43d 3,303,619.	2,706,325.	597,294.	
e	INSTITUTIONAL SUPPORT	43e 7,091,021.	4,914,787.	945,942.	1,230,292.
f	AUXILIARY ENTERPRISES	43f 1,737,875.	1,423,667.	314,208.	
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	32,747,943.	26,376,097.	5,141,554.	1,230,292.

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____.

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Form 990 (2005)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)

a THE ORGANIZATION IS AN INSTITUTE OF HIGHER EDUCATION AND PROVIDES INSTRUCTION SCHOLARSHIPS AND VARIOUS SUPPORT SERVICES IN ACHIEVING ITS PRIMARY PURPOSE OF EDUCATING STUDENTS.

(Grants and allocations \$ **5,374,440.**) If this amount includes foreign grants, check here ☐

26,376,097.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) **26,376,097.**

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	913,614.	45	668,631.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	4,934,113.		
	b Less allowance for doubtful accounts	NONE	47c	4,934,113.
	48a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	427,560.		
	b Less allowance for doubtful accounts		51c	427,560.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	438,137.	53	418,048.
	54 Investments - securities (attach schedule) STMT 3. <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	7,601,220.	54	8,303,290.
	55a Investments - land, buildings, and equipment basis	123,350.		
b Less accumulated depreciation (attach schedule)		55c	123,350.	
56 Investments - other (attach schedule)	41,446,375.	56	41,446,375.	
57a Land, buildings, and equipment basis	68,826,579.			
b Less accumulated depreciation (attach schedule)	39,229,352.	57c	29,597,227.	
58 Other assets (describe ►)		58		
59 Total assets (must equal line 74) Add lines 45 through 58	88,126,149.	59	85,918,594.	
Liabilities	60 Accounts payable and accrued expenses	4,965,863.	60	5,297,719.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)	10,254,518.	64a	9,779,519.
	b Mortgages and other notes payable (attach schedule)		64b	
65 Other liabilities (describe ► STMT 5)	2,747,288.	65	3,249,074.	
66 Total liabilities. Add lines 60 through 65	17,967,669.	66	18,326,312.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	44,346,049.	67	38,378,886.
	68 Temporarily restricted	5,864,586.	68	10,231,076.
	69 Permanently restricted	19,947,845.	69	18,982,320.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	70,158,480.	73	67,592,282.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	88,126,149.	74	85,918,594.

Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2		d
e	Total revenue (Part I, line 12) Add lines c and d		e

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) -----	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) -----	d2	
	Add lines d1 and d2		d
e	Total expenses (Part I, line 17) Add lines c and d		e

Part V **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

[illegible]

Yes	No
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75b	8
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75c		x

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75d	x	
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(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

	Yes	No
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76		X
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77		X

78a		x
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78b	N/A
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79		X
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80a		x
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t			

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81b	X
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Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911	N/A	
	section 4912	N/A	
	section 4955	N/A	
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	N/A	
90 a	List the states with which a copy of this return is filed	NONE REQUIRED	
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b	317
91 a	The books are in care of	AMANDA FOWLER	
	Located at	1000 17TH AVENUE NASHVILLE, TN	
	Telephone no	615-329-8500	
	ZIP + 4	37208	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
	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		
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	X
	If "Yes," enter the name of the foreign country		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here		
	and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					11,889,766.
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	251,813.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b OTHER INCOME			03	718,333.	
c AUXILIARY ENTERPRISE			03	4,324,270.	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				5,294,416.	11,889,766.
105 Total (add line 104, columns (B), (D), and (E))					17,184,182.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds directly or indirectly to pay premiums on a personal benefit contract?	Yes	<input checked="" type="checkbox"/>	No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	Yes	<input checked="" type="checkbox"/>	No

Note: If "Yes" to (b), file Form 8870 and Form 8720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return and believe it is true, correct, and complete. Declaration of preparer (other than agent)
	Signature of officer <i>Hazel R O'Neal</i> Type or print name and title
Paid Preparer's Use Only	Preparer's signature <i>Richard M. Winston</i>
	Firm's name (or yours if self-employed), address, and ZIP + 4 CROSSLIN, VADEN & ASSOCIATES 2525 WEST END AVENUE NASHVILLE, TN

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2005

Name of the organization

FISK UNIVERSITY

Employer identification number

62-0202000

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 7				
Total number of other employees paid over \$50,000 . . . ►		39		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 8		
Total number of others receiving over \$50,000 for professional services ►		1

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 9		
Total number of other contractors receiving over \$50,000 for other services ►		23

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

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)		<input checked="" type="checkbox"/>
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	<input checked="" type="checkbox"/>
b Lending of money or other extension of credit?	2b	<input checked="" type="checkbox"/>
c Furnishing of goods, services, or facilities?	2c	<input checked="" type="checkbox"/>
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	<input checked="" type="checkbox"/>
e Transfer of any part of its income or assets?	2e	<input checked="" type="checkbox"/>
3a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	<input checked="" type="checkbox"/>
b Do you have a section 403(b) annuity plan for your employees?	3b	<input checked="" type="checkbox"/>
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	<input checked="" type="checkbox"/>
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	<input checked="" type="checkbox"/>
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	<input checked="" type="checkbox"/>

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 6 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☒ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12 ☐ 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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization ▶ ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. **NOT APPLICABLE**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year. NOT APPLICABLE (2004) _____ (2003) _____ (2002) _____ (2001) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2004) _____ (2003) _____ (2002) _____ (2001) _____ c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 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?	29 <input checked="" type="checkbox"/>	
30 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?	30 <input checked="" type="checkbox"/>	
31 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, attach a separate statement) <u>THE COLLEGE'S NONDISCRIMINATORY POLICY IS PRINTED IN THE "EMPLOYEE</u> <u>POLICIES AND PROCEDURES" MANUAL AS WELL AS THE STUDENT HANDBOOK.</u>	31 <input checked="" type="checkbox"/>	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	<input checked="" type="checkbox"/>
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b <input checked="" type="checkbox"/>	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c <input checked="" type="checkbox"/>	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d <input checked="" type="checkbox"/>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	<input checked="" type="checkbox"/>
b Admissions policies?	33b	<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?	33c	<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?	33d	<input checked="" type="checkbox"/>
e Educational policies?	33e	<input checked="" type="checkbox"/>
f Use of facilities?	33f	<input checked="" type="checkbox"/>
g Athletic programs?	33g	<input checked="" type="checkbox"/>
h Other extracurricular activities?	33h	<input checked="" type="checkbox"/>
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a <input checked="" type="checkbox"/>	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	<input checked="" type="checkbox"/>
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35 <input checked="" type="checkbox"/>	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ a if the organization belongs to an affiliated group Check ☐ b if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals(b)
To be completed
for ALL electing
organizations

36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
Lobbying nontaxable amount					
45					
Lobbying ceiling amount (150% of line 45(e)) . . .					
46					
Total lobbying expenditures					
Grassroots nontaxable amount					
48					
Grassroots ceiling amount (150% of line 48(e)) . . .					
49					
Grassroots lobbying expenditures					
50					

Part VI-B Lobbying Activity by Nonelecting Public Charities**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Yes No Amount

a	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines c through h) . . .			
c	Media advertisements			
d	Mailings to members, legislators, or the public			
e	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
g	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

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Form **8868**
(Rev. December 2004)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only. ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization FISK UNIVERSITY	Employer Identification number 62-0202000
	Number, street, and room or suite no. If a P.O. box, see instructions 1000 17TH AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37208	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ **AMANDA FOWLER**

Telephone No. ▶ **615 329-8500**

FAX No. ▶

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) If this is for the **whole** group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **02/15**, **2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year _____ or
▶ ☒ tax year beginning **07/01**, **2005**, and ending **06/30**, **2006**.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete **only Part II** and check this box. ☒ **X**
- Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete **only Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	FISK UNIVERSITY	62-0202000
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	1000 17TH AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NASHVILLE, TN 37208	

Check type of return to be filed (File a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **AMANDA FOWLER**

Telephone No. **615 329-8500**FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the **whole group**, check this box ☐. If it is for **part of the group**, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **05/15/2007**
- 5 For calendar year **07/01/2005**, or other tax year beginning **07/01/2005** and ending **06/30/2006**
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **THE AUDIT OF TAXPAYER'S FINANCIAL STATEMENTS IS NOT YET COMPLETED. TAXPAYER DESIRES TO USE AUDITED NUMBERS TO COMPLETE ITS FORM 990.**
- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ **0**
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ **0**
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **0**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Richard M. Winstead** Title **CPA** Date **1-26-07****Notice to Applicant - To Be Completed by the IRS**

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	CROSSLIN, VADEN & ASSOCIATES
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	2525 WEST END AVENUE, SUITE 1100
	City or town, province or state, and country (including postal or ZIP code)
	NASHVILLE, TN 37203

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====DESCRIPTION
-----AMOUNT

PRIOR PERIOD ADJUTMENT

903,002.

TOTAL

903,002.
=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

INSTITUTION OF HIGHER LEARNING, INSTRUCTION, & SUPPORT SERVICES.

FORM 990, PART IV - INVESTMENTS - SECURITIES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
CERTIFICATES OF DEPOSIT AND	
MONEY MARKET FUNDS	5,242.
CORPORATE STOCKS	3,128,858.
MUTUAL BOND AND CORPORATE	
STOCK FUNDS	5,169,190.

TOTALS	8,303,290.
	=====

FISK UNIVERSITY

62-0202000

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION

ENDING
BOOK VALUE

INVESTMENTS IN ART COLLECTION

41,446,375.

TOTALS

41,446,375.

STATEMENT 4

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	ENDING BOOK VALUE
DEPOSITS HELD IN CUSTODY	608,823.
ADV. FROM FED GOVT. FOR PERKIN	313,484.
BANK LINE OF CREDIT	2,254,393.
CAPITAL LEASE OBLIGATION	72,374.
TOTALS	3,249,074.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
MARIA LANG 1000 17TH AVENUE NASHVILLE, TN 37208	VP OF ADMINISTRATION 40	106,083.	5,304.	
AMANDA FOWLER 1000 17TH AVENUE NASHVILLE, TN 37208	CFO 40	155,000.	NONE	
KEN WEST 1000 17TH AVENUE NASHVILLE, TN 37208	VP OF COMMUNICATION 40	74,500.	3,725.	
KOFI LOMOTEY 1000 17TH AVENUE NASHVILLE, TN 37208	PROVOST 40	52,499.	NONE	
HAZEL O'LEARY 1000 17TH AVENUE NASHVILLE, TN 37208	PRESIDENT 40	257,108.	NONE	
SEE ATTACHMENT				
	GRAND TOTALS	645,190.	9,029.	

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES
=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----
WARREN COLLINS 1000 17TH AVENUE NASHVILLE, TN 37208	PROFESSOR 40	142,576.
ARNOLD BURGER 1000 17TH AVENUE NASHVILLE, TN 37208	PROFESSOR 40	112,724.
CHANDRA VIKRAM 1000 17TH AVENUE NASHVILLE, TN 37208	RESEARCH PROFESSOR 40	100,000.
SHEILA PETERS 1000 17TH AVENUE NASHVILLE, TN 37208	ASSOCIATE PROVOST 40	115,387.
H CAULFIELD 1000 17TH AVENUE NASHVILLE, TN 37208	RESEARCH PROFESSOR 40	105,250.
	TOTAL COMPENSATION	----- 575,937. =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
BONE MCALLESTER NORTON PLLC 511 UNION STREET SUITE 1600 NASHVILLE, TN 37219	LEGAL	282,819.
IDAHO STATE UNIVERSITY 921 SOUTH 8TH AVENUE CAMPUS BOX 8219 POCATELLO, ID 83209	RESEARCH	692,274.
MORGENSTERN JACOBS & BLUE, LLC 885 THIRD AVENUE NEW YORK, NY 10022	OTHER	152,824.
TUCK HINTON ARCHITECTS, PLC 410 ELM STREET NASHVILLE, TN 37203	ARCHITECTS	159,945.
CROSSLIN VADEN 2525 WEST END AVENUE SUITE 1100 NASHVILLE, TN 37203	ACCOUNTING	125,460.
TOTAL COMPENSATION		----- 1,413,322. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
SSC SERVICE SOLUTIONS 406 WILLOW AVE KNOXVILLE, TN	GENERAL	505,558.
ALLIED BARTON SECURITY SERVICES P O BOX 534265 ATLANTA, GA 30353	SECURITY	538,692.
COLLEGE BOOKSTORE OF AMERICA 1000 17TH AVENUE NORTH NASHVILLE, TN 37208	BOOKS	298,167.
SODEXHO, INC & AFFILIATES P O BOX 536922 ATLANTA, GA 30353	VENDING	1,062,450.
HONEYWELL, INC 2525 PERIMETER PL DRIVE 112 NASHVILLE, TN 37214	GENERAL	269,726.
TOTAL COMPENSATION		----- 2,674,593. =====

FY 2006 - Donors With Gifts > 5000

Fisk University

<i>Gift No.</i>	<i>Date</i>	<i>Gift Amount</i>	<i>Gift Code</i>	<i>Gift Description</i>	<i>Designation</i>	<i>Primary Contact</i>	<i>Secondary Contact</i>
Alumni Clubs							
0014219	6/28/2006	15,000.00	K5	K5-Restricted Checks	General Scholarship		
Sum		\$15,000.00					
0012818	2/9/2006	23,673.00	GO	Gift-In-Kind Other Asset	Alumni Annual Fund		
Sum		\$23,673.00					
Sum		\$38,673.00					

**FISK UNIVERSITY
BOARD OF TRUSTEES**

Mr. Reynaldo P. Glover, Chairman, Board of Trustees
Mr. Robert C. Norton, Vice Chairman, Board of Trustees
Mr. Hazel R. O'Leary, President
Mrs. Paula Banks
Mrs. Carolyn J. Booker
Mrs. Barbara L. Bowles
Ms. Marshelle Brooks (Student Representative)
Mrs. Alma Arrington Brown
Mr. Will J. Carter
Mrs. Ann B. Holliday
Dr. Adrienne Lash Jones
Mr. Gregory M. Makowski
Ms. Leatrice B. McKissack
Dr. Joan Thompson Mobley
Dr. Shelia Peters (Faculty Representative)
Mrs. Donna Daniels Rice
Mr. Michael D. Shmerling
Mr. Samuel L. Williams, Jr.
Dr. Robert Wingfield (Faculty Representative)
Mrs. Carolyn Hogan Byrd, Secretary
Mr. Anthony R. Chase
Mr. Mike Curb
Mr. Ernest G. Green
Mr. Robert Mallet
Mr. Irby Simpkins
Mr. Cal Turner