DLN: 93493312009093

Form **990**

Department of the Treasury

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)

OMB No 1545-0047

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

Open to Public

	or the 2012 eck if applica	calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30 c Name of organization	-2013	D Employer	identification number
_	dress change	FISK UNIVERSITY		62-0202	2000
- Na	me change	Doing Business As			
Init	tial return	Number and street (or P O box if mail is not delivered to street address) Room/suit	e	E Telephone	number
_	rminated	1000 17TH AVENUE		(615)32	9-8500
	ended return	NASHVILLE, TN 37208			
Apı	olication pend				ipts \$ 30,573,430
		F Name and address of principal officer GARY MOORE	H(a) Is th affilia	is a group re ates?	turn for ┌ Yes 🗸 No
		1000 17TH AVENUE NASHVILLE,TN 37208			
					ncluded? Yes No list (see instructions)
Ta	x-exempt sta	atus	_		
w	ebsite: ►	WWW FISK EDU	H(c) Grou	ıp exemption	number F
(For	n of organiza	ation	L Year of fo	rmation 1867	M State of legal domicile TN
Pa	rt I S	ummary			
	FISK	ly describe the organization's mission or most significant activities (UNIVERSITY PRODUCES GRADUATES FROM DIVERSE BACKGROUND UIRED FOR SUBSTANTIVE CONTRIBUTIONS TO SOCIETY	S WITH THE	INTEGRITY	AND INTELLECT
<u>₽</u>					
ĺ					
ankellidilice	2 Chec	ck this box 🛏 T if the organization discontinued its operations or disposed of	more than 2	15% of its ne	t assets
	3 Num	ber of voting members of the governing body (Part VI, line 1a)			3 26
ACIIVIIIES Q	4 Num	ber of independent voting members of the governing body (Part VI, line 1b)		[4 21
<u> </u>		I number of individuals employed in calendar year 2012 (Part V, line 2a) .		· ·	5 772
t		I number of volunteers (estimate if necessary)		· ·	6 174
		l unrelated business revenue from Part VIII, column (C), line 12		· · · -	7a 0 7b 0
	D Net t	amerated business taxable income noin roining 30-1, line 34	Pric	r Year	Current Year
	8 Co	ontributions and grants (Part VIII, line 1h)	1110	12,319,97	
를		ogram service revenue (Part VIII, line 2g)		10,031,568	-
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		84,56	96,421
立		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,436,956	3,594,219
		tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		26,873,06	30,573,430
		rants and similar amounts paid (Part IX, column (A), lines 1–3)		4,603,494	5,927,025
	14 Be	nefits paid to or for members (Part IX, column (A), line 4)		(0
88		laries, other compensation, employee benefits (Part IX, column (A), lines 10)		11,613,596	11,630,286
3)S		ofessional fundraising fees (Part IX, column (A), line 11e)			0 0
Expenses		tal fundraising expenses (Part IX, column (D), line 25) •606,348			
ш		her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,412,35	2 12,936,818
		tal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		30,629,44	
(m	19 Re	evenue less expenses Subtract line 18 from line 12		-3,756,37	79,301
5 6 6				g of Current 'ear	End of Year
net Assers to Fund Balances	20 To	tal assets (Part X, line 16)		98,829,068	94,619,702
T De la		tal liabilities (Part X, line 26)		17,119,87	
		et assets or fund balances Subtract line 21 from line 20		81,709,19	82,043,150
		ignature Block			
ny k	nowledge a	s of perjury, I declare that I have examined this return, including accompany and belief, it is true, correct, and complete Declaration of preparer (other the lay knowledge			
	1 1 1 1	*****		013-11-08	
Sigr	ı <i> '</i>	Signature of officer	Da	ate	
ler	1 1 1 1	GARY MOORE CFO Type or print name and title			
	<u> </u>	Print/Type preparer's name Preparer's signature Da	ite Che	eck I if PT	TIN
Paid	d	RICHARD M WINSTEAD	self	employed PC	00231865
	parer	Firm's name ► CROSSLIN & ASSOCIATES PC	Fim	n's EIN 🟲 62-13	336737
	Only	Firm's address ► 3803 BEDFORD AVENUE SUITE 103	Pho	ne no (615) 3	20-5500
		NASHVILLE, TN 37215			

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

990 (2012)				Page 2
				ন
Briefly describe	the organization's mission			
TANTIVE CONT NISTRATORS EI SOCIAL SCIENC	RIBUTIONS TO SOCIETY OF MPHASIZE THE DISCOVERY SES, BUSINESS AND THE HUP	JR CURRICULUM IS GROUNDEI AND ADVANCEMENT OF KNOW	O IN THE LIBERAL ARTS OUF /LEDGE THROUGH RESEARCH	R FACULTY AND H IN THE NATURAL
the prior Form 99	90 or 990-EZ?			┌ Yes ┌ No
			ducts any program	
services?				│ Yes
expenses Section	on 501(c)(3) and 501(c)(4) org	anizations are required to report		
	N IS AN INSTITUTION OF HIGHER EDU	, ,	5,927,025) (Revenue \$ HOLARSHIPS AND VARIOUS SUPPORT	15,967,415) SERVICES IN ACHIEVING ITS
(Code	\ (Eynenses \$	including grapts of \$	\ (Revenue \$)
(0000) (Expenses \$	including grants or \$) (Nevende \$,
-				
(Code) (Expenses \$	including grants of \$) (Revenue \$)
Othorpro	comuses (Decembe in Cabillia	0)		
(Expenses \$	· ·	•) (Revenue \$)
Total program s	service expenses ► 24	,691,223		
	Check if S Briefly describe UNIVERSITY PR TANTIVE CONT NISTRATORS E SOCIAL SCIENC GLOBAL PERSP Did the organizat the prior Form 99 If "Yes," describe Did the organizat services? If "Yes," describe Code THE ORGANIZATION PRIMARY PURPOSE (Code (Cod	Check if Schedule O contains a response Briefly describe the organization's mission UNIVERSITY PRODUCES GRADUATES FROM TANTIVE CONTRIBUTIONS TO SOCIETY ON NISTRATORS EMPHASIZE THE DISCOVERY SOCIAL SCIENCES, BUSINESS AND THE HUN GLOBAL PERSPECTIVE Did the organization undertake any significant p the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Describe the organization cease conducting, or make services? If "Yes," describe these changes on Schedule O Describe the organization's program service acc expenses Section 501(c)(3) and 501(c)(4) org the total expenses, and revenue, if any, for each (Code) (Expenses \$ THE ORGANIZATION IS AN INSTITUTION OF HIGHER EDU PRIMARY PURPOSE OF EDUCATINGSTUDENTS (Code) (Expenses \$ (Code) (Expenses \$ Other program services (Describe in Schedule (Expenses \$ Including	Briefly describe the organization's mission UNIVERSITY PRODUCES GRADUATES FROM DIVERSE BACKGROUNDS WITTANTIVE CONTRIBUTIONS TO SOCIETY OUR CURRICULUM IS GROUNDGS INSTRATORS EMPHASIZE THE DISCOVERY AND ADVANCEMENT OF KNOW SOCIAL SCIENCES, BUSINESS AND THE HUMANITIES WE ARE COMMITTED GLOBAL PERSPECTIVE Did the organization undertake any significant program services during the year the prior Form 990 or 990-EZ?	Code (Schedule O contains a response to any question in this Part III

art IV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐿	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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		No
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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	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	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	, 65	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
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		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
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? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
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, line 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 lines 24b through 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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part $IV \cdot \cdot \cdot \cdot$.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. 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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2012)

Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 107		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
-	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, 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 (see instructions)	2b	Yes	
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		NO
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	36		
Tu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 🛌			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
E-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	- Fo		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		140
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
	organization solicit any contributions that were not tax deductible as charitable contributions?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1	
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	<u> </u>		1	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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			1
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		1	
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities			
.1	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			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	 		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14h	ı	ı

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.

Check if Schedule O contains a response to any question in this Part VI				

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax vear			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a		No
b	more members of the governing body?			No
8	- · · · · · · · · · · · · · · · · · · ·			
_	year by the following	0-		
	The governing body?	8a	Yes	
	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		Νo
_			_ ^ '	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni		
			ue Cod Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- 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 made these available. Check all that apply
 - Own website Another's website Vipon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►GARY MOORE 1000 17TH AVENUE NASHVILLE, TN (615) 329-8604

Form	990	(201	2)

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	more t perso and	ition (than (on is a dire	one l both	box, an o	officer stee)		(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
	below dotted line)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional Trustee		nest compensated Noyee employee truttonal Trustee Indual trustee				organızatıons	
See Additional Data Table										
	•	1	1							Form 990 (2012)

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

	(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	0	(F) Estima mount of compens from t	other ation he
		for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ganızatı relate organıza	d
1b	Sub-Total	esta Dart VII S	· ·		•			,					
c d	Total (add lines 1b and 1c) .			` .	٠.	٠.		۰	1,220,718	(0
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) wl	ho received more th	an			
												Yes	No
3	Did the organization list any f oon line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five											ax vear	

(A) Name and business address	(B) Description of services	(C) Compensation
THOMPSON HOSPITALITY 505 HUNTMAR PARK DRIVE SUITE 350 HERNDON VA 20170	FOOD SERVICES	1,601,597
BLUECROSS BLUESHIELD OF TN PO BOX 6539 CAROL STREAM IL 601976539	BENEFITS	1,118,664
HONEYWELL INC 12490 COLLECTIONS CENTER DRIVE CHICAGO IL 60693	MAINTENANCE SERVICES	705,211
GCA SERVICES GROUP PO BOX 534198 ATLANTA GA 303534198	JANITORIAL SERVICES	372,362
JIM CLARK BUILDERS INC PO BOX 2243 BRENTWOOD TN 37024	CONSTRUCTION	226,435
2. Total number of independent contractors (including but not limited to those lis	ted above) who received more than	

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

Part V	1111	Statement of Revenue						
		Check if Schedule O contains a response to any question	in this Part VIII . (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under		
				revenue	revenue	sections 512,513, or 514		
o 22	1a	Federated campaigns 1a						
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership dues 1b						
. Gr vmo	С	Fundraising events 1c						
ifts, ar ≜	d	Related organizations 1d						
s, G mila	e	Government grants (contributions) 1e 8,136,335						
ons - Si	f	All other contributions, gifts, grants, and 1f 6,373,259						
buti the		similar amounts not included above ————————————————————————————————————						
ntril 1 Or	g	Noncash contributions included in lines 1a-1f \$ ————————————————————————————————————						
Cont and	h	Total. Add lines 1a-1f	14,509,594					
<u> </u>		Business Code						
enu	2a	TUITION AND FEES 611310	12,373,196	12,373,196				
Æ	Ь							
ИСе	С							
Ser	d							
an	e f	All other program service revenue						
Program Serwde Revenue	'							
	g	Total. Add lines 2a-2f	12,373,196					
	3	Investment income (including dividends, interest, and other similar amounts)	96,421			96,421		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	(i) Real (ii) Personal Gross rents						
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental income or (loss)						
	"	(i) Securities (ii) Other						
	7a	Gross amount from sales of						
		assets other than inventory						
	ь	Less cost or						
		other basis and sales expenses						
	ا C	Gain or (loss) Net gain or (loss)						
	d 8a	Gross income from fundraising						
ne		events (not including						
e .		\$ of contributions reported on line 1c)						
Re		See Part IV, line 18						
Other Revenue	۱,	a h						
Oth	b c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities						
		See Part IV, line 19						
	ь	Less direct expenses b						
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less						
		returns and allowances .						
	ь	Less cost of goods sold b						
		Net income or (loss) from sales of inventory						
		Miscellaneous Revenue Business Code						
	11a	AUXILLIARY INCOME 900099	3,017,845	3,017,845				
	Ь	OTHER INCOME 900099	576,374	576,374				
	C	All other revenue						
	d e	All other revenue						
		Tabal manager Control to the control	3,594,219					
	12	Total revenue. See Instructions	30,573,430	15,967,415	0	96,421		

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 5,927,025 5,927,025 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 1,304,014 436,005 868,009 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 8,458,913 6,963,370 1,080,163 415,380 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,867,359 Other employee benefits 1,482,245 337,315 47,799 10 11 Fees for services (non-employees) Management 199,970 122 15,395 Legal 184,453 Accounting 171,360 147,370 23,990 Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 40,241 Schedule O) 40.241 Advertising and promotion . . 33,997 32,011 1,986 12 1,030,196 13 Office expenses 1,198,283 128,946 39,141 102,148 14 Information technology . . 102,148 15 Royalties . 1,617,208 1,128,052 489,156 16 Occupancy **17** 751,718 704,523 40,197 Travel 6.998 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 68,481 60,350 5,416 2,715 20 406,736 349,793 56,943 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 1,537,275 215,219 1,322,056 23 436,472 375,366 61,106 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a FOOD SERVICES 1,111,180 370,393 1,481,573 BAD DEBT EXPENSE 1,050,000 1,050,000 C STIPEND 781,158 753,968 27,190 d CONTRACT SERVICES 617,057 454,944 144,846 17,267 2,443,141 1,260,499 1,120,989 e All other expenses 61,653 Total functional expenses. Add lines 1 through 24e 25 30,494,129 24,691,223 5,196,558 606,348 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
		encek ii benedule b contains a response to any question in tins raite X	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	17,326,652		5,203,674
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,693,865	4	6,357,500
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
8	7	Notes and loans receivable, net	339,792	7	313,288
र्द	7 8	Inventories for sale or use	333,132	8	313,200
	9		795,224	9	1,300,776
	10a	Prepaid expenses and deferred charges	·	9	1,300,770
	ь	Less accumulated depreciation	4	10c	23.635.091
	11	Investments—publicly traded securities	25,510,072	11	25,005,091
	12		15,455,168		19,907,878
		Investments—other securities See Part IV, line 11	37,901,495		37,901,495
	13	Investments—program-related See Part IV, line 11	37,901,493	14	37,901,493
	14	Intangible assets		15	
	15	Other assets See Part IV, line 11	00,000,000		04.640.702
	16	Total assets. Add lines 1 through 15 (must equal line 34)	98,829,068 4,330,129		94,619,702
	17	Accounts payable and accrued expenses	4,330,129		1,062,139
	18	Grants payable	4 000 077	18	4 405 205
	19	Deferred revenue	1,869,677	19	1,465,325
	20	Tax-exempt bond liabilities	7,755,000		7,420,000
တ္	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
豆		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	3,165,070	25	2,629,088
	26	Total liabilities. Add lines 17 through 25	17,119,876	26	12,576,552
e s		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.	,		
일	27	Unrestricted net assets	60,512,039	27	60,595,604
<u> </u>	28	Temporarily restricted net assets	3,964,328	\vdash	3,911,681
#	29	Permanently restricted net assets	17,232,825		17,535,865
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.	,,		.,,
٥	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
S	32	Retained earnings, endowment, accumulated income, or other funds		32	
눖	33	Total net assets or fund balances	81,709,192	33	82,043,150
Net	34	Total liabilities and net assets/fund balances	98,829,068		94,619,702
	34	i ocal navincies and nec assecs/junio valances	90,029,068		94,619,702 Form 990 (2012)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		30.5	573,430
2	Total expenses (must equal Part IX, column (A), line 25)	2			194,129
3	Revenue less expenses Subtract line 2 from line 1	-		30,	131,123
		3			79,301
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		81,7	709,192
5	Net unrealized gains (losses) on investments	5			 254,657
6	Donated services and use of facilities				131,037
		6			
7	Investment expenses	7			
8	Prior period adjustments				
•		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		82,0	043,150
Par	t XII Financial Statements and Reporting	<u> </u>			
	Check if Schedule O contains a response to any question in this Part XII				. \sqsubset
				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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	ate			
	▼ Separate basis			1	1
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
За	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 re	quired	3b	Yes	

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										
(A) Name and Title	(B) A verage hours per week (list	dıre	than	not one on i r an trust	box, s bot d a tee)	, th	•	(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
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former			related organizations
CAMILLA BENBOW TRUSTEE	1 00	х						0	0	0
JOHN BLUFORD TRUSTEE	1 00	х						0	0	0
BARBARA BOWLES TRUSTEE	1 00	х						0	0	0
LINDA COLEMAN TRUSTEE	1 00	х						0	0	0
WARREN COLLINS TRUSTEE	40 00	х						129,174	0	0
MIKE CURB TRUSTEE EMERITUS	1 00	х						0	0	0
CHERYL DANIEL TRUSTEE	1 00	×						0	0	0
HOWARD GENTRY TRUSTEE	1 00	х						0	0	0
EDWARD GEORGE TRUSTEE	1 00	×						0	0	0
MICHAEL HAMPTON TRUSTEE	1 00	х						0	0	0
ROBERT L MALLETT TRUSTEE	1 00	х						0	0	0
LEATRICE B MCKISSACK TRUSTEE EMERITA	1 00	х						0	0	0
PATRICIA CASTLES MEADOWS TRUSTEE	1 00	х						0	0	0
LESLIE MEEK TRUSTEE	1 00	х						0	0	0
JOAN THOMPSON MOBLEY TRUSTEE	1 00	х						0	0	0
GREGG F MORTON TRUSTEE	1 00	х						0	0	0
ROBERT NORTON CHAIRMAN OF THE BOARD	1 00	х						0	0	0
HAZEL O'LEARY PRESIDENT AND TRUSTEE	40 00	х		х				236,569	0	0
PERIAN STRANG TRUSTEE	1 00	х						0	0	0
JENNIFER ADEBANJO TRUSTEE	40 00	х						49,493	0	0
JACQUELINE ALTON TRUSTEE	1 00	х						0	0	0
KATHERINE EZELL TRUSTEE	1 00	х						0	0	0
AMANDA LITTLE TRUSTEE	1 00	х						0	0	0
CHALLIS LOWE TRUSTEE	1 00	х						0	0	0
ADRIENNE MCWILLIAMS TRUSTEE	1 00	×						0	0	0

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 (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				th		(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
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
SHEILA PETERS TRUSTEE	40 00	х						82,012	0	0
ARNOLD BURGER VICE PRESIDENT FOR ACADEMI	40 00			х				135,085	0	0
GARY MOORE VP FOR FINANCE AND CFO	40 00			х				87,841	0	0
PRINCILLA EVANS-MORRIS EXECUTIVE VICE PRESIDENT A	40 00			х				128,307	0	0
EDWINA HAMBY VP OF INSTITUTIONAL ADVANC	40 00			х				120,000	0	0
MICHAEL SELF VP FOR INSTITUTIONAL ASSES	40 00			х				92,313	0	0
JASON MERIWETHER VP OF STUDENT ENGAGEMENT A	40 00			х				87,004	0	0
H JAMES WILLIAMS PRESIDENT	40 00			х				0	0	0
ANTHONY JONES VP OF STUDENT ENGAGEMENT A	40 00			х				72,920	0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493312009093

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

FISK UNIVERSITY

Public Charity Status and Public Support

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

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

Open to Public Inspection

									62-0202				
	t I			blic Charity Sta						ınstructı	ons.		
The c	_			e foundation becaus									
1			•	on of churches, or a				section 170	(b)(1)(A)(i)	•			
2	굣	A scho	ol described	in section 170(b)(1	.)(A)(ii). (A	ttach Sche	dule E)						
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organi:	zatıon des	cribed in sect	ion 170(b)(1)(A)(iii).				
4	Γ			n organization operat	ted ın conjur	nction with	a hospital de	scribed in s	ection 170(b))(1)(A)(ii	i). Ente	r the	
_	_			ty, and state	+ -6 ll								_
5	ļ	_	<u>.</u>	erated for the benefi	_	e or univer	sity owned or	operated by	y a governme	ntai unit c	iescribe	ea in	
_	_			A)(iv). (Complete P	•			.: 470(b)	(4)(4)(-)				
6	<u> </u>			local government or									
7	ı			at normally receives on 170(b)(1)(A)(vi).			s support froi	m a governn	nental unit or	from the	generai	public	
8	Г			described in section			omplete Part	II)					
9	Ė		-	at normally receives			-	-	ıbutıons, mei	mbership	fees. ar	nd aros	ss
	•			ities related to its ex									
		•		oss investment inco	•	-							
				janızatıon after June						,			
10	Г			ganized and operated									
11	į.	_		ganized and operated							out the	purpos	ses of
	•			ly supported organiz									
				bes the type of supp									
	_			b									
е				ox, I certify that the									
			nan roundati n 509(a)(2)	on managers and ot	ner than one	or more p	ublicly suppo	rted organiz	ations descri	ibea in sec	ction 50	J9(a)(.	ı) or
f				received a written de	eterminatior	from the I	RS that it is a	a Type I, Ty	pe II, or Typ	e III supr	orting	organı	zation,
			this box								_	_	F
g				2006, has the organi	zation acce	pted any g	ıft or contrıbu	tion from an	y of the				
			ng persons?	rectly or indirectly o	controls auth	ar alona o	r together wit	h narcone d	eccribed in (i	\		Yes	No.
				governing body of th	*		_	ii persons u	escribed iii (i		11g(i)	res	No
				er of a person descri		_	0111			<u> </u>	11g(ii)		
		• •	•	lled entity of a perso	• •		\ abova2			H-		_	
h				ned entity of a perso ng information about			•			Ŀ	11g(iii)		<u> </u>
"		FIOVIU	the following	ig illiorillation about	the support	eu organiz	acion(s)						
) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did yo	ou notify	(vi) I:	s the	10	vii) A n	nount of
	uppoi		(11) 2111	organization	organizat		the organ	•	organiza			mone	
		zation (described on col (i) listed in in col (i) of your col (i) organized									sup	•	
				lines 1 - 9 above	your governing support? in the U.S.?								
				or IRC section	docume	ent?							
				(see instructions))		1		1		1			
				,	Yes	No	Yes	No	Yes	No			
Total													

	(Complete only if you of Part III. If the organization	checked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ition failed to q	ualify under	
	ection A. Public Support	idon ians to qu	anny under the	tests listed bei	ow, picase com	ipiete rait III.)		
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from line 4							
S	ection B. Total Support			-				
	endar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
7	A mounts from line 4							
8	Gross income from interest,							
9	dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not							
10	the business is regularly carried on Other income Do not include gain or loss from the sale of capital							
11	assets (Explain in Part IV) Total support (Add lines 7 through							
12	10) Gross receipts from related activiti	es, etc (see inst	ructions)	l .	1	12	<u> </u>	
13	First five years. If the Form 990 is this box and stop here	for the organizat	ion's first, second			501(c)(3) organ	ızatıon, check	
	ection C. Computation of Pub							
14	Public support percentage for 2012	•		11, column (f))		14		
15	Public support percentage for 2011	•	•			15		
	33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this							
	box and stop here. The organization 10%-facts-and-circumstances test -is 10% or more, and if the organization Part IV how the organization meeorganization	–2012. If the org tion meets the "f ets the "facts-and	anization did not acts-and-circum d-circumstances	check a box on lii stances" test, ch ' test The organi	eck this box and s zation qualifies as	stop here. Explairs a publicly suppo		
18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization Private foundation. If the organizat instructions	nization meets th tion meets the "f	e "facts-and-circ acts-and-circum	umstances" test, stances" test Th	, check this box a le organization qu	nd stop here. alifies as a public	:ly ►⊏	

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
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 income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Form 990 or 990-EZ) 2012

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DLN: 93493312009093

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

Open to Public

mai	revenue service F Attach to For	m 990. F See Separate instructions.			порсс	
	ne of the organization UNIVERSITY			oloyer identific	ation numbe	er
Pai	organizations Maintaining Donor Advorganization answered "Yes" to Form 990				s. Complet	e if the
		(a) Donor advised funds		(b) Funds and	other accou	ints
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		nor adv	ısed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?				┌ Yes	┌ No
ır	t III Conservation Easements. Complete if	the organization answered "Yes" t	to Forr	n 990, Part I	V, line 7.	
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of ar Preservation of a	certifie	d historic stru	cture	
	easement on the last day of the tax year	•				
				Held at the	e End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified histo	• • •	2c			
	Number of conservation easements included in (c) acc historic structure listed in the National Register	,	2d			
	Number of conservation easements modified, transfer the tax year ▶	red, released, extinguished, or terminat	ed by th	ne organizatior	n during	
	Number of states where property subject to conservat	ion easement is located ►				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		 idling of	violations, an	d ┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments o	during the year	-	
	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durın	g the year		
	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 1	70(h)(4)(B)(ı)	┌ Yes	┌ No
	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financia				
1	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar	Assets.	
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote to	ets held for public exhibition, education,	or rese	arch in further		
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ets held for public exhibition, education,				ıc
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, histor following amounts required to be reported under SFAS					
	Revenues included in Form 990, Part VIII, line 1			F \$		
				F #	7 91	1,495
	Assets included in Form 990, Part X			F \$,,,,	-,.,-

Par	t IIII Organizations Maintaining Co	llections of Art	t, Hist	torio	al Treas	ures, or C)the	r Similar	<u>Asse</u>	ts (ca	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	eck a	ny of the fo	ollowing that	are a	significant i	ıse of	ıts	
а	Public exhibition		d	<u>~</u>	Loan or ex	change prog	rams	i			
b	✓ Scholarly research		e	<u>~</u>	Other ED	UCATIONA	LOU	TREACH PR	OGRA	М	
С	Preservation for future generations										
4	Provide a description of the organization's c Part XIII	ollections and expla	ıın how	they	further the	e organızatıoı	ı's ex	kempt purpos	se in		
5	During the year, did the organization solicit							nılar	_		<u></u>
Da	assets to be sold to raise funds rather than rt IV Escrow and Custodial Arrange							'es" to Forn		Yes	✓ No
	Part IV, line 9, or reported an ar					on answere	u i	es to 1011	1 550	,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	forco	ontributions	s or other as:	sets	not	_	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follow	ing ta	able	г		ı			
						-			Amou	nt	
C	Beginning balance					-	1c				
d	Additions during the year					-	1d				
e	Distributions during the year					-	1e				
f	Ending balance					L	1f				
2a	Did the organization include an amount on F	orm 990, Part X, lin	e 21?						J.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII										<u> </u>
Pa	Endowment Funds. Complete	If the organization (a)Current year		were Prior ye		Form 990 Two years back				Four ve	ears back
1a	Beginning of year balance	18,021,642	(0)		38,891	12,611,22		12,141,7	_		2,431,114
ь	Contributions	303,040		4,7	07,491	333,71	1	266,1	21		393,527
С	Net investment earnings, gains, and losses										
	Constant and a halo washing	474,690 268,764			34,977 59,717	590,239 96,279	+-	340,5 137,2	_		-364,075 118,825
d	Grants or scholarships Other expenditures for facilities	200,704			39,717	50,27	1	137,2			110,023
е	and programs										200,000
f	Administrative expenses										
g	End of year balance	18,530,608		18,0	21,642	13,438,89	1	12,611,2	20	1	2,141,741
2	Provide the estimated percentage of the cur	rent year end balan	ce (lıne	e 1g,	column (a)) held as					
а	Board designated or quasi-endowment ►										
b	Permanent endowment ► 94 630 %										
С	Temporarily restricted endowment F 5 3	370 %									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
3a	Are there endowment funds not in the posse	ssion of the organiz	atıon t	hat a	re held and	l admınıstere	d for	the			
	organization by (i) unrelated organizations							Г	3a(i)	Yes	No No
	(ii) related organizations			•			•	H-	Ba(ii)		No
ь	If "Yes" to 3a(II), are the related organization				ule R? .		٠.	· · · · [3b		
4	Describe in Part XIII the intended uses of t	ne organization's en	idowme	ent fu	nds			_			
Pai	rt VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa	rt X,	line 10.			1			
							thor		tod		
	Description of property				Cost or other (investment)			(c) Accumula depreciatio		(d) Bo	ok value
					Cost or other) basis (othe					ok value 1,569,738
1a	Description of property		· ·		Cost or other (Investment)) basis (othe	er) 9,188		n		
1a b	Description of property Land		· ·		Cost or other (Investment)	basis (other) 1,009	er) 9,188	depreciatio	n		1,569,738
1a b c	Description of property Land	· · · · · · · · · · · · · · · · · · ·			Cost or other (Investment)	basis (other) 1,009	er) 9,188 9,276	depreciatio	,984	1	1,569,738
1a b c d	Description of property Land			basis	Cost or other (investment) 560,550	basis (other) 1,009 51,349 25,729	er) 9,188 9,276	32,832 23,006	,984 ,012	1	1,569,738 8,516,292

Part VII Investments—Other Securities. See f	<u> Form 990, Part X, line 12</u>	2.	
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
(A) MONEY MARKET FUNDS	11,141,073		F
(B) CORPORATE STOCKS	817,256		F
(C) STOCK FUNDS	2,629,945		F
(D) BENEFICIAL INTERESTS IN TRUSTS AND			
ENDO WMENTS	5,319,604		С
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	19,907,878		
Part VIII Investments—Program Related. See			
(a) Description of investment type	(b) Book value	(c) Metho	od of valuation
			f-year market value
(1) VARIOUS ART COLLECTIONS	7,901,495		F
(2) INVESTMENT IN AFFILIATE	30,000,000		С
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	37,901,495		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			(b) Book value
(4) 5 656115			(S) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
DEPOSITS HELD IN CUSTODY	73,064		
ADV FROM FED GOVT FOR PERKIN	392,252		
BANK LINE OF CREDIT	2,163,772		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,629,088		
2. Fin 48 (ASC 740) Footpote In Part XIII provide the text	t of the feetnets to the organ	nization's financial state	manta that rangets the

	,		
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	24,246,944
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-5,927,025
3	Subtract line 2e from line 1	3	30,173,969
4	Amounts 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 XIII)		
c	Add lines 4a and 4b	4c	399,461
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	30,573,430
Par	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	24,567,104
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)............... 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	24,567,104
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	5,927,025
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	30,494,129

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
	PART III, LINE 4	FISK UNIVERSITY GALLERIES PROVIDE A WELCOMING ENVIRONMENT AND FOSTER AN APPRECIATION AND UNDERSTANDING OF ART THROUGH EXHIBITIONS, CLASSROOM INSTRUCTION, EDUCATIONAL PROGRAMS, AND RESEARCH THE FISK ART COLLECTION CONSISTS OF MORE THAN 4000 WORKS OF ART - PAINTINGS, PRINTS, DRAWINGS, SCULPTURES, PHOTOGRAPHS, HISTORICAL ARTIFACTS AND OTHER OBJECTS - FROM CULTURES ACROSS THE GLOBE MAJOR COLLECTIONS INCLUDE THE ALFRED STIEGLTIZ COLLECTION OF MODERN ART, THE HARMON FOUNDATION COLLECTION OF AFRICAN ART, AND THE WINOLD REISS PORTRAIT COLLECTION AMONG MANY OTHERS WORKS FROM THE COLLECTION ARE EXHIBITED REGULARLY IN PERMANENTAND 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 SEE 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 BUSED FOR THE MISSION OF THE UNIVERSITY
RT XI, LINE 2D - OTHER DJUSTMENTS		SCHOLARSHIP EXPENSE NETTED AGAINST REVENUE - 5,927,025
RT XI, LINE 4B - OTHER DJUSTMENTS		NON-OPERATING CONTRIBUTIONS 303,040 INVESTMEN INCOME 96,421
RT XII, LINE 4B - OTHER		SCHOLARSHIP EXPENSE NETTED AGAINST REVENUE 5,927,025

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OMB No 1545-0047

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.

> > **Employer identification number**

	[62-0202000			
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
		-		
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	
c	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 Part II			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?			No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
		-		
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
Ь	Has the organization's right to such aid ever been revoked or suspended?	6b		No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE COLLEGE'S NONDISCRIMINATORY POLICY IS PRINTED IN THE "EMPLOYEE POLICIES AND PROCEDURES" MANUAL AS WELL AS THE STUDENT HANDBOOK
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THROUGH AN APPROVED PROGRAM PARTICIPATION AGREEMENT (PPA) WITH THE U S DEPARTMENT OF EDUCATION (DOE), FISK UNIVERSITY IS APPROVED TO PARTICIPATE IN ALL FEDERAL TITLE IV STUDENT FINANCIAL AID PROGRAMS AND WAS AWARDED A TITLE III GRANT FROM THE DOE UNDER "STRENGTHENING HISTORICALLY BLACK COLLEGES AND MINORITY SERVING INSTITUTIONS"

Schedule E (Form 990 or 990-EZ) 2012

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2012

Schedule I

(Form 990)

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

Department of the Treasury nternal Revenue Service	Comple	-	answered "Yes," to Forn ► Attach to Form 990	1 990, Part IV, line 21 or	22.		Ins	nto Public spection
lame of the organization						Employer i	dentification i	number
						62-02020	000	
Part I General Informati								
Does the organization maintain the selection criteria used to a								∨ Yes
2 Describe in Part IV the organiz							• •	, 103 , 1
				United States. Con	nplete if the organ	nization ansv	vered "Yes'	' to
				rt II can be duplicate				
	(1) 51N	() IDC C	(I) A		(C) M II I C	() 5		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descri non-cash as		h) Purpose of gra r assistance
Enter total number of section 5Enter total number of other org								
			<u> </u>			<u> </u>		

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. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(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
(1) SCHOLARSHIPS & FELLOWSHIPS FOR STUDENTS ATTENDING	582 I	5,927,025	ı	N/A	N/A

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 THE OFFICE OF SPONSORED PROGRAMS IS RESPONSIBLE FOR ENSURING THAT AUDITABLE RECORDS ARE MAINTAINED IN SUPPORT OF ALL DIRECT AND INDIRECT CHARGES TO GRANTS, CONTRACTS, OR AGREEMENTS THE PRINCIPAL INVESTIGATOR INITIALLY APPROVES ALL EXPENDITURES OF A SPONSORED PROJECT AND IS RESPONSIBLE FOR DETERMINING WHETHER THE SPONSOR WILL ALLOW AN ITEM OF DIRECT COST, BEFORE THE EXPENDITURE IS PROCESSED IN ADDITION, THESE EXPENDITURES ARE ALSO CLOSELY REVIEWED AND MONITORED BY THE OFFICE OF SPONSORED PROGRAMS BEFORE THE EXPENDITURE REQUISITION IS APPROVED FOR PAYMENT TO ENSURE THAT THE GRANT FUNDS ARE PROPERLY UTILIZED FOR THE PURPOSES SPECIFIED IN THE GRANT CONTRACT/AGREEMENT

DLN: 93493312009093

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,

Compensation Information

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 Compensation	on				
					Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	Travel for companions	Г	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	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement or provision of all of the expenses			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, and the CEO/Executive Direct					
	unectors, trustees, and the CLO/Executive Direct	.or, regard	and the items thetred in line 1a.	2	Yes	
3	Indicate which, if any, of the following the filing org organization's CEO/Executive Director Check all used by a related organization to establish comper	that appl				
	Compensation committee	굣	Written employment contract			
	☐ Independent compensation consultant	<u> - </u>	Compensation survey or study			
	Form 990 of other organizations		Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymen	ıt?	4a		No
b	Participate in, or receive payment from, a supplem	ental non	qualified retirement plan?	4b		No
C	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only n	nust comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section of compensation contingent on the revenues of	A, line 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					
6	For persons listed in Form 990, Part VII, Section of compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	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,					
	- · · · · · · · · · · · · · · · · · · ·	ın Regula	tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow t section 53 4958-6(c)?	he rebutt	able presumption procedure described in Regulations	9		

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

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

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

(A) Name and Title		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) (ii)	236,569 0	0	0 0	0	0	236,569	0 0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

DLN: 93493312009093

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990.

Noncash Contributions

Open to Public Inspection

	e of the organization UNIVERSITY				Emple	oyer identificat	ion nu	mber	
1011					62-0	202000			
Pa	rt I Types of Property			•					
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) Method of de oncash contrib	etermi	_	ts
1	Art—Works of art								
2	Art—Historical treasures .								
	Art—Fractional interests				<u> </u>				
	Books and publications				1				
5	Clothing and household goods								
6	Cars and other vehicles				<u> </u>				
7	Boats and planes								
	Intellectual property				<u> </u>				
	Securities—Publicly traded .	Х	1	265,333	FAIF	MARKET VAL	U E		
	Securities—Closely held stock				<u> </u>				
	Securities—Partnership, LLC, or trust interests								
	Securities—Miscellaneous				<u> </u>				
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—O ther	Х	1	437,200	FAIF	MARKET VAL	UE		
18	Collectibles								
	Food inventory				<u> </u>				
20	Drugs and medical supplies .								
	Taxidermy				<u> </u>				
	Historical artifacts				<u> </u>				
	Scientific specimens				 				
	Archeological artifacts				 				
	Other ▶ ()				<u> </u>				
	Other ►()				+				
	O ther ► ()				+-				
	O ther ► ()	h., #h.a. a.u.a.a			<u> </u>				
29	Number of Forms 8283 received for which the organization comple				29			Yes	NI-
30a	During the year, did the organize	ation receiv	e by contribution any prope	arty reported in Part I lines	: 1-28	that it		162	No
Ju	must hold for at least three year								
	for exempt purposes for the enti				id to L	e useu	20-		No
h	If "Yes," describe the arrangem				•	• • • •	30a		No
	Does the organization have a gif			review of any non-standard	contr	hutions?	31	Yes	
	Does the organization hire or us								
	contributions?		-				32a		Νo
	If "Yes," describe in Part II If the organization did not report	t an amount	: in column (c) for a type of	property for which column	(a) is	checked,			

describe in Part II

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493312009093

OMB No 1545-0047

2012

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization FISK UNIVERSITY

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

62-0202000

ldentifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990 PART III, LINE 1, DESCRIPTION OF ORGANIZATION VALUES	FISK UNIVERSITY PRODUCES GRADUATES FROM DIVERSE BACKGROUNDS WITH THE INTEGRITY AND INTELLECT REQUIRED FOR SUBSTANTIVE CONTRIBUTIONS TO SOCIETY OUR CURRICULUM IS GROUNDED IN THE LIBERAL ARTS OUR FACULTY AND ADMINISTRATORS EMPHASIZE THE DISCOVERY AND ADVANCEMENT OF KNOWLEDGE THROUGH RESEARCH IN THE ATURAL AND SOCIAL SCIENCES, BUSINESS AND THE HUMANITIES WE ARE COMMITTED TO THE SUCCESS OF SCHOLARS AND LEADERS WITH GLOBAL PERSPECTIVE THE D E.T.A. IL.S. REPRESENTS FISK'S CORE VALUES OUR VALUES REFLECT OUR OVERALL ETHICAL AND MORAL ENGAGEMENT WE, THE FISK FAMILY, SEEK TO INTERNALIZE THESE PRINCIPLES AND APPLY THEM IN OUR DAY-TO-DAY WORK AND IN OUR LIVES DIVERSITY WE BELIEVE THAT OUR INDIVIDUAL DIFFERENCES ARE A COLLECTIVE STRENGTH WE WILL SUPPORT AND ENCOURAGE DIVERSITY OF OPINION AND OF CULTURE WHICH AIDS US IN BUILDING A COLLECTIVE WISDOM THAT RESULTS IN MORE POWERFUL AND RELEVANT SOLUTIONS TO OUR CHALLENGES EXCELLENCE WE BELIEVE THAT EXCELLENCE IS THE RESULT OF A LIFELONG PURSUIT OF THE HIGHEST STANDARDS AT FISK, OUR COLLECTIVE QUEST IS TO EARN MERIT THROUGH COMMITMENT TO RIGOROUS SCHOLARSHIP, CULTURAL LITERACY, AND HIGH ETHICAL STANDARD TEAMWORK WE BELIEVE THAT INDIVIDUALS ACHIEVE HIGH STANDARDS WHEN SUPPORTED BY THE COLLECTIVE WORK OF OTHERS WE REINFORCE THIS VALUE BY CONSTANTLY CREATING OPPORTUNITIES TO COLLABORATE BOTH INSIDE AND OUTSIDE TRADITIONAL ALLIANCES ON OUR UNIVERSITY, OUR PROXIMATE COMMUNITY, AND THE WORLD ACCOUNTABILITY WE BELIEVE THAT HOLD OURSELVES TO THE HIGHEST STANDARD WHEN WE MAKE COMMITMENTS CONSISTENT AND MEASURABLE FOLLOW-THROUGH IS ESSENTIAL FOR INDIVIDUAL AND TEAM PROGRESS WE ARE FORTH-HRIGHT ABOUT OUR SUCCESSES AND SHORTCOMINGS AND WE WILL POSITION FISK FOR CONTINUED ACHIEVEMENT INTEGRITY WE BELIEVE THAT IT IS OUR RESPONSIBILITY TO PREPARE YOUNG PEOPLE TO BE STEWARDS OF AN EVER CHANGING WORLD, WHICH MEANS THAT WE MUST MODEL BEHAVIOR GROUNDED IN TRUTH-HUSES SAND COMPASSION LEADERSHIP WE BELIEVE THAT LEADERS ARE OBLIGATED TO EMPOWER THOSE AROUND THEM WE ARE CONSISTENT, TRANSPARENT, AND ACC

Identifie	er Return Reference	Explanation
		AS AUTHORIZED BY THE BOARD OF TRUSTEES, A COPY OF THE FORM 990 IS DISTRIBUTED TO THE AUDIT COMMITTEE FOR CHANGES AND APPROVAL DURING OCTOBER 2013 COPIES OF THE FORM 990 ARE AVAILABLE TO THE FULL BOARD OF TRUSTEES UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 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 DECISON CAN BE MADE WITH REGARD TO WHETHER A PARTICULAR CONFLICT IS PERMISSIBLE OR INPERMISSIBLE UNDER THE POLICY THE POLICY REQUIRES EACH TRUSTEE TO SUMBIT AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT AT LEAST ANNUALLLY TO THE BOARD SECRETARY NEW TRUSTEES ARE REQUIRED TO SUBMIT THE ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS UPON ACCEPTING SERVICE ON THE BOARD AND IN NO EVENT LATER THAN HIS OR HER FIRST BOARD/BOARD COMMITTEE MEETING THE UNIVERSITY ENDEAVORS TO ENSURE STRICT COMPLIANCE WITH THIS POLICY TO ACHIEVE THIS GOAL, THE UNIVERSITY CONTINUALLY REMINDS AND EDUCATES THE BOARD MEMBERS ABOUT CONFLICT ISSUES. AT NEW TRUSTEE ORIENTATION, THE UNIVERSITY'S GENERAL COUNSEL PROVIDES A TUTORIAL ON CONFLICT ISSUES. REVIEWS THE UNIVERSITY'S BY LAWS REGARDING CONFLICTS, AND REVEWS THE TERMS OF THE POLICY, INCLUDING REPORTING REQUIREMENTS ALSO, AT THE BEGINNING OF EACH ANNUAL MEETING OF THE BOARD, THE BOARD MEMBERS ARE REQUIRED BY THE BOARD'S CHAIRMAN, THE UNIVERSITY'S PRESIDENT AND THE UNIVERSITY'S GENERAL COUNSEL ABOUT CONFLICT REPORTING REQUIREMENTS AND THE UNIVERSITY'S PRESIDENT AND THE UNIVERSITY'S GENERAL COUNSEL ABOUT CONFLICT REPORTING REQUIREMENTS AND THE BOARD MEMBERS ARE REQUIRED TO THE BOARD MEMBERS ARE REQ

	Return eference	Explanation
PA SE	ART VI, ECTION B, NE 15	GOVERNANCE AND ADMINISTRATION CEO EVALUATION/SELECTION THE GOVERNING BOARD OF THE INSTITUTION IS RESPONSIBLE FOR THE SELECTION AND THE PERIODIC EVALUATION OF THE CHIEF EXECUTIVE OFFICER THE FISK BOARD OF TRUSTEES EMPLOYS SEARCH FIRMS THAT SPECIALIZE IN THE PLACEMENT OF SENIOR ADMINISTRATIVE PERSONNEL AT INSTITUTIONS OF HIGHER EDUCATION THE SEARCH FIRM THEN MANAGES THE ENTIRE RECRUITMENT PROCESS, INCLUDING JOS 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 BY LAWS (THE "BY LAWS") 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 BY LAWS STATES THAT THE BOARD IS RESPONSIBLE FOR THE SELECTION OF THE INSTITUTIONS PRESIDENT PURSUANT TO ARTICLE IV, SECTION 1 OF THE BY LAWS, STATES THAT THE BOARD IS RESPONSIBLE FOR THE SELECTION OF THE INSTITUTIONS PRESIDENT PURSUANT TO ARTICLE IV, SECTION 1 OF THE BY LAWS, THE EXECUTIVE COMMITTEE IS COMPENSATION. UNDER THIS PROVISION OF THE BY LAWS, THE EXECUTIVE COMMITTEE IS COMPENSATION. UNDER THIS PROVISION OF THE BY LAWS, THE EXECUTIVE COMMITTEE IS COMPENSATION UNDER THIS PROVISION OF THE BY LAWS, THE EXECUTIVE COMMITTEE IS COMPENSATION BY THE BOARD IS CHARRENY. VICE-CHAIRMAN, THE SECRETARY OF THE BOARD IS CHAIRPERSONS OF EACH OF THE BOARD CHAIRMAN, VICE-CHAIRMAN, THE SECRETARY OF THE BY LAWS THE CHAIRPERSONS OF EACH OF THE BOARD CHAIRMAN THE PRESIDENT THE CHAIRPERSONS OF THE PRESIDENT FIRE PREPORMANCE PLAN HORD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	FISK UNIVERSITY HAS COPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ON FILE TO BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST