NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2008

Inspection

| A Fo | r the | 2008 ca | alendar yea | r, or tax year beginning 07-0 | 1-2008 and ending 06-30-200 | 9 | | |
|--------------------------------|-----------|------------|--------------------------|---|---|-----------------------|---|------------------------------|
| B Ch | eck ıf a | pplicable | Please | C Name of organization FISK UNIVERSITY | | | D Employer id | lentification number |
| ☐ Add | dress ch | nange | use IRS label or | | | | 62-02020 | |
| ∏ Na | me cha | nge | print or | Doing Business As | | | E Telephone n | lumber |
| ┌ Init | al retu | rn | type. See Specific | Number and street (or P O box | if mail is not delivered to street addre | ss) Room/suite | (615) 329 | |
| Г Теі | mınatıc | on | Instruc- tions. | 1000 17TH AVENUE | | , | G Gross receip | ots \$ 27,681,341 |
| ┌ Am | ended | return | | City or town, state or country, | and ZIP + 4 | | 1 | |
| ☐ Apr | olication | n pending | | NASHVILLE, TN 37208 | | | | |
| | | , | E Nan | l ne and address of Principal (| Officer | l 11/-> | <u>ا</u> ــــــــــــــــــــــــــــــــــــ | |
| | | | | WILLIAMS | Tillet | H(a) Is th affilia | ıs a group retur ıtes? | n for |
| | | | | 7TH AVENUE | | | | |
| | x-exem | npt status | | /ILLE,TN 37208 (3) ◀ (insert no) | 1/1) or | | l affiliates includ | |
| | | <u> </u> | | | 1(1) (1) 327 | 1 - | lo," attach a lis ip Exemption N | t See instructions) |
|) W | eb sit | e:► WW | /W FISK ED | U | | H(c) Grou | ip Exemption N | umber F |
| К Тур | e of org | ganızatıon | Corporat | on | er ▶ INSTITUTION | L Year of Fo | ermation 1867 | 1 State of legal domicile TN |
| | | | | | | | | |
| Pa | rt I | | mary | . , | | | | |
| | 1 | | | e organization's mission or r | - | | | and a diameter of |
| <u>≥</u> | | | utions to so | _ | se backgrounds with the integrit | y and intelled | et required for s | ubstantive |
| 屋 | | | | , | | | | |
| Governance | 2 | Check | this box 🦵 | ıf the organızatıon dıscontın | ued its operations or disposed o | f more than 2 | 5% of its asse | ts |
| | 3 | Numbe | r of voting r | nembers of the governing bo | dy (Part VI, line 1a) | | 3 | 26 |
| Activities & | 4 | Numbe | r of ındepen | dent voting members of the | governing body (Part VI, line 1t |) | . 4 | 26 |
| ı∎ | 5 | Total n | umber of en | nployees (Part V , line 2a) | | | 5 | 483 |
| ΣţĭΛ | 6 | Total n | umber of vo | lunteers (estimate if necess | ary) | | 6 | 6 |
| ₹ | | | | | art VIII, line 12, column (C) | • | 7a | 0 |
| | b | Net unr | elated busi | ness taxable income from Fo | orm 990-T, line 34 | | 7b | |
| | | | | | | Pric | or Year | Current Year |
| a) | 8 | | | grants (Part VIII, line 1h) | | | 17,036,440 | 12,057,002 |
| enue | 9 | • | | , ,, | | | 12,024,224 | 11,067,455 |
| Reveni | 10 | | | | nes 3, 4, and 7d) | | 412,334 | 126,366 |
| _ | 11 | | • | art VIII, column (A), lines 5 | | _ | 4,626,123 | 4,430,518 |
| | 12 | 12) | revenue—ac | ad lines & through 11 (must | equal Part VIII, column (A), line | e | 34,099,121 | 27,681,341 |
| | 13 | Grants | and simila | ır amounts paıd (Part IX, col | umn (A), lines 1-3) | | 4,341,707 | 4,076,679 |
| | 14 | Benefi | ts paid to o | r for members (Part IX, colu | mn (A), line 4) | | | 0 |
| ø | 15 | | es, other co | mpensation, employee bene | fits (Part IX, column (A), lines 5 | 5 – | 081.760 | 11 720 507 |
| Expenses | 16- | 10) | | marana fasa (Dant IV. aslumi | - (A) lime 11-) | | 981,769 | 11,729,507 |
| <u>₹</u> | 16a | | | raising fees (Part IX, columi | | | | |
| 五 | b | | | penses, Part IX, column (D), line 2 | | | 25.075.060 | 12.445.207 |
| | 17 18 | | | Part IX, column (A), lines 1 | 1a-11a, 11f-24f) il Part IX, line 25, column (A)) | | 25,875,069 | 12,445,307 |
| | 19 | | | enses Subtract line 18 fror | | | 2,900,576 | 28,251,493 |
| ₹ 07 3r 00 | 13 | Keven | ue less exp | Jenses Subtract fille 10 flor | Time 12 | Paginn | | End of Year |
| Net Assets or Fund Balances | 20 | Total | accata /D== | + V line 15\ | | | ing of Year 113,023,855 | 109,844,401 |
| 35. Hade | | | | t X, line 16) | | | · · · | · · · |
| # E | 21 | | | Part X, line 26) | | | 19,819,896 | 18,788,852 |
| | 22 | | | d balances Subtract line 21 | from line 20 | | 93,203,959 | 91,055,549 |
| Pai | rt II | | ature Blo | | and this return, including a seemnanium | sebadulas and | statements and to | the heat of my knowledge |
| | | | | | ed this return, including accompanying of preparer (other than officer) is base | | | |
| Plea | | *** | | | | 2010 | -05-17 | |
| Sign Here | | Sign | ature of office | r | | Date | | |
| iiei (| - | | | VP FOR FINANCE & ADMINISTRATI | ON | | | |
| | | Туре | e or print nam | e and title | | | | |
| | | Preparer | 0.70114 | RD M WINSTEAD | | Check If self- | Preparer's PTIN | (See Gen Inst) |
| Paid - | | signatur | E NICHA | NO IT MINOTEND | | empolyed 🕨 🦵 | 1 | |
| | arer's | | ame (or yours | CROSSLIN & ASSOCIATES PC | , | | EIN Þ | |
| Use (| Only | | nployed), and ZIP + 4 | 2525 WEST END SUITE 1100 | | | | |
| | | | | NASHVILLE, TN 37203 | | | Phone no 🕨 (| 615) 320-5500 |
| May | the IR | S discus | s this retu | | bove? (See instructions) | | | ✓ Yes No |

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

| 1 See A | Briefly describe the organization' additional Data Table | 's mission | | | | |
|-------------------|--|----------------------|-------------------------|--------------------|--|--|
| | | | | | | |
| 2 | Did the organization underta the prior Form 990 or 990-E | | rogram services dur | ng the year whic | h were not listed on | Yes 🔽 No |
| | If "Yes," describe these new | services on Sched | ule O | | | |
| 3 | Did the organization cease of services? | | significant changes i | n how it conduct | s any program | Yes ✓ No |
| | If "Yes," describe these cha | nges on Schedule C | ı | | | |
| 4 | Describe the exempt purpos Section 501(c)(3) and (4) o others, the total expenses, a | rganizations and 49 | 47 (a)(1) trusts are r | equired to report | | |
| 4a | | TUTE OF HIGHER EDUCA | 17,809,780 including gi | | 4,076,679) (Revenue \$ RSHIPS AND VARIOUS SUPPORT SE | 11,067,455) ERVICES IN ACHIEVING ITS |
| 4b | (Code)(| Expenses \$ | including gra | ants of \$ |) (Revenue \$ |) |
| 4c | (Code) (| Expenses \$ | ıncluding gra | ants of \$ |) (Revenue \$ |) |
| | | | | | | |
| 4d | Other program services (C | | e O) g grants of\$ |) | (Revenue \$ |) |
| 4e | Total program service expe | enses \$ 1 | 7,809,780 Must e | qual Part IX, Line | 25, column (B). | |

| art IV | Checklist of | Required | Schedules |
|--------|--------------|--------------|------------|
| | CHCCKHSCOL | iic quii c u | Scilcadics |

| | | | Yes | No |
|-----|---|------------|-----|-------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? 🕏 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Νο |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | No |
| 5 | Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | 7 | | 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, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$ | 10 | Yes | |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII . | 12 | Yes | |
| 13 | Is the organization a school as 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 U.S.? | 14a | | Νο |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I | 14b | | Νο |
| 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, Part II | 15 | | Νο |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | Νο |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | Νο |
| 18 | Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | Νο |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | No |
| 21 | Did the organization report more than \$5,000 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 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 | 24a | | No |
| ь | 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? | | | |
| | 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 | 24d 25a | | No |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I | 25b | | No No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |

Part IV Checklist of Required Schedules (Continued)

| | | | Yes | No |
|----|--|-----|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part | | | |
| | | 28a | | No |
| b | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV. | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | Νο |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νο |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "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 section 301 7701-2 and 301 7701-3? <i>If</i> "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, Parts II, III, IV, and V, line 1 | 34 | | No |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | No |
| 36 | 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 | | Νο |
| 37 | Did the organization conduct more than 5 percent 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 |

| Pai | rt V Statements Regarding Other IRS Filings and Tax Compliance | e | | | | |
|-----|---|--------------|---|--------------|----------|--------------|
| | | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal | | | | | |
| | of U.S. Information Returns. Enter -0- if not applicable | | | | | |
| | | 1a | 65 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments t | o ven | dors 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 | 2a | 483 | | | |
| ь | If at least one is reported in 2a, did the organization file all required federal employr | | | | | |
| _ | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this | | | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more durin return? | g the | year covered by this | 3a | | No |
| h | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch | edule : | o · · · · · · · · · · · · · · · · · · · | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a s | | | - 50 | | |
| | over, a financial account in a foreign country (such as a bank account, securities ac account)? | | | 4a | | Νο |
| ь | If "Yes," enter the name of the foreign country | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re Financial Accounts. | eport o | f Foreign Bank and | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time duri | ng the | tax year? | 5a | | Νο |
| ь | Did any taxable party notify the organization that it was or is a party to a prohibited | tax sh | nelter transaction? | 5b | | Νο |
| c | If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp | t Entit | tv Reaardina Prohibited | | | |
| | Tax Shelter Transaction? | | | 5с | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement the were not tax deductible? | natsu ••• | ch contributions or gifts | 6b | | |
| 7 | Organizations that may receive deductible contributions under section $170(c)$. | | | | | |
| а | Did the organization provide goods or services in exchange for any quid pro quo con more? | trıbut | ion of \$75 or | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services ${\sf p}$ | rovide | d? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal prope | | · · | _ | | l <u>.</u> . |
| _ | file Form 8282? | | | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay | / prem | nums on a personal | | | |
| | benefit contract? | | | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a pers | onal b | enefit contract? | 7f | | No |
| g | For all contributions of qualified intellectual property, did the organization file Form | 8899 | as required? | 7g | Yes | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization f | ile a F | orm 1098-C as | 7h | Yes | |
| 8 | required? | · · | ction 509(a)(3) | / ''' | 163 | |
| | supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the | | | 8 | | |
| | year? | | İ | | <u> </u> | L |
| 9 | Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds. | | | | | |
| a | Did the organization make any taxable distributions under section 4966? | | | 9a | | |
| Ь | Did the organization make a distribution to a donor, donor advisor, or related person | ٠, د | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | 1 | I | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| Ь | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations Enter | | | | | |
| а | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in | n lieu d | of Form 1041? | 12a | <u> </u> | <u> </u> |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| | <i>,</i> | | ı | | I | I |

Section A. Governing Body and Management

No

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| | For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below | , desc | cribe the circumstanc | es, |
|---|--|--------|-----------------------|-----|
| | processes, or changes in Schedule O. See instructions. | | | |
| а | Enter the number of voting members of the governing body | 1a | | 2 |

| ь | Enter the number of voting members that are independent | 1b | | 26 | | |
|---|--|---------|---------------|-----------|----|----|
| | Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee? | | • | • | 2 | No |
| | Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con | | | | 3 | No |
| • | Did the organization make any significant changes to its organizational documents s filed? $\ \ .$ | ince t | he prior Form | n 990 was | 4 | No |
| | Did the organization become aware during the year of a material diversion of the organization | anızatı | on's assets? | • • | 5 | Νo |
| | Does the organization have members or stockholders? | | | | 6 | No |
| а | Does the organization have members, stockholders, or other persons who may elect governing body? | | | | 7a | No |
| b | Are any decisions of the governing body subject to approval by members, stockhold | ers, o | r other perso | ns? | 7b | No |
| | Did the organization contemporaneously document the meetings held or written active year by the following | ons ur | ndertaken dui | rıng the | | |
| | | | | | | |

| | year by the following | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------|-----|-----|-------|-------|------|------|------|-----|-----|-----|------|------|-----|---|--|--|--|--|--|--|
| а | the governing body? | | | | | | | | | | | | | | | | | | | | |
| b | each committee with | aut | hor | ity t | o a c | t or | ı be | hali | fof | the | gov | erni | ng b | ody | 7 | | | | | | |

| | Does the organization have local chapters, branches, or affiliates? |
|---|---|
|) | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? |

| | • | • | | _ | | | | | |
|----|------------------------|------------------------------------|------------------------------|---------------|------|-----|------|------|---|
| 10 | Was a copy of the Form | 990 provided to the organization | 's governing body before it | was filed? Al | lorg | anı | zatı | ions | 3 |
| | must describe in Sched | ule O the process, if any, the org | anization uses to review the | e Form 990 | | | | | |

| | must describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | |
|----|--|----|---|
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | ĺ |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 11 | L |

| | 8a | Yes | |
|---|----|-----|----|
| | 8b | Yes | |
| | 9a | | No |
| | 9b | | |
| | 10 | Yes | |
| | 11 | | Νο |
| _ | | | |

Section B. Policies

9a

| | | | Yes | No |
|-----|--|-----|-----|----|
| 12a | Does the organization have a written conflict of interest policy? If "No", go to line 13 | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | | |
| а | The organization's CEO, Executive Director, or top management official? | 15a | Yes | |
| b | Other officers or key employees of the organization? | 15b | Yes | |
| | Describe the process in Schedule O | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | Νο |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed TN
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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

| The check this box in the organization and i | (B) Average hours per week | (C) Position (check all that apply) | | | | | | | (E) | (F) |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| (A) Name and Title | | Individual Trustee or Chrector | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| | | | | | | | | | | |
| | | | | | | | _ | | | |
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| | | | | | | | | | | |

Part VII Continued

| | | (C) Position (check all that apply) | | | | | | | (E) | (F) |
|------------------------------|--|--|-----------------------|----------|--------------|------------------------------|----------|---|---|--|
| (A) Name and Title | (B) Average hours per week | Individual Trustee or Director | Institutional Trustee | Оппо | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Total | | | | <u></u> | | | - | 1,177,115 | 5 (| 130,954 |

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►6

| | | | Yes | No |
|---|--|---|-------|----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual | • | V 0.5 | |
| | , , | 3 | Yes | |
| 4 | For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such | | | |
| | ındıvıdual | 4 | Yes | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services | | | |
| | rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | Νo |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|-------------------------------------|---------------------|
| NASHVILLE ELECTRIC COMPANY 1214 CHURCH STREET NASHVILLE, TN 37246 | ELECTRIC SERVICE | 843,323 |
| HONEYWELL INC 12490 COLLECTION CENTER DRIVE CHICAGO, IL 60693 | HVAC MAINTENANCE | 401,744 |
| THOMPSON HOSPITALITY 505 HUNTMAR PARK DRIVE HERNDON, VA 20170 | FOOD/DINING SERVICES | 1,053,027 |
| CGLIC 5089 COLLECTION CENTER DRIVE CHICAGO, IL 60693 | INSURANCE-GUARDIAN | 862,545 |
| VANDERBILT UNIVERSITY 1110 19th AVENUE SOUTH NASHVILLE, TN 37212 | BUSINESS SERVICES | 365,348 |
| Total number of independent contractors (including those in 1) who refrom the organization | . , | 30 |

Statement of Revenue

| | | | | (A) Total Revenue | (B) Related or Exempt Function | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC |
|---|-----|--|--|------------------------------|--|--|--|
| | | | | | Revenue | Revenue | 512, 513, or 514 |
| so co | 1a | Federated campaigns 1a | | | | | |
| aut | ь | Membership dues | | | | | |
| s, gr amo | С | Fundraising events | | | | | |
| 類 | d | Related organizations1d | | | | | |
| | e | Government grants (contributions) 1e | 6,774,067 | | | | |
| Contributions, gifts, grants and other similar amounts | f | All other contributions, gifts, grants, and similar amounts not included above | 5,282,935 | | | | |
| e fi | g | 1f Noncash contributions included in | | | | | |
| Se | h | lines 1a-1f \$ Total (Add lines 1a-1f) | | 12,057,002 | | | |
| | | | Business Code | | | | |
| ППе | 2a | TUITION AND FEES | | 11,067,455 | 11,067,455 | | |
| e Ke | ь | | | | | | |
| e H | С | | | | | | |
| ¥ | d | | | | | | |
| Ã. | e | | | | | | |
| Program Serwce Revenue | f | All other program service revenue | | | | | |
| Š | g | Total. Add lines 2a-2f | | | | | |
| | 3 | Investment income (including divid | ends, interest | | | | |
| | | other similar amounts) | | 126,366 | | | 126,366 |
| | 4 | Income from investment of tax-exempt bo | nd proceeds | 0 | | | |
| | 5 | Royalties | • | 0 | | | |
| | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross Rents | (, , , , , , , , , , , , , , , , , , , | | | | |
| | b | Less rental | | | | | |
| | c | expenses Rental income | | | | | |
| | d | or (loss) Net rental income or (loss) | | | | | |
| | | | <u> </u> | | | | |
| | 7a | (1) Securities Gross amount | (II) O ther | | | | |
| | /a | from sales of assets other | | | | | |
| | ь | than inventory Less cost or | | | | | |
| | | other basis and sales expenses | | | | | |
| | С | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | ▶ | 0 | | | |
| | 8a | Gross income from fundraising events (not including | | | | | |
| Φ | | \$ of contributions reported on line | | | | | |
| 듄 | | 1c) See Part IV, line 18 | | | | | |
| ě | | Attach Schedule G if total exceeds \$15,000 | | | | | |
| F. | ь | Less direct expensesb | | | | | |
| Other Revenue | c | Net income or (loss) from fundraising | na events | 0 | | | |
| 0 | 9a | | <u> </u> | | | | |
| | Ja | Gross income from gaming activities See part IV, line 19 | | | | | |
| | | Complete Schedule G ıf total exceeds \$15,000 | | | | | |
| | | a | | | | | |
| | ь | Less direct expensesb | | | | | |
| | С | Net income or (loss) from gaming a | ctivities | 0 | | | |
| | 102 | Gross sales of inventory, less | • | | | | |
| | 100 | returns and allowances . | | | | | |
| | | а | | | | | |
| | ь | Less cost of goods sold b | | | | | |
| | С | Net income or (loss) from sales of i | | 0 | | | |
| | 4.4 | Miscellaneous Revenue | Business Code | 590,969 | | | 590,969 |
| | 11a | OTHER INCOME | | 3,839,549 | | | 3,839,549 |
| | Ь | AUXILIARY ENTERPRISES | | 3,039,549 | | | 3,039,549 |
| | С | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | \$ 4,430,518 | | | | |
| | 12 | Total Revenue. Add lines 1h, 2g, 3, | | 27,681,341 | 11,067,455 | | 4,556,884 |
| | | 8c, | · · · · · · · · · · · · · · · · · · · | | | | |

Part IX Statement of Functional Expenses

| A | Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re | anizations mu equired to com | ust complete plete columns | all columns. (B), (C), and (D) |) <u>.</u> |
|------|---|---------------------------------|-------------------------------|-------------------------------------|--------------------------------|
| Do r | not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 0 | · | | <u>.</u> |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 4,076,679 | 4,076,679 | | |
| 3 | Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 924,496 | 253,873 | 670,623 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | | |
| 7 | Other salaries and wages | 8,881,606 | 5,603,996 | | 515,829 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 1,923,405 | 1,593,890 | 185,938 | 143,577 |
| 10 | Payroll taxes | 0 | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 0 | | | |
| b | Legal | 399,277 | 21,702 | 377,575 | |
| c | Accounting | 199,380 | 1,554 | 197,826 | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 93,203 | | 93,203 | |
| g | Other | 0 | | | |
| 12 | Advertising and promotion | 12,372 | 1,967 | 10,055 | 350 |
| 13 | Office expenses | 593,620 | 390,451 | 177,798 | 25,371 |
| 14 | Information technology | 67,267 | 18,355 | 20,039 | 28,873 |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 1,171,241 | 1,082,693 | 84,688 | 3,860 |
| 17 | Travel | 510,158 | 220,023 | 274,875 | 15,260 |
| 18 | Payments of travel or entertainment expenses for any Federal, state or local public officials | 0 | | | |
| 19 | Conferences, conventions and meetings | 44,606 | 7,059 | 24,907 | 12,640 |
| 20 | Interest | 629,273 | 581,699 | 45,500 | 2,074 |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 2,922,212 | | 2,922,212 | |
| 23 | Insurance | 374,655 | | 374,655 | |
| 24 | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| а | REPAIRS AND MAINTENANCE | 1,350,048 | 1,247,981 | 97,617 | 4,450 |
| ь | FOOD SERVICES | 1,110,171 | 1,026,240 | 80,272 | 3,659 |
| c | CONTRACT SERVICES | 688,878 | 636,797 | 49,810 | 2,271 |
| d | STIPENDS | 524,297 | 523,594 | 703 | |
| e | CONSULTING | 367,500 | 165,262 | 168,224 | 34,014 |
| f | All other expenses | 1,387,149 | 355,965 | 997,678 | 33,506 |
| 25 | Total functional expenses. Add lines 1 through 24f | 28,251,493 | 17,809,780 | 9,615,979 | 825,734 |
| 26 | Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

| Part X | Balance | Sheet |
|--------|---------|-------|

| | | | | | | (A) Beginning of year | | (B End of | |
|-------------|-------|--|---|------------|------------|--------------------------|-----------|--------------|-----------|
| | 1 | Cash—non-interest-bearing | _ | | | 4,483,910 | 1 | | 2,625,386 |
| | 2 | Savings and temporary cash investments | | | | , , | 2 | | |
| | 3 | Pledges and grants receivable, net | | | | | 3 | | |
| | 4 | Accounts receivable, net | | | | 4,949,242 | 4 | 1 | 6,231,788 |
| | 5 | Receivables from current and former officers, directors, trustee | es from current and former officers, directors, trustees, key employees or ed parties <i>Complete Part II of Schedule L</i> | | | | | | |
| | 6 | Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of | | 6 | | | | | |
| | 7 | Notes and loans receivable, net | | | | 275,560 | 7 | | 393,851 |
| | 8 | Inventories for sale or use | | | | | 8 | | |
| 20 | 9 | Prepaid expenses and deferred charges | | | | 575,780 | 9 | | 695,162 |
| Assets | 10a | Land, buildings, and equipment cost basis | 10a | I | 74,692,957 | | | | |
| • | ь | Less accumulated depreciation Complete Part VI of | | | | 07.000.400 | | • | |
| | l | Schedule D | 10b | 1 | 47,799,061 | 27,360,480 | | | 6,893,896 |
| | 11 | Investments—publicly traded securities | | | | 7,177,388 | 11 | • | 4,802,823 |
| | 12 | Investments—other securities See Part IV, line 11 Complete F Schedule D | | | | | 12 | | |
| | 13 | Investments—program-related See Part IV, line 11 $\it Complete B$ of Schedule D . | | 68,201,495 | 13 | 6 | 8,201,495 | | |
| | 14 | Intangible assets | | | 14 | | | | |
| | 15 | Other assets See Part IV, line 11 Complete Part IX of Schedule D | | | | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | | 113,023,855 | 16 | 10 | 9,844,401 |
| | 17 | Accounts payable and accrued expenses . | | | | 3,807,034 | 17 | : | 3,841,737 |
| | 18 | Grants payable | | | 18 | | | | |
| | 19 | Deferred revenue | | 1,538,724 | 19 | | 1,126,522 | | |
| | 20 | Tax-exempt bond liabilities | | 9,294,519 | 20 | | 8,729,519 | | |
| <u>ē</u> | 21 | Escrow account liability Complete Part IV of Schedule D | | | 21 | | | | |
| Liabilities | 22 | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | | | | | |
| ä | | 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 | | | | | 24 | | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | | 5,179,619 | 25 | : | 5,091,074 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | | 19,819,896 | 26 | 1. | 8,788,852 |
| ės – | | Organizations that follow SFAS 117, check here F and compethrough 29, and lines 33 and 34. | olete l | ines 27 | | | | | |
| ant | 27 | Unrestricted net assets | | | | 78,279,779 | 27 | 7: | 5,481,850 |
| Balance | 28 | Temporarily restricted net assets | | | | 3,192,205 | 28 | : | 3,648,197 |
| 귤 | 29 | Permanently restricted net assets | | | | 11,731,975 | 29 | 1 | 1,925,502 |
| r Fund | | Organizations that do not follow SFAS 117, check here ► ☐ are lines 30 through 34. | nd con | plet e | | | | | |
| S O. | 30 | Capital stock or trust principal, or current funds | | | | | 30 | | |
| Ą. | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | | 31 | | |
| Assets | 32 | Retained earnings, endowment, accumulated income, or other fu | | • | | | 32 | | |
| Net , | 33 | Total net assets or fund balances | | 93,203,959 | 33 | 9 | 1,055,549 | | |
| <i>Ž</i> | 34 | Total liabilities and net assets/fund balances | | | | 113,023,855 | 34 | | 9,844,401 |
| | | Financial Chalamanta and Burni | | | | | | | |
| Pā | rt XI | Financial Statements and Reporting | | | | | | Yes | No |

| Dart VI | Einancial | Statements | and D | oporting |
|----------------|-----------|------------|-------|-------------|
| 7. 1 4 2 . 1 2 | FINANCIAL | Statements | ann R | emmetiliki. |

| 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 |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| c | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? | 3b | Yes | |

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

| -15K (| JNIVEK: | SITY | | | | | | 62 | -020200 | n | |
|--------|----------|---|--------------------------|---|--------------|-------------------|-------------|-------------|----------------------|-------------|------------------------|
| Pa | rt I | Reason | for Public C | harity Status (to be co | mpleted | by all or | ganızatıo | | | | |
| | | | | ation because it is (Please | | | | | | | |
| 1 | Γ | A church, c | onvention of ch | nurches, or association of ch | urches de | scribed in | Section 1 | 170(b)(1) | (A)(i). | | |
| 2 | <u> </u> | A school de | escribed in Sec t | tion 170(b)(1)(A)(ii). (Attac | h Schedu | ıle E) | | | | | |
| 3 | Г | A hospital | or a cooperativ | e hospital service organizati | on descril | bed in Sec | tion 170(l | b)(1)(A)(i | i ii). (Attac | h Schedul | e H) |
| 4 | Γ | A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the | | | | | | | | | |
| | | hospital's name, city, and state | | | | | | | | | |
| 5 | Γ | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | |
| | | Section 170 | D(b)(1)(A)(iv). | (Complete Part II) | | | | | | | |
| 6 | Γ | A federal, s | tate, or local g | overnment or governmental | unıt descr | ıbed ın Se | ection 170 | (b)(1)(A) | (v). | | |
| 7 | Γ | An organiz | ation that norm | ally receives a substantial p | art of its s | support fro | om a gove | rnmental ı | ınıt or fron | n the gene | ral public |
| | | described i | n Sect ion 170(l | o)(1)(A)(vi) (Complete Par | tII) | | | | | | |
| 8 | Γ | A commun | ity trust describ | oed in Section 170(b)(1)(A) | (vi) (Com | nplete Par | tII) | | | | |
| 9 | Г | An organiza | ation that norm | ally receives (1) more than | 331/3% 0 | fits supp | ort from c | ontributior | ns, membe | ership fees | , and gross |
| | | receipts fro | om activities re | lated to its exempt functions | —subject | to certair | n exceptio | ns, and (2 |) no more | than 331/ | 3% of |
| | | ıts support | from gross inve | estment income and unrelate | ed busines | ss taxable | ıncome (l | ess sectio | on 511 ta: | x) from bus | sinesses |
| | _ | acquired by | the organization | on after June 30, 1975 See | Section 5 | 09(a)(2). | (Complet | e Part III |) | | |
| 10 | | | | and operated exclusively to | | | | | | | |
| 11 | Г | _ | = | and operated exclusively fo | | | | | • | • | • • |
| | | | | orted organizations describe type of supporting organiza | | | | | | Section 5 | 09(a)(3). Check |
| | | _ | ype I b | | | • | nally Integ | _ | '' d | Гтуре | III - Other |
| e | Γ | By checkin | g this box, I ce | rtify that the organization is | not contro | olled direc | tly or ındı | rectly by o | one or mo | re disquali | fied persons |
| | | other than | foundation man | agers and other than one or | more publ | licly suppo | orted orga | nızatıons (| described | ın section | 509(a)(1) or |
| | | section 50 | | d | +b - IDC | | - T T | T II . | | | |
| f | | check this | | d a written determination fro | in the IRS | S that it is | a Type I, | Type II o | riypeiii | supportin | ig organization, |
| g | | | | as the organization accepted | d any gift | or contrib | utıon from | any of the | <u></u> | | , |
| | | following pe | | | | | | | | | |
| | | | · | r indirectly controls, either a | | _ | th persons | describe | d in (ii) | | Yes No |
| | | | | ng body of the the supported | _ | tion? | | | | 11g(| |
| | | . , | • | erson described in (i) above | | | | | | 11g(| |
| | | | | ty of a person described in (| | | | | | 11g(| iii) No |
| h | | Provide the | tollowing infori | mation about the organizatio | ns the org | janization | supports | | | | |
| | (i) N | ame of | (ii) EIN | (iii) Type of organization | /iv) ī | s the | (v) Did s | ou notify | (vi) 1 | s the | (vii) A mount of |
| | | orted | (11) LIN | (described on lines 1-9 | | ation in | 1 | nization | | ation in | support? |
| | | nızatıon | | above or IRC section | _ | listed in | ın col (i | i) of your | | rganızed | |
| | - | | | (See Instructions)) | | verning | supp | oort? | ın the | US? | |
| | | | | | | ment? | 1.7 | | 100 | | |
| | | | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | | - | |
| | | | | | | | | - | | - | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Total

| Part II | Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) |
|---------|---|
| | (Complete only if you checked the box on line 5, 7, or 8 of Part I.) |

| Pι | ıblic Support | | , , | , | | | | |
|------|---|--------------------|-------------------|-------------------|------------------|--------------|----------|------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) | 2008 | (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 The value of services or facilities | | | | | | | |
| 3 | furnished by a governmental unit to the | | | | | | | |
| | organization without charge | | | | | | | |
| 4 | Total. Add line 1-3 | | | | | 1 | | |
| 5 | The portion of total contribution by each | | | | | | | |
| 5 | person (other than a government unit or | | | | | | | |
| | publicly supported organization) included | | | | | | | |
| | on line 1 that exceed 2% of the amount | | | | | | | |
| | shown on line 11, column | | | | | | | |
| | · (f) | | | | | | | |
| 6 | Public Support subtract line 5 from line | | | | | | | |
| | 4 | | | | | | | |
| | otal Support | | 1 | | T | | | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) : | 2008 | (f) Total |
| 7 | A mounts from line 4 | | | | | | | |
| 8 | Gross income from interest, dividends, | | | | | | | |
| | payments received on securities loans, | | | | | | | |
| | rents, royalties and income from similar | | | | | | | |
| _ | sources | | | | | | | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the business is regularly carried on | | | | | | | |
| 10 | Other income Do not include gain or loss | | | | | | | |
| 10 | from the sale of capital assets (Explain in | | | | | | | |
| | Part IV) | | | | | | | |
| 11 | Total Support (Add lines 7 through 10) | | | | | | | |
| 12 | Gross receipts from related activities, etc | (See instructio | ns) | | • | 12 | | |
| 13 | First Five Years. If the Form 990 is for the | organization's f | irst second thu | d fourth or fifth | ntay vearas a F | | 3) | |
| | organization, check this box and stop here | | mat, second, tim | u, rouren, or mer | rtax year as a s | /O1(C)(C | • • | ▶ □ |
| | | | | | | | | • |
| Co | omputation of Public Support Perc | entage | | | | | | |
| 14 | Public Support Percentage for 2008 (line 6 | 5 column (f) dıvı | ded by line 11 c | olumn (f)) | | 14 | | |
| 15 | Public Support Percentage for 2007 School | dule A , Part IV - | A, line 26f | | | 15 | | |
| 16a | 33 1/3% Test - 2008. If the organization di | d not check the | box on line 13. | and line 14 is 3 | 3 1/3% or more. | | this box | |
| | and stop here. The organization qualifies a | | | | , | | | ▶ □ |
| b | 33 1/3% Test - 2007. If the organization d | | | | 15 is 33 1/3% d | r more, | check th | |
| | box and stop here. The organization qualifi | es as a publicly | supported orga | nızatıon | | | | ▶ □ |
| 17a | 10% Facts and Circumstances Test - 2008. | | | | | | | |
| | more, and if the organization meets the "fa | | • | | | | | · — |
| | organization meets the "facts and circums | | | | | | | ► □ |
| Ь | 10% Facts and Circumstances Test - 2007. | | | | | | | |
| | more, and if the organization meets the "fa | | • | | | | | _ |
| 4.0 | the organization meets the "facts and circu | | | | | | | n ▶ |
| 18 | Private Foundation. If the organization did | not check the b | oux on line 13, 1 | oa, 100, 1/a or | 1/D, Check this | oox an | u see | ▶ □ |
| | ınstructions | | | | | | | F-1 |

| Pa | Support Schedule for On (Complete only if you ched | | | | (2) | | |
|------|--|--------------------|-------------------|---------------------|------------------|-----------------|------------|
| | ction A. Public Support | | _ | , | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| 2 | include any "unusual grants ") Gross receipts from admissions, | | | | | | |
| 2 | merchandise sold or services performed, | | | | | | |
| | or facilities furnished in any activity that | | | | | | |
| | is related to the organization's tax- | | | | | | |
| | exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are | | | | | | |
| | not an unrelated trade or business under | | | | | | |
| | section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| _ | organization without charge | | | | | | |
| 6 | Total Add lines 1-5 | | | | | | |
| 7a | A mounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons Amounts included on lines 2 and 3 | | | | | | |
| D | received from other than disqualified | | | | | | |
| | persons that exceed the greater of 1% of | | | | | | |
| | the total of lines 9, 10c, 11, and 12 for | | | | | | |
| | the year or \$5,000 | | | | | | |
| c | Total of lines 7a and 7b | | | | | | |
| 8 | Public Support (Substract line 7c from | | | | | | |
| _ | line 6) | | | | | | |
| То | tal Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | A mounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after 30 June, 1975 | | + | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 12 | Other income Do not include gain or loss | | | | | | |
| | from the sale of capital assets | | | | | | |
| | (Explain in Part IV) | | | | | | |
| 13 | Total Support (Add lines 9, 10c, 11 and | | | | | | |
| | 12) | | | | | | |
| 14 | First Five Years If the Form 990 is for the | organızatıon's fı | rst, second, thir | d, fourth, or fifth | ntax year as a 5 | 01(c)(3) organı | zation, |
| | check this box and stop here | | | | | | ▶ □ |
| | monutation of Dublic Compant Days | | | | | | |
| 15 | mputation of Public Support Perc Public Support Percentage for 2008 (line | | dod by line 12 o | olumn (fl) | | T 4= T | |
| | | | • | .orumin (1)) | | 15 | |
| 16 | Public Support Percentage for 2007 Sche | dule A , Part IV - | A, line 27g | | | 16 | |
| | | D | | | | | |
| Co | mputation of Investment Income Investment Income Percentage for 2008 (| | | ne 13 column /f | <u> </u> | 17 | |
| | | | | - | " | 17 | |
| ΤQ | Investment Income Percentage from 2007 | ocnequie A , Pa | TLIV-A, IINE 2/ | H | | 18 | |

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** 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) 2008

▶□

| Part IV | Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions) | | | | | | |
|---------|---|--|--|--|--|--|--|
| | | | | | | | |
| | Facts and Circumstances Test | | | | | | |
| | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public

| еша | Revenue Service | | | Inspection |
|------|--|--|---|--------------------------|
| | me of the organization (UNIVERSITY | | Employer identifica | tion number |
| 110 | · ONLY ENGLY | | 62-0202000 | |
| Pa | organizations Maintaining Donor Acorganization answered "Yes" to Form 99 | | unds or Accounts | . Complete if the |
| | | (a) Donor advised funds | (b) Funds and o | ther accounts |
| L | Total number at end of year | | | |
| 2 | Aggregate Contributions to (during year) | | | |
| 3 | Aggregate Grants from (during year) | | | |
| ļ | Aggregate value at end of year | | | |
| • | Did the organization inform all donors and donor advi funds are the organization's property, subject to the | <u> </u> | noradvised | ┌ Yes |
| 5 | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit? | | • | ┌ Yes |
| Pai | t II Conservation Easements. Complete | ıf the organization answered "Yes" t | o Form 990, Part IV | /, line 7. |
| L | Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space | on or pleasure) Preservation of an Preservation of ce | n historically important ertified historic structu | re |
| | Complete lines 2a-2d if the organization held a quali on the last day of the tax year | ified conservation contribution in the form | | ement the End of the Yea |
| а | Total number of conservation easements | | 2a | |
| b | Total acreage restricted by conservation easement | c.s | 2b | |
| c | Number of conservation easements on a certified hi | | 2c | |
| d | Number of conservation easements included in (c) a | ` , | 2d | |
| | Number of conservation easements modified, transfe | • | d by the organization | durina |
| | the taxable year | and the second s | ou by the organization | u a i i i i j |
| ļ | Number of states where property subject to conserva | ation easement is located ► | | |
| i | Does the organization have a written policy regarding enforcement of the conservation easements it holds? | = | ations, and | ┌ Yes ┌ No |
| • | Staff or volunteer hours devoted to monitoring, inspe | ecting and enforcing easements during the | year 🟲 | |
| • | A mount of expenses incurred in monitoring, inspecti | ng, and enforcing easements during the ye | ear 🟲 \$ | |
| 3 | Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$? | 2 (d) above satisfy the requirements of sec | ction | ┌ Yes ┌ No |
|) | In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen | the footnote to the organization's financia | | |
| 'a r | Complete of the organization answered | | or Other Similar | Assets. |
| a | If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin | for public exhibition, education or research | ch in furtherance of pu | |
| b | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items | public exhibition, education, or research i | | • |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | ► \$ | |
| | (ii) Assets included in Form 990, Part X | | - \$ | 68,201,495 |
| 2 | If the organization received or held works of art, histofollowing amounts required to be reported under SFA | | - + | de the |
| а | Revenues included in Form 990, Part VIII, line 1 | | - \$ | |
| b | Assets included in Form 990, Part X | | ► \$ | |
| | meraded in rollingsoft all A | | - Ψ | |

| 'ar | (1944) Organizations Maintaining Collection | is of Art, I | Histori | cal Tr | <u>easu</u> | ires, or Oth | <u>er Similar</u> | Asse | ets (co | ntınued) |
|---------|--|----------------|------------|-------------------------|-------------|---|---------------------------------------|-----------------|-----------------|-----------|
| 3 | Using the organization's accession and other records, items (check all that apply) | check any c | of the fol | owing t | hat ar | e a sıgnıfıcant | use of its coll | lectioi | n | |
| а | ▼ Public exhibition | | d 🔽 | Loan | rexc | hange program | s | | | |
| b | Scholarly research | | e 🔽 | Other | EDU | CATIONALO | UTREACH PR | OGR | AMS | |
| С | ▼ Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's collections Part XIV | and explain | how the | / furthe | r the o | organization's e | exempt purpo | se in | | |
| 5 | During the year, did the organization solicit or receive assets to be sold to raise funds rather than to be mair | | , | | | | mılar | Г | Yes | √ No |
| Pai | rt IV Trust, Escrow and Custodial Arrange | | | | | ınızatıon ans | wered "Yes" | to Fo | orm 9 | 90, |
| | Part IV, line 9, or reported an amount on | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodian or oth included on Form 990, Part X? | ier intermedi | ary for c | ontribut | ions | or other assets | not | Γ | Yes | ┌ No |
| b | If "Yes," explain why in Part XIV and complete the fol | lowing table | | | | | | | | |
| | | | | | | | | A mou | ınt | |
| С | Beginning balance | | | | | 1c | | | | |
| d | Additions during the year | | | | | 1d | | | | |
| e | Distributions during the year | | | | | 1e | | | | |
| f | Ending balance | | | | | 1f | | | | |
| 2a | Did the organization include an amount on Form 990, | Part X, line 2 | 217 | | | | | Γ | Yes | ┌ No |
| | If "Yes," explain the arrangement in Part XIV | | | | | | | | | |
| Pa | rt V Endowment Funds. Complete if the org | | | | | | | | \\ | |
| | Beginning of year balance (a)Curr | 12,431,114 | (b)Prior | Year | (c) IV | vo Years Back (| 1) Three Years Ba | ick (e |)Four Ye | ears Back |
| la b | Contributions | 393,527 | | | | | | | | |
| c | Investment earnings or losses | -364,075 | | | | | | | | |
| d | Grants or scholarships | 118,825 | | | | | | | | |
| e | Other expenditures for facilities | 200,000 | | | | | | | | |
| _ | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | 12,141,741 | | | | | | | | |
| 2 | Provide the estimated percentage of the year end bala | nce held as | | | | | | | | |
| а | Board designated or quasi-endowment 🕨 0 % | | | | | | | | | |
| b | Permanent endowment 🕨 98 219 % | | | | | | | | | |
| c | Term endowment ► 0 % | | | | | | | | | |
| За | Are there endowment funds not in the possession of the | ne organizati | on that a | re held | and a | idministered fo | r the | | | |
| | organization by (i) unrelated organizations | | | | | | Γ | 3a(i) | Yes | No No |
| | (ii) related organizations | | • • | • | • | | _ | 3a(ii) | | No |
| b | If "Yes" to 3a(II), are the related organizations listed a | | | | ٠ | | · · · · · · · · · · · · · · · · · · · | 3b | <u> </u> | |
| 1 | Describe in Part XIV the intended uses of the organize | ation's endo | wment fu | nds | | | | | | |
| Pai | rt VI Investments—Land, Buildings, and E | quipment | . See F | orm 99 | 90, Pa | art X, line 10 | | | | |
| | Description of investment | | | Cost or c s (investr | | (b) Cost or other basis (other) | (c) Deprecia | tion | (d) Bo | ok value |
| La | Land | | | 12 | 3,350 | 1,084,19 | 0 | $\neg \uparrow$ | | 1,207,540 |
| b | Buildings | | | | 0 | 47,595,05 | 9 25,884 | 1,184 | | 1,710,875 |
| c | Leasehold improvements | | . | | 0 | | 0 | 0 | | (|
| d | Equipment | | . | | 0 | 21,168,28 | 1 18,666 | 5,516 | | 2,501,765 |
| e | Other | | | | 0 | 4,722,07 | 7 3,248 | 3,361 | | 1,473,716 |

26,893,896

| Part VIII Investments—Other Securities. See | Form 990, Part X, line 12. | |
|--|----------------------------|--|
| (a) Description of security or cateory (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| Financial derivatives and other financial products | | Cost of end-of-year market value |
| losely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| otal. (Column (b) should equal Form 990, Part X, col (B) line 12) | | |
| | | |
| art VIII Investments—Program Related. Se | | 3. (c) Method of valuation |
| (a) Description of investment type | (b) Book value | Cost or end-of-year market value |
| NVESTMENTS IN ART COLLECTION | 68,201,495 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Fatal (California (II) about a supel Fatar 2000 Part V and (II) for d 2) | 60.201.405 | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, II | 68,201,495 ne 15 | |
| (a) Descri | | (b) Book value |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| otal. (Column (b) should equal Form 990, Part X, col.(B) line . | 15) | |
| Part X Other Liabilities. See Form 990, Part X | | |
| (a) Description of Liability | (b) A mount | |
| ederal Income Taxes | | |
| EPOSITS HELD IN CUSTODY | 66,265 | |
| DV FROM FED GOVT FOR PERKIN | 323,721 | |
| ANK LINE OF CREDIT | 4,488,779 | |
| CAPITAL LEASE OBLIGATION | 212,309 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Fotal. (Column (b) should equal Form 990, Part X, col (B) line 25) ■ | 5,091,074 | |
| ((-) | 5,091,074 | |

| Pa | rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen | nts | |
|--------|--|-------|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 27,681,34 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 28,251,493 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -570,152 |
| 4 | Net unrealized gains (losses) on investments | 4 | -1,578,258 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -1,578,258 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -2,148,410 |
| Par | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p | er Re | turn |
| 1 | Total revenue, gains, and other support per audited financial | _ | 22,026,404 |
| _ | statements | 1 | |
| 2 | A mounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a L | Net unrealized gains on investments | | |
| b | | | |
| c d | Recoveries of prior year grants | | |
| u e | Add lines 2a through 2d | 2e | -5,654,93 |
| 3 | Subtract line 2e from line 1 | 3 | 27,681,34 |
| 4 | A mounts included on Form 990, Part VIII, line 12, but not on line 1 | | 27,001,54. |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIV) 4b | | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 27,681,34: |
| Par | Reconciliation of Expenses per Audited Financial Statements With Expenses | per R | |
| 1 | Total expenses and losses per audited financial statements | 1 | 24,174,814 |
| 2 | A mounts 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 | Losses reported on Form 990, Part IX, line 25 2c |] | |
| d | Other (Describe in Part XIV) 2d |] [| |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 24,174,814 |
| 4 | A mounts 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 XIV) | | |
| С | Add lines 4a and 4b | 4c | 4,076,679 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 28,251,493 |

Part XIV 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 XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

| Ident if ier | Return Reference | Explanation |
|----------------------|------------------|--|
| SCHEDULE D PART III | LINE 4 | Fisk University Galleries provides a welcoming environment and fosters an appreciation and understanding of art through exhibitions, classroom instruction, educational programs, and research The Fisk art collection consists of more than 4000 works of art - paintings, prints, drawings, sculptures, photographs, historical artifacts and other objects - from cultures across the globe Major collections include the Alfred Stiegltiz Collection of Modern Art, The Harmon Foundation Collection of African American Art, The Liff Family Collection of African Art, and The Winold Reiss Portrait Collection among many others. Works from the collection are exhibited regularly in permanent and temporary exhibitions at the university's Aaron Douglas and Carl Van Vechten galleries. They are also occasionally loaned for temporary exhibition at accredited museums across the United States. The galleries also seek to raise awareness and support an appreciation of art through the continued acquisition and preservation of works of art received as donations to Fisk University Galleries. The collections and any benefits from the art will be used for the mission of the University |
| SCHEDULE D PART V | LINE 4 | The Universitys endowment consists of individual donor restricted funds established for a variety of purposes. As required by GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence or donor-imposed restrictions. The University classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the University in a manner consistent with the standard of prudence prescribed by applicable state laws |
| SCHEDULE D PART XII | LINE 2D | \$(4,076,679) SCHOLARSHIP EXPENSE SHOWN ON BOOKS AS REVENUE OFFSET REPORTED ON THE TAX RETURN AS AN EXPENSE |
| SCHEDULE D PART XIII | LINE 4B | \$4,076,679 SCHOLARSHIP EXPENSE SHOWN ON BOOKS AS REVENUE OFFSET REPORTED ON THE TAX RETURN AS AN EXPENSE |

OMB No 1545-0047

2008

Open to Public

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

Name of the organization **Employer identification number** FISK UNIVERSITY 62-0202000 YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes 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 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 Yes THE COLLEGE'S NONDISCRIMINATORY POLICY IS PRINTED IN THE "EMPLOYEE POLICIES AND PROCEDURES" MANUAL AS WELL AS THE STUDENT HANDBOOK 4 Does the organization maintain the following? a 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 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 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

6a Does the organization receive any financial aid or assistance from a governmental agency? **b** Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either 6a or b, please explain using an attached statement

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

6a

6b

Yes

Νo

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493137039940

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

Employer identification number

2008

Department of the Treasury Internal Revenue Service Name of the organization

FISK UNIVERSITY

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

Open to Public Inspection

| | | | | | | 62-0202000 | |
|---|---|---|------------------------------|---|---|-----------------------|---------------------------------------|
| Part I General Infor | mation on Gra | nts and Assistance | 9 | | | • | |
| Does the organization mathematics the selection criteria useDescribe in Part IV the organization | ed to award the gra | nts or assistance? | | | | | 「Yes FI |
| Form 990, Part Part IV and Sch | IV, line 21 for ai edule I-1 if addi | ny recipient that rece tional space is | | 00. Check this box | tes. Complete if the confirmation one recipient rec | ceived more than \$5, | |
| 1(a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | | (h) Purpose of grant or assistance |
| | | | | | | | |
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| | | | | | | | |
| 2 Enter total number of seconganizations | | | | | • | | |
| 3 Enter total number of oth | | | | | | | nedule I (Form 990) 2008 |

| Schedule I | (Form 990) 2008 | |
|------------|---|------------|
| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV | /, line 22 |
| | Use Schedule I-1 (Form 990) 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 |
|---|---------------------------------|-------------------------------------|--------------------------------------|---|---------------------------------------|
| SCHOLARSHIPS & FELLOWSHIPS FOR STUDENTS ATTENDING | 505 | 4,076,679 | 0 | N/A | N/A |
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

| See Additional Data | таріе | |
|---------------------|------------------|---|
| Ident if ier | Return Reference | Explanation |
| SCHEDULE I | PART I LINE 2 | The Office of Sponsored Prorgrams is responsible for ensuring that auditable records are maintained in suppport of all direct and indirect charges to grants, contracts, or agreements. The Principal Investigator initially approves all expenditures of a sponsored project and is responsible for determining whether the sponsor will allow an item of direct cost, before the expenditure is processed. In addition, these expenditures are also closely reviewed and monitored by the Office of Sponsored Programs before the expenditure requisition is approved for payment to ensure that the grant funds are properly utilized for the purposes specified in the grant contract/agreeement. |
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As Filed Data -

DLN: 93493137039940

OMB No 1545-0047

Schedule 1

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

Compensated Employees

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

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

2008

Open to Public Inspection

Name of the organization FISK UNIVERSITY

Employer identification number

62-0202000

| Pa | rt I Questions Regarding Compensation | on | | | | |
|----|--|------------|---|----|-----|----|
| | | | | | Yes | Νo |
| 1a | Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II | | iny of the following to or for a person listed in Form vide any relevant information regarding these items | | | |
| | First class or charter travel | <u> </u> | Housing allowance or residence for personal use | | | |
| | Travel for companions | Γ | Payments for business use of personal residence | | | |
| | Tax idemnification and gross-up payments | | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | Γ | Personal services (e g , maid, chauffeur, chef) | | | |
| b | If line 1a is checked, did the organization follow a v provision of all the expenses described above? If " | | | 1b | Yes | |
| 2 | Did the organization require substantiation prior to | | | | | |
| | officers, directors, trustees, and the CEO/Executiv | ve Direct | or, regarding the items checked in line 1a? | 2 | Yes | |
| 3 | Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t | that appl | ly | | | |
| | Compensation committee | <u> </u> | Written employment contract | | | |
| | Independent compensation consultant | 고 | 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, | , Part VI | I, Section A, line 1a | | | |
| а | Receive a severance payment or change of control | l paymen | t? | 4a | | Νo |
| b | Participate in, or receive payment from, a suppleme | ental nor | nqualified retirement plan? | 4b | | Νo |
| c | Participate in, or receive payment from, an equity-l | based co | ompensation arrangement? | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and p | orovide th | he applicable amounts for each item in Part III | | | |
| | 501(c)(3) and 501(c)(4) organizations only must c | omplete | lines 5-8. | | | |
| 5 | For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of | A, line 1a | , did the organization pay or accrue any | | | |
| а | The organization? | | | 5a | | Νo |
| 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 A compensation contingent on the net earnings of | A, line 1a | , did the organization pay or accrue any | | | |
| а | The organization? | | | 6a | | Νo |
| 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, subject to the initial contract exception described in Part III | • | · | 8 | | No |

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

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

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

| (A) Name | | (B) Breakdown of | f W-2 and/or 1099-MIS | SC compensation | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation reported in prior Form |
|---------------|-------------|--------------------------|---|-----------------------------|--------------|---|----------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | compensation | (C) Deferred compensation (D) Nontaxable benefits (E) Total of columns (B)(i)-(D) 4,593 15,178 130,495 0 0 0 34,448 277,171 0 0 0 | 990 or Form 990-EZ | |
| KOFI LOMOTEY | (I) | 110,724 0 | 0 | 0 | 4,593 0 | 15,178 0 | 130,495 | 0 0 |
| HAZEL O'LEARY | (I) (II) | 242,723 0 | 0 | 0 | 0 | 34,448 | 277,171 0 | 0 |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

| Ident if ier | Return Reference | Explanation |
|--------------|---------------------|-------------|
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization FISK UNIVERSITY

Employer identification number

62-0202000

| ldentifier | Return Reference | Explanation |
|----------------|---------------------|--|
| 990 PART VI | | A COPY OF THE FORM 990 WAS DISTRIBUTED TO THE BOARD AND THE AUDIT COMMITTEE A FULL REVIEW OF THE RETURN WAS CONDUCTED AT A BOARD MEETING HELD ON MAY 14, 2010 |

| ldentifier | Return Reference | Explanation |
|----------------|-----------------------|--|
| 990 PART VI | SECTION B LINE 12C | The Fisk University ("Fisk" or the "University") Board of Trustees (the "Board") has adopted a Conflict of Interest Policy (the "Policy") that is currently in effect. The Policy establishes a procedure for trustees to disclose conflicts or potential conflicts of interest as they arise. The Policy also creates a procedure whereby the individual facts of each situation can be assessed in relation to the best interests of the University and an informed, unbiased decision can be made with regard to whether a particular conflict is permissible or impermissible under the Policy. The Policy requires each trustee to submit an Annual Conflict of Interest Disclosure Statement at least annually to the Board Secretary. New trustees are required to submit the Annual Conflict of Interest Disclosure Statements upon accepting service on the Board and in no event later than his or her first Board/Board Committee meeting. The University endeavors to ensure strict compliance with this Policy. To achieve this goal, the University's General Counsel provides a tutorial on conflicts issues, review is the University's Bylaws regarding conflicts, and reviews the terms of the Policy, including reporting requirements. Also, at the beginning of each annual meeting of the Board, the Board members are reminded by the Board's Chairman, the University's President and the University's General Counsel about conflict reporting requirements, and, the Board members are required to submit an Annual Conflict of Interest Disclosure Statement prior to the adjournment of the meeting. Following the meeting, the University's General Counsel checks each Annual Conflict of Interest Disclosure Statement provable have completed the required form. The General Counsel obtains the Annual Conflict of Interest Disclosure Statement from any trustee who did not attend the annual meeting of the Board or who did not return the format the adjournment of that meeting Additionally, the University's Bylaws specify the President or his or her designee(s) as the only Unive |

| ldentifier | Return Reference | Explanation |
|----------------|-----------------------|---|
| 990 PART VI | SECTION B LINE 15B | Governance and Administration CEO evaluation/selection The governing board of the institution is responsible for the selection and the periodic evaluation of the chief executive officer. The Fisk Board of Trustees employs search firms that specialize in the placement of senior administrative personnel at institutions of higher education. The search firm then manages the entire recruitment process, including job search postings, screenings of applicants and their credentials as well as the coordination of candidate interviews with selected members from the Fisk Board of Trustees. Such searches are conducted on a 'highly confidential' basis and do not involve the Office of Human Resources until such time as the Board of Trustees selects and announces the presidential candidate. In addition, the Board of Trustees, uses its legal counsel to formulate and/or review all presidential contracts for the University Article V, Section 1 of Fisk University's ("Fisk" or the "University") Amended and Restated Bylaws (the "Bylaws") confers to its Board of Trustees (the "Board") the authority to appoint the President, who serves as the University's Chief Executive Officer Specifically, Article V, Section 1 of the Bylaw s states that the Board is responsible for the Board is charged with responsibility of evaluating the President's performance and setting his or her compensation. Under this provision of the Bylaws, the Executive Committee is comprised of the Board Chairman, Vice-Chairman, the Secretary of the Board, the Chairpersons of each of the Board's Standing Committees, and the President The Executive Committee to develop, implement and evaluate the President The Executive Committee to develop, implement and evaluate the President's performance management program, compensation, and conditions of employment. The employment agreement between the University and the University's current President also sets forth a process for the President's evaluation. The employment agreement requires the President to develop a performance |

| ldentifier | Return Reference | Explanation |
|----------------|----------------------|--|
| 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 |

Software ID: Software Version:

EIN: 62-0202000

Name: FISK UNIVERSITY

Form 990, Part VII - Section Aaa

| Form 990, Part VII - Section Aaa | | | | | | | | | | | |
|--|--|----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|--|--|--|
| | | Posit t | (C tion (hat a | chec | | I | | | (E) | (F) | |
| (A) Name and Title | (B) Average hours per week | Individual Trustee or Prector | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations | |
| HAZEL O'LEARY, PRESIDENT | 40 0 | Х | | Х | Х | Х | | 242,723 | 0 | 34,448 | |
| ALMA BROWN, TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| MIKE CURB , TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| EDDIE HAMILTON, TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| ROBERT HANFLING , TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| KASE LAWAL , TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| ROBERT MALLETT , TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| LEATRICE MCKISSACK , TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| JOAN MOBLEY , TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| PATRICIA MEADOWS , TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| GREGG MORTON, TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| SHEILA PETERS , TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| DONNA RICE, TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| WILLIS SHEFTALL , TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| PERIAN STRANG , TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| MICHAEL WOODHOUSE, TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| WARREN COLLINS , TRUSTEE AND PROFESSOR | 40 0 | Х | | | | Х | | 133,656 | 0 | 8,998 | |
| THE HONORABLE LESLIE MEEK , TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| EDDIE GEORGE , TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| HOWARD GENTRY JR , TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| CHERYL DANIEL , TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| LINDA COLEMAN , TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| BARBARA BOWLES , TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| P ANDREW PATTERSON , TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| ROBERT NORTON , TRUSTEE | 1 0 | Х | | | | | | 0 | 0 | 0 | |
| MARIE WILLIAMS , VP & CHIEF ADMIN OFFICER | 40 0 | | | х | x | х | | 129,273 | 0 | 9,677 | |
| KEN WEST , VP OF COMMUNICATION/PR | 40 0 | | | х | х | | | 89,687 | 0 | 13,109 | |
| BARBARA MURRELL , VP OF STUDENT LIFE | 40 0 | | | Х | х | | | 76,420 | 0 | 240 | |
| PATRICK LIVERPOOL , INTERIM PROVOST | 40 0 | | | х | х | | | 85,160 | 0 | 14,165 | |
| SPENCE MANERS , VP FOR FINANCE/CFO | 40 0 | | | Х | x | х | | 102,743 | 0 | 8,191 | |

Form 990, Part VII - Section Aaa

| | | | | | | | | | | 1 |
|---|--|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|--|--|
| (A) Name and Title | | Posit t | (C tion (hat a | ched | | I | | | /E) | (F) |
| | (B) Average hours per week | Individual Trustee or Director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | Estimated amount of other compensation from the organization and related organizations |
| DEBORAH FAY , VP FOR INSTITUTIONAL ADVANCEME | 40 0 | | | x | х | × | | 87,766 | 0 | 6,925 |
| ARNOLD BURGER , PROFESSOR | 40 0 | | | | | Х | | 118,963 | 0 | 15,430 |
| KOFI LOMOTEY , PROVOST | 40 0 | | | | | | Х | 110,724 | 0 | 19,771 |

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Fisk University produces graduates from diverse backgrounds with the integrity and intellect required for substantive contributions to society. Our curriculum is grounded in the liberal arts. Our faculty and administrators emphasize the discovery and advancement of knowledge through research in the natural and social sciences, business and the humanities. We are committed to the success of scholars and leaders with global perspective. The D.E.T.A.I.L.S. represents Fisk's core values. Our values reflect our overall ethical and moral engagement. We, the FISK Family, seek to internalize these principles and apply them in our day-to-day work and in our lives. Diversity We believe that our individual differences are a collective strength. We will support and encourage diversity of opinion, of culture and aids us in building a collective wisdom that results in more powerful and relevant solutions to our challenges. Excellence We believe that excellence is the result of a lifelong pursuit of