

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.

FILE COPY

OMB No. 1545-0047

2007**Open to Public Inspection**

A For the 2007 calendar year, or tax year beginning July 1 , 2007, and ending June 30 , 20 08	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Tennessee State University Foundation
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3500 John A Merritt Blvd Box 9542
	City or town, state or country, and ZIP + 4 Nashville, TN 37209-1561
	D Employer identification number 23 7105693
	E Telephone number (615) 963-5481
	F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p> <p>G Website: ▶</p> <p>J Organization type (check only one) ▶ <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p>K Check here <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.</p> <p>L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶</p>	
<p>H and I are not applicable to section 527 organizations.</p> <p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>H(b) If "Yes," enter number of affiliates ▶</p> <p>H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.)</p> <p>H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I Group Exemption Number ▶</p> <p>M Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).</p>	

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 Contributions to donor advised funds	1a							
	b Direct public support (not included on line 1a)	1b	2,061,219						
	c Indirect public support (not included on line 1a)	1c							
	d Government contributions (grants) (not included on line 1a)	1d	0						
	e Total (add lines 1a through 1d) (cash \$ noncash \$)	1e			2,061,219				
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2							
	3 Membership dues and assessments	3							
	4 Interest on savings and temporary cash investments	4			53,881				
	5 Dividends and interest from securities	5							
	6a Gross rents	6a							
	b Less: rental expenses	6b							
c Net rental income or (loss). Subtract line 6b from line 6a	6c								
7 Other investment income (describe ▶)	7								
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other					
		31,084,076	8a						
	b Less: cost or other basis and sales expenses		31,621,175	8b					
	c Gain or (loss) (attach schedule)		(537,099)	8c					
	d Net gain or (loss). Combine line 8c, columns (A) and (B)					8d		(537,099)	
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>								
	a Gross revenue (not including \$ of contributions reported on line 1b)	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								
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12					1,578,001			
Expenses	13 Program services (from line 44, column (B))	13					1,088,459		
	14 Management and general (from line 44, column (C))	14					57,774		
	15 Fundraising (from line 44, column (D))	15							
	16 Payments to affiliates (attach schedule)	16							
	17 Total expenses. Add lines 16 and 44, column (A)	17					1,146,233		
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18					431,768		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19					35,830,612		
	20 Other changes in net assets or fund balances (attach explanation)	20					(1,915,482)		
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21					34,346,898		

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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	448,515	448,515	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a			
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c	26			
27	Pension plan contributions not included on lines 25a, b, and c	27			
28	Employee benefits not included on lines 25a - 27	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	156,064	140,098	15,966
34	Telephone	34	1,528	1,528	0
35	Postage and shipping	35	1,070	629	441
36	Occupancy	36			
37	Equipment rental and maintenance	37	1,856	1,774	82
38	Printing and publications	38	22,820	22,339	481
39	Travel	39	110,214	104,858	5,356
40	Conferences, conventions, and meetings	40	128,448	112,414	16,034
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize):				
a	PROFESSIONAL/ADMINISTRATIVE SVCS	43a	123,531	108,571	14,960
b	OTHER SERVICES & EXPENSES	43b	128,137	124,968	3,169
c	DUES & SUBSCRIPTIONS	43c	5,375	4,090	1,285
d	CONSULTING SVCS	43d	17,050	17,050	0
e	ADVERTISING	43e	1,625	1,625	0
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,146,233	1,088,459	57,774

Joint Costs. Check ☐ If you are following SOP 98-2.

Are 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 \$ _____

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? ► TO SUPPORT TENNESSEE STATE UNIVERSITY

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

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.)

a SCHOLARSHIP AID TO INDIVIDUAL STUDENTS ATTENDING TENNESSEE STATE UNIVERSITY AND OTHER ACADEMIC GIFTS AND AWARDS	
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(Grants and allocations \$) If this amount includes foreign grants, check here ☐

448,515

b GRANTS TO TENNESSEE STATE UNIVERSITY

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

72.642

FACULTY SUPPLEMENTS

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

104,858

d OTHER GENERAL SUPPORT TO TENNESSEE STATE UNIVERSITY

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

462.444

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). ▶

1,088,459

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	8,384,312	45	5,017,072
	46 Savings and temporary cash investments		46	
	47a Accounts receivable 47a			
	b Less: allowance for doubtful accounts 47b	0	47c	0
	48a Pledges receivable 48a			
	b Less: allowance for doubtful accounts 48b	0	48c	0
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule) 51a			
	b Less: allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV	27,460,135	54a	29,329,826
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments—land, buildings, and equipment: basis 55a			
	b Less: accumulated depreciation (attach schedule) 55b		55c	
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment: basis 57a			
b Less: accumulated depreciation (attach schedule) 57b		57c		
58 Other assets, including program-related investments (describe ►)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	35,844,447	59	34,346,898	
Liabilities	60 Accounts payable and accrued expenses	13,835	60	20,112
	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)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ►)		65	
	66 Total liabilities. Add lines 60 through 65	13,835	66	20,112
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	3,459,426	67	3,072,845
	68 Temporarily restricted	0	68	0
	69 Permanently restricted	32,371,186	69	31,253,941
	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 and column (B) must equal line 21)	35,830,612	73	34,326,786
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	35,844,447	74	34,346,898

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes	No
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- 75a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings

- b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s).

- c** Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."

If "Yes," attach a statement that includes the information described in the instructions.

- d Does the organization have a written conflict of interest policy?

Part V-B **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (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]

Part VI Other Information (See the instructions.)

Yes	No
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- 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change.

- 77** Were any changes made in the organizing or governing documents but not reported to the IRS? . . .
If "Yes," attach a conformed copy of the changes.

- 78a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

- b** If "Yes," has it filed a tax return on **Form 990-T** for this year?

- 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

- 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

- b** If "Yes," enter the name of the organization ►

and check whether it is ☐ exempt or ☐ nonexempt

- 81a** Enter direct and indirect political expenditures. (See line 81 instructions.)

- b** Did the organization file **Form 1120-POL** for this year?

Part VI Other Information (continued)

	Yes	No
82a 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?		✓
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.)		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?		✓
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		✓
84a Did the organization solicit any contributions or gifts that were not tax deductible?		✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		✓
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		✓
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		✓
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		
d Section 162(e) lobbying and political expenditures		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		✓
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?		✓
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
b Gross receipts, included on line 12, for public use of club facilities		
87 501(c)(12) orgs. Enter: a 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.)		
88a 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		✓
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		✓
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955		
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		✓
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		✓
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		✓
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		✓
90a List the states with which a copy of this return is filed		
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		0
91a The books are in care of Bob Hughes/Ben Northington Telephone no. (615) 963-5481 Located at 3500 John A Merritt Blvd Nashville, TN ZIP + 4 37209-1561		
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)?		✓
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.		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☐ Yes ☒ No
 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** 0

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:					
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					
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 _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					

Note: Line 105 plus line 1e, 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).
	N/A

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
N/A	%			
	%			
	%			
	%			

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 ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

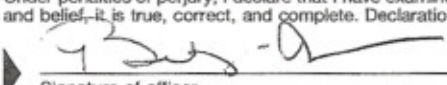
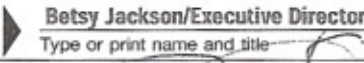
106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>11/26/08</u>	
Paid Preparer's Use Only	 Betsy Jackson/Executive Director Type or print name and title		Preparer's SSN or PTIN (See Gen. Inst. X)	
	Preparer's signature		Date <u>11-26-08</u>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no.