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DLN: 93493133024400

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

Open to Public Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginning	07-01-2008 and ending	06-30-2009		D Employer ider	ntification number
_		pplicable	Please	C Name of organization THE SHAW UNIVERSITY				D Employer ider	itification number
Add	ress cl	hange	use IRS label or	Doing Business As				56-0530235 E Telephone nui	
∏ Nar	ne cha	inge	print or type. See	Doing Business As					
┌ Inıt	al retu	ırn	Specific	Number and street (or P () box if mail is not delivered to	street address	s) Room/suite	(919) 546-8	
Г Теп	mınatıd	on	Instruc- tions.	118 EAST SOUTH STREET				G Gross receipts	5 \$ 58,225,335
┌ Am	ended	return		City or town, state or cou	ntry, and ZIP + 4				
☐ App	lication	n pending		RALEIGH, NC 27106					
				L ne and address of Princi	nal Officer		11/->		
				othy Cowser Yancy	par Officer		n(a) Is the	s a group return i tes?	for □Yes ▼No
				ast South Street					,,
	/-even	npt status		n, NC 27106)(3)◀ (insert no)	M7(2)(1) or			affiliates included	
		<u> </u>							See instructions)
J W	eb sit	e: 🕨 WW	/W SHAWU	EDU			H(c) Grou	p Exemption Nun	nber 🗲
К Туре	e of or	ganızatıon	Corporat	tion trust association	other 🕨		L Year of Fo	mation 1865 M S	State of legal domicile NC
Pai	rt I	Sum	mary						
				e organization's missior	or most significant activi	ties			
e e		The prii	mary missi	on is teaching, with the	commitment to maintain e	xcellence ii	n research ar	nd academic prog	rams that foster
Ě		ıntellec	tual enhan	cement and technologic	al skills				
Governance									
\$	2	Check	this box 🦵	if the organization disco	ntinued its operations or	disposed of	more than 2	5% of its assets	
	3	Numbei	r of voting i	members of the governir	g body (Part VI, line 1a)			3 _	31
Activities &	4	Numbei	r of ındeper	ndent voting members of	the governing body (Part	VI, line 1b)			31
₽	5	Total n	umber of er	nployees (Part V , line 2	a)			5 _	1,162
兵	6	Total n	umber of vo	olunteers (estimate if ne	cessary)			6 _	0
ĕ	7a	Total g	ross unrela	ted business revenue fr	om Part VIII, line 12, coli	umn (C) .		7a	0
	Ь	Net unr	elated bus	iness taxable income fro	m Form 990-T, line 34			7b	0
						Prio	r Year	Current Year	
	8	Contri	butions an	d grants (Part VIII, line	1h)			13,824,071	12,815,115
를	9	Progra	am service	revenue (Part VIII, line		36,005,082	36,035,077		
Ravenue	10	Invest	tment incor	me (Part VIII, column (A	A), lines 3, 4, and 7d) .		422,481	-1,440,834	
č	11	Other	revenue (P	art VIII, column (A), lır	i 11e)		295,889	373,684	
	12		revenue—a	dd lines 8 through 11 (n	nust equal Part VIII, colu	mn (A), lıne		50 547 500	47.702.042
		12)						50,547,523	47,783,042
	13				, column (A), lines 1-3)			5,282,232	6,599,170
	14			or for members (Part IX,				0	0
83	15	Saları 10)	es, other co	ompensation, employee	benefits (Part IX, column	(A), lines 5	-	21,761,197	20,632,163
Expenses	16a	•	sional fund	Iraising fees (Part IX, co	lumn (A), line 11e)			0	. , ,
÷	ь			penses, Part IX, column (D),		,			
Ð	17		_	(Part IX, column (D),)		23,048,163	21 001 701
	18		•		es 11a-11d, 11f-24f) equal Part IX, line 25, col	ump (A))		50,091,592	21,901,791
	18 19			•		ullili (A))			49,133,124
± 97	13	reven	ue less ex	penses Subtract line 18	nom mie 12		D =!	455,931	-1,350,082
ស្ថិតិ							Beginni	ng of Year	End of Year
988 888 888	20			rt X, line 16)				71,054,455	69,772,695
Net Assets or Fund Balances	21		,	Part X, line 26)				40,269,393	40,233,402
	22	_		nd balances Subtract lin	30,785,062	29,539,293			
Par	t II	Sign	ature Bl	ock					
					kamined this return, including a				
Dlaa		and bei	ier, it is true,	correct, and complete Deciar	ation of preparer (other than of	ncer) is based	1		r nas any knowledge
Please Sign		Sian	ature of office	er			2010- Date	05-05	
Here									
			mas Poitier Vi e or print nam						
			<u> </u>		Date		hock if	Propararia PTIN //	Soo Con Inst \
.		Preparer signature			Date	se	heck if	Preparer's PTIN (S	bee Gen INSU)
Paid						er	npolyed 🕨 🦵		
Prepa		1	ame (or your nployed),	s ERNST & YOUNG US LLP				EIN Þ	
Use (עוחע		and ZIP + 4	1901 6TH AVENUE N ST	E 1200				
		1		BIRMINGHAM, AL 3520	3			Phone no 🕨 (20	5) 251-2000
Mav t	he IR	S discus	ss this retu	· · · · · · · · · · · · · · · · · · ·	wn above? (See instructio	ns)			□ Yes □ No

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

1 500 A	Briefly describe the organization's mission dditional Data Table				
oce A	uulional Data Table				
2	Did the organization undertake any sign the prior Form 990 or 990-EZ?		es during the year w	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?	g or make significant cha	anges in how it cond	ucts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and reven	ns and 4947(a)(1) trust	ts are required to rep	port the amount of grants a	
4a	(Code) (Expenses \$ THE SHAW UNIVERSITY IS A COEDUCATIONA UNIVERSITY PROVIDES STUDENT AID TO QUA APPROXIMATELY 2,700 FULL- TIME AND PART	L INSTITUTION OF LIBERAL A ALIFIED STUDENTS WHO EXPI	RESS A FINANCIAL NEED	IN ORDER TO COMPLETE THEIR	36,035,077) TERS OF DIVINITY DEGREE THE EDUCATION THERE ARE
4b	(Code) (Expenses \$ Donated Services were received by Shaw Un		uding grants of \$ This amount is not inclu) (Revenue \$ uded in \$38,555,476)
4c	(Code) (Expenses \$	ınclı	uding grants of \$) (Revenue \$,
4d	Other program services (Describe ii (Expenses \$	n Schedule O) including grants of \$) (Revenue \$)
4e	Total program service expenses \$	38,555,476	Must equal Part IX, L	ine 25, column (B).	

art IV	Checkli	st of	Required	Schedules
	CIICCRII	3. 0.	ncuun cu	Schodules

			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		No
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		No
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 🗸	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	Yes	
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	Yes	
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
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		No
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	Yes	
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	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	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
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 IV	28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	1,10
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		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
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		Νo
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		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
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		Νo
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		Νο

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	е				
						Yes	No
1a	Enter	r the number reported in Box 3 of Form 1096, Annual Summary and Transmittal				_	
		S. Information Returns . Enter -0- if not applicable					
			1a	57			
b	Enter	r the number of Forms W-2G included in line 1a Enter -0- if not applicable	14	0			
		<u> </u>	1b				
С		he organization comply with backup withholding rules for reportable payments t ng (gambling) winnings to prize winners?	o ven	dors and reportable	1c	Yes	
2a	_	r the number of employees reported on Form W-3, Transmittal of Wage and Tax	_				
		ments filed for the calendar year ending with or within the year covered by this	a _				
	returi		2a	1,162			
D		least one is reported in 2a, did the organization file all required federal employn :If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a		he organization have unrelated business gross income of \$1,000 or more during					
		n?			3a		Νο
b		es," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i>			3b		
4a		ny time during the calendar year, did the organization have an interest in, or a si . a financial account in a foreign country (such as a bank account, securities ac					
		unt)?		, o. ocher illianetar	4a		Νο
b	If "Ye	es," enter the name of the foreign country					
	See t	the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re	port o	f Foreign Bank and			
		cial Accounts.					
5a		the organization a party to a prohibited tax shelter transaction at any time durir		•	5a		No
b	Dıd a	iny taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		N o
c		es," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i>	t Entit	ty Regarding Prohibited			
c -		thelter Transaction?	•		5c		N1 -
6a 		he organization solicit any contributions that were not tax deductible?			6a		No
D		es," did the organization include with every solicitation an express statement th not tax deductible?	iat su	cn contributions or gifts	6b		
7	Orgar	nizations that may receive deductible contributions under section 170(c).					_
а		he organization provide goods or services in exchange for any quid pro quo con	trıbutı	ion of \$75 or	7a		Νo
		7		10			
		es," did the organization notify the donor of the value of the goods or services pi			7b		
С		he organization sell, exchange, or otherwise dispose of tangible personal propei orm 8282?		-	7c		Νο
d		es," indicate the number of Forms 8282 filed during the year	7d				
		•					
е		he organization, during the year, receive any funds, directly or indirectly, to pay fit contract?			7e		Νο
f		he organization, during the year, pay premiums, directly or indirectly, on a perso			7f		No.
q		Il contributions of qualified intellectual property, did the organization file Form 8			7g		
_		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi					
	requi	red ⁷			7h		
8		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a					
		<i>orting organizations.</i> Did the supporting organization, or a fund maintained by a s ss business holdings at any time during the	ь роп5	ornig organization, nave 	8		
	year?	·			0		<u> </u>
9		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а		he organization make any taxable distributions under section 4966?			9a		
b		he organization make a distribution to a donor, donor advisor, or related person	? .		9b		
10		on 501(c)(7) organizations. Enter	- ـ ا	ı			
		ation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross	s receipts, included on Form 990, Part VIII, line 12, for public use of club ties	10b				
		ion 501(c)(12) organizations Enter		ı			
а	Gross	s income from members or shareholders	11a				
b	Gross	s income from other sources (Do not net amounts due or paid to other sources	· — 				
=		nst amounts due or received from them)...........	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
		es," enter the amount of tax-exempt interest received or accrued during the					
_	year	,	12b				

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

Section A. Governing Body and Management	

			res	NO				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $pr\infty esses$, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 31							
Ь	Enter the number of voting members that are independent 1b 31							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo				
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No				
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		No				
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No				

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	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		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
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		Νo
b	Other officers or key employees of the organization?	15b		Νo
	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
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

- 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

Mr Thomas Poitier 118 East South Street Raleigh, NC 27106 (919) 546-8200

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		Posit	(C) chec	:k al				(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	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
							-			

Part VII Continued

				ition i that a		y)				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
	(A) Name and Title	(B) A verage 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)		Estimated amount of other compensation from the organization and related organizations
				-							
			-					\vdash			
								\vdash			
1b	Total							•	1,826,781	C	94,325

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►9

			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 J for such individual	3		Νο				
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		Νο				

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
Thompson Hospitality 505 Huntmar Park Dr Herndon, VA 20170	Catering & Food SVCS	2,287,055
DS Simmons Inc PO Box 287 Goldsboro, NC 27533	Construction	1,459,515
Agilent Network Inc 5540 Centerview Drive Raleigh, NC 27606	Computer Consulting	780,740
Kreative Koncepts PO Box 61083 Raleigh, NC 27661	Housekeeping	666,137
Honeywell International 140 Southcenter Court Suite 5300 Morrisville, NC 27560	HVAC	610,916
2 Total number of independent contractors (including those in 1) from the organization	• • • • • • • • • • • • • • • • • • • •	31

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)
				Total Revenue	Related or Exempt	Unrelated Business	Revenue Excluded from
					Function	Revenue	Tax under IRC
					Revenue		512, 513, or 514
	1a	Federated campaigns 1	a				
Contributions, gifts, grants and other similar amounts	ь	Membership dues					
亞黃		1					
₽.E	С	Fundraising events					
्रहें स		1					
<u> </u>	d	Related organizations 10	<u> </u>				
હ∄	е	Government grants (contributions) 1	9,486,702				
<u>'P.S.</u>	f	All other contributions, gifts, grants, and	3,328,413				i i
돌		sımılar amounts not ıncluded above					
≣ਰ	_	1: Noncash contributions included i					
<u> </u>	g	lines 1a-1f \$	1				
ं ल	h	Total (Add lines 1a-1f)		12,815,115			
		Total (Add lines 14-11)	· · · · ·				
			Business Code				
Ę	2a	Tuition and fees	611,310	28,841,396	28,841,396		
ē.	ь	Auxiliary income	611,310	7,193,681	7,193,681		
윤	_	· · · · · · · · · · · · · · · · · · ·	-	,,155,661	7,120,001		
93	С		_				
동 등	d						
æ	e						
Program Serwce Revenue	f	All other program service revenue					
Ď			_				
š	g	Total. Add lines 2a-2f					
		> \$ 36,035,077					
	3	Investment income (including div	ıdends, ınterest				
		other similar amounts)		567,765			567,765
			▶				
	4	Income from investment of tax-exempt	bond proceeds	0			
	5	Royalties		0			
		(ı) Real	(II) Personal				
	6a	Gross Rents	214,392				
		Less rental	111,032				
	ь	expenses					
	С	Rental income	214,392				
	d	or (loss) Net rental income or (loss)		214,392			214,392
		Net rental income of (loss) : :	· · · · ·				
		(ı) Securities	(II) O ther				
	7a	Gross amount 8,433,694					
		from sales of assets other					
		than inventory					
	Ь	Less cost or 10,442,293 other basis and					
		sales expenses					
	С	Gain or (loss) -2,008,599					
	d	Net gaın or (loss)	_	-2,008,599			-2,008,599
	_		· •				
	8a	Gross income from fundraising					
		events (not including					
ě		\$ of contributions reported on line					
듄		1c) See Part IV, line 18					
à		Attach Schedule G ıf total exceeds					
Œ		\$15,000	1				
Other Revenue	ь	Less direct expenses					
둦	С	Net income or (loss) from fundrai	sing events	0			
•	9a	C	<u> </u>				
	Ja	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G ıf total					
		exceeds \$15,000					
		a	1				
	ь	Less direct expenses)				
	С	Net income or (loss) from gaming	activities	0			
			<u> </u>				
	10a	Gross sales of inventory, less returns and allowances .					
		returns and allowances .					
	Ь	Less cost of goods sold I					
	С	Net income or (loss) from sales o		0			
		Miscellaneous Revenue	Business Code				
	11a	Homecoming	900,099	18,080			18,080
	ь	Athletic Hall of Fame	900,099	17,191			17,191
			900,099				4,971
	С	Dollar A Day	-	Ĺ			
	d	All other revenue		119,050			119,050
	e	Total. Add lines 11a-11d					
			\$ 159,292				
	12	Total Revenue. Add lines 1h, 2g,	3, 4, 5, 6d, 7d,	47,783,042	36,035,077		-1,067,150
		8c, 9c, 10c, and 11e	▶				
	J	,,	- - '				1

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
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	226,573	226,573					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	6,372,597	6,372,597					
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	1,085,917	836,400	167,846	81,671			
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	16,349,650	12,090,138		38,994			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	316,934	214,227	101,334	1,373			
9	Other employee benefits	1,372,059	1,001,771	365,106	5,182			
10	Payroll taxes	1,507,603	1,131,328	366,108	10,167			
11	Fees for services (non-employees)							
а	Management	0						
b	Legal	325,246		325,246				
c	Accounting	643,401	483	642,918				
d	Lobbying	0			_			
e	Professional fundraising See Part IV, line 17	0						
f	Investment management fees	0						
g	Other	2,205,019	1,286,372	895,147	23,500			
12	Advertising and promotion	9,295	9,020	275				
13	Office expenses	1,859,364	1,368,839	479,213	11,312			
14	Information technology	1,346,124		1,346,124				
15	Royalties	0			_			
16	Occupancy	4,100,693	3,944,877	155,816				
17	Travel	783,231	783,231					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0						
19	Conferences, conventions and meetings	0						
20	Interest	1,470,522	1,255,000	215,522				
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization	2,378,065	2,378,065					
23	Insurance	639,243	639,243					
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	Food services	2,130,956	2,124,013	6,943				
b	Bad debt expense	1,972,097	1,972,097	-,				
c	Indirect Cost Reimbursement	350,611	344,115	6,496	_			
d	Loss on capital lease restruct	184,397	,	184,397	_			
e	All other expenses	1,503,527	577,087	926,440				
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	49,133,124	38,555,476	10,405,449	172,199			
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	,,-	,,		2m 990 (2008)			

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			632,425	1	824,728
	2	Savings and temporary cash investments			737,160	2	2,055,286
	3	Pledges and grants receivable, net			5,285,900	3	4,471,581
	4	Accounts receivable, net			3,825,029	4	2,932,838
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5	
	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			268,836	7	253,522
	8	Inventories for sale or use			11,925	8	4,405
\$	9	Prepaid expenses and deferred charges			384,530	9	483,647
Assets	10a	Land, buildings, and equipment cost basis	10a	67,985,915	;		
-	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10Ь	24,465,230	42,594,470	10c	43,520,685
	11	Investments—publicly traded securities			14,413,954	11	10,557,682
	12	Investments—other securities See Part IV, line 11 Complete P Schedule D	art VII	of		12	
	13	Investments—program-related See Part IV, line 11 $\it Complete F of Schedule D$.	I		13	4,668,321	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	2,900,226	15	0		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			71,054,455	16	69,772,695
	17	Accounts payable and accrued expenses .	9,509,867	17	7,475,156		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			11,715,000	20	11,715,000
<u>, a</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		1			
Ξ		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties	3,339,241	23	0		
	24	Unsecured notes and loans payable				24	3,938,029
	25	Other liabilities Complete Part X of Schedule D	15,705,285	25	17,105,217		
	26	Total liabilities. Add lines 17 through 25			40,269,393	26	40,233,402
ces		Organizations that follow SFAS 117, check here ► ↓ and comp through 29, and lines 33 and 34.	olete li	nes 27			
Balance	27	Unrestricted net assets			13,679,585	27	16,943,070
<u>ස</u>	28	Temporarily restricted net assets		8,380,055	28	3,278,564	
돧	29	Permanently restricted net assets	8,725,422	29	9,317,659		
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ ar lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31			
	32	Retained earnings, endowment, accumulated income, or other fu		32			
Net	33	Total net assets or fund balances			30,785,062	33	29,539,293
_	34	Total liabilities and net assets/fund balances			71,054,455	34	69,772,695
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
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	

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As Filed Data -

DLN: 93493133024400

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

THE S	IU WAH	NIVERSITY									
								56	-053023!	5	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıc	ns) (See	Instruct	ions)	
Γhe	organı	zation is not	a private found	ation because it is (Please	check on	ly one org	anızatıon)			
1	Γ	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).									
2	<u>~</u>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Γ	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule 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 organiza	atıon operated f	or the benefit of a college or	universit	y owned o	roperated	by a gove	rnmental	unit desc	rıbed ın
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)							
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt desci	rıbed ın Se	ction 170	(b)(1)(A)	(v).		
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	ınıt or fron	n the gene	ral public
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A communi	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)				
9	Г	An organiza	ation that norma	ally receives (1) more than	331/3%	of its supp	ort from c	ontribution	ıs, membe	rship fees	, and gross
		receipts fro	m activities rel	lated to its exempt functions	s—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	income (less sectio	on 511 tax	x) from bu	sinesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	609(a)(2).	(Complet	e Part III)		
10	Г	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ection 509	(a)(4). (Se	ee instruc	tions)
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of
				orted organizations describe						Section 5	09(a)(3). Check
				type of supporting organiza					_		III 04h
_	_		• •			- Function	-	_	d		III - Other
е	ı	•		rtify that the organization is agers and other than one or			•			•	•
		section 50		agers and other than one or	more pub	men, supp.	orton orga	· · · · · · · · · · · · · · · · · · ·		5000.01	1005(4)(1)01
f		_		d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ig organizatio <u>n,</u>
		check this			J c t-						J
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any or the	!		
				r indirectly controls, either a	alone or to	ogether wi	th persons	s describe	d ın (ıı)		Yes No
		and (III) bel	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(
		(iii) a 35%	controlled enti	ty of a person described in ((i) or (ii) a	bove?				11g(
h		Provide the	following inform	mation about the organizatio	ns the org	ganızatıon	supports				
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did)	ou notify	(vi) I	s the	(vii) A mount of
		orted		(described on lines 1-9		ation in		anızatıon		ation in	support?
	Organization			above or IRC section (See Instructions))		listed in		i) of your port?		rganized US?	
				(See Instructions))		verning ment?	Supp	portr	in the	057	
					Yes	No	Yes	No	Yes	No	1
					1	† · · · ·	1	<u> </u>		<u> </u>	
						<u> </u>					
					<u> </u>	1	 	 		-	

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, 160, 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

Software ID: Software Version:

EIN: 56-0530235

Name: THE SHAW UNIVERSITY

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		(C) Position (check all that apply)							(5)	(F)
(A) Name and Title	(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
Dr Cornell Adams , Trustee	10	X						0	0	0
Dr Stanley Alexander , Trustee	1 0	Х						0	0	0
Mr Randolph Bazemore , Trustee	10	Х						0	0	0
Dr Joseph Bell Jr , Trustee	10	Х						0	0	0
Dr Geneva Chavıs , Trustee	10	Х						0	0	0
Bishop Melvin Clark , Trustee	10	Х						0	0	0
Mr Thomas Darden , Trustee	1 0	Х						0	0	0
Dr George Debnam , Trustee	10	Х						3,744	0	0
Mr Thomas Elzey , Trustee	1 0	Х						0	0	0
Dr David Forbes , Trustee	1 0	Х						0	0	0
Dr Wille Gary , Chairman	10	Х		Х				0	0	0
Dr Evander Holyfield , Trustee	10	Х						0	0	0
Dr Isaac Horton , Trustee	10	Х						0	0	0
Dr Don Kıng , Trustee	10	Х						0	0	0
Dr Wilson Lacy , Trustee	10	Х						0	0	0
Dr H Donell Lewis , Trustee	10	Х						0	0	0
Dr John Lucas , Trustee	1 0	Х						0	0	0
Dr Robert Morgan , Trustee	1 0	Х						0	0	0
Mr Edward Meyers , Trustee	10	Х						0	0	0
Dr Dımple Newsome , Trustee	10	Х						0	0	0
Dr Marıa Spauldıng , Trustee	1 0	Х						0	0	0
Dr GL Turner , Trustee	10	Х						0	0	0
Dr David Walker , Trustee	1 0	Х						0	0	0
Dr Ida Silver Wiggins , Trustee	10	Х						0	0	0
Dr Lorenzo Williams , Trustee	1 0	Х						0	0	0
Dr Lında Bryan , Trustee	1 0	Х						0	0	0
Dr Gregory Moss , Trustee	1 0	Х						0	0	0
Dr Haywood Gray , Trustee	1 0	Х						0	0	0
Dr James Nelson , Trustee	40 0	Х						85,626	0	7,096
Mr Terrion Hicks , Trustee	1 0	Х						0	0	0

Form 990, Part VII - Section Aaa

	(C) Position (check all that apply)								(5)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustæ or Director	Institutional Trustee	Officei	Ke, emplojee	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
Ms Emily Perry , Trustee	1 0	Х						0	0	0
Dr Clarence Newsome , President	40 0			Х				255,466	0	17,601
Dr Martel Perry , Executive Vice President	40 0			х				128,578	0	4,434
Dr Deogratias Banks , Vice President	40 0			Х				97,320	0	3,374
Dr June Costa , Vice President	40 0			Х				101,083	0	4,306
Thomas Poitier , Vice President	40 0			Х				110,612	0	8,175
Dr Q uincy Scott Jr , Vice President	40 0			Х				128,323	0	913
Dr Mack Sowell , Vice President	40 0			Х				88,469	0	4,591
Dr Herman Thomas , Vice President	40 0			Х				114,996	0	8,043
Dr Dorothy Cowser Yancy , President	40 0			Х				0	0	0
Dr A demola Ejire , Faculty	40 0					Х		157,089	0	5,765
Dr Daniel Howard , Faculty	40 0					Х		226,249	0	11,609
Dr Deva Sharma , Faculty	40 0					Х		139,614	0	5,346
Dr Abdennaceur Karoui , Faculty	40 0					Х		90,135	0	4,604
Darrell Asberry , Football coach	40 0					Х		99,477	0	8,468

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

The primary mission of the University is teaching, with the commitment to maintain excellence in research and academic programs that foster intellectual enhancement and technological skills. Additionally, the University stresses character development, which includes religious, cultural, social, and ethical values. Ultimately, Shaw University endeavors to graduate students with demonstrated competencies in their chosen fields of study.

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► 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

	me of the organization E SHAW UNIVERSITY		Employer identi	fication number
1111	- SHAW ONLYLIGHT		56-0530235	
Pa	art I Organizations Maintaining Donor Ad		inds or Accou	nts. Complete if the
	organization answered "Yes" to Form 99	,		
		(a) Donor advised funds	(b) Funds ar	nd other accounts
1	Total number at end of year			
2	Aggregate Contributions to (during year)			
3	Aggregate Grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the	_	oradvised	┌ Yes ┌ No
6	Did the organization inform all grantees, donors, and	5 5	may be	
	used only for charitable purposes and not for the ben impermissible private benefit?	efit of the donor or donor advisor or other		□Yes □No
Da	rt II Conservation Easements. Complete	if the organization answered "Ves" to	Form 990 Par	<u> </u>
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreating Protection of natural habitat			•
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	fied conservation contribution in the form	of a conservation	easement
			Held	at the End of the Year
а	Total number of conservation easements		2a	
ь	Total acreage restricted by conservation easement	s	2b	
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c	
d	Number of conservation easements included in (c) a		2d	
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminated	d by the organizat	ion during
	the taxable year 🕨			
4	Number of states where property subject to conserva	ation easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		tions, and	┌Yes ┌No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►	
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ar ► \$	
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of sect	ion	

the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

<u>Par</u>	Organizations Maintaining Collections of Art, I	Hist	<u>tori</u>	cal Treas	ures, or Othe	<u>r Similar Ass</u>	ets (co	ntınued)
3	Using the organization's accession and other records, check any outems (check all that apply)	fth	e foll	owing that a	re a sıgnıfıcant u	se of its collection	n	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and explain Part XIV	how	they	further the	organızatıon's ex	cempt purpose in		
5	During the year, did the organization solicit or receive donations o assets to be sold to raise funds rather than to be maintained as pa		,				Yes	┌ No
Pa	Trust, Escrow and Custodial Arrangements. C Part IV, line 9, or reported an amount on Form 990,				anızatıon answ	ered "Yes" to I	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other intermedi included on Form 990, Part X?	ary	for c	ontributions	or other assets I		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following table $% \left(1\right) =\left(1\right) \left(1\right) $							
						A mo	unt	
c	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	17				Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organization a							
	(a)Current Year	(b)	Prior '	rear (c)T	wo Years Back (d)	Three Years Back (e) Four Y	ears Back
1a	Beginning of year balance 8,150,015							
b	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance held as							
а	Board designated or quasi-endowment							
ь	Permanent endowment ► 100 %							
c	Term endowment -							
3a	Are there endowment funds not in the possession of the organizati	on t	hat a	re held and	admınıstered for	the		
	organization by						Yes	No
	(i) unrelated organizations		•			3a(i)		No
	(ii) related organizations					3a(ii)	No
	If "Yes" to 3a(II), are the related organizations listed as required or					<u>3b</u>		
4	Describe in Part XIV the intended uses of the organization's endow) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
201	t VI Investments—Land, Buildings, and Equipment	. 50				I		
	Description of investment			Cost or other (Investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
1a	Land				2,462,217			2,462,217
b	Buildings				52,027,442	17,092,665	3	4,934,777
c	Leasehold improvements							
d	Equipment	•			13,496,256	7,372,565		6,123,691
e	Other					0		0

uncertain tax positions under FIN 48

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
nancial derivatives and other financial products		
losely-held equity interests		
ther		
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)	•	
art VIII Investments—Program Related.	See Form 990 Part X line 13	
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Part IX Other Assets. See Form 990, Part X	, line 15.	(I) Parkage
	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Cart IX Other Assets. See Form 990, Part X (a) Des	, line 15. cription	
Other Assets. See Form 990, Part X (a) Des otal. (Column (b) should equal Form 990, Part X, col.(B) lin	, line 15. cription ne 15.)	(b) Book value
Other Assets. See Form 990, Part X (a) Des	, line 15. cription ne 15.)	
otal. (Column (b) should equal Form 990, Part X, col.(B) lin Part X Other Liabilities. See Form 990, Part (a) Description of Liability	ne 15.)	
Other Assets. See Form 990, Part X (a) Des Otal. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Part (a) Description of Liability ederal Income Taxes	ne 15.)	
Other Assets. See Form 990, Part X (a) Des Otal. (Column (b) should equal Form 990, Part X, col.(B) lin Part X Other Liabilities. See Form 990, Part (a) Description of Liability ederal Income Taxes INE OF CREDIT	ne 15.) rt X, line 25. (b) A mount	
Other Assets. See Form 990, Part X (a) Des otal. (Column (b) should equal Form 990, Part X, col.(B) lin Part X Other Liabilities. See Form 990, Part (a) Description of Liability ederal Income Taxes INE OF CREDIT APITAL LEASES PAYABLE	ne 15.) rt X, line 25. (b) Amount	
Part IX Other Assets. See Form 990, Part X (a) Des Otal. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Part (a) Description of Liability ederal Income Taxes INE OF CREDIT CAPITAL LEASES PAYABLE DVANCEMENT FROM FEDERAL GOVERNMENT	ne 15.) rt X, line 25. (b) A mount 7,495,568 2,181,573 228,076	
Part IX Other Assets. See Form 990, Part X (a) Des Otal. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Part (a) Description of Liability ederal Income Taxes INE OF CREDIT CAPITAL LEASES PAYABLE DVANCEMENT FROM FEDERAL GOVERNMENT	, line 15. cription me 15.) rt X, line 25. (b) A mount 7,495,568 2,181,573	
Part IX Other Assets. See Form 990, Part X (a) Des Otal. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Part (a) Description of Liability ederal Income Taxes INE OF CREDIT CAPITAL LEASES PAYABLE DVANCEMENT FROM FEDERAL GOVERNMENT	ne 15.) rt X, line 25. (b) A mount 7,495,568 2,181,573 228,076	
(a) Des (b) Should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Pare	ne 15.) rt X, line 25. (b) A mount 7,495,568 2,181,573 228,076	
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes INE OF CREDIT CAPITAL LEASES PAYABLE ADVANCEMENT FROM FEDERAL GOVERNMENT	ne 15.) rt X, line 25. (b) A mount 7,495,568 2,181,573 228,076	
Part IX Other Assets. See Form 990, Part X (a) Des Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Part (a) Description of Liability Tederal Income Taxes INE OF CREDIT CAPITAL LEASES PAYABLE ADVANCEMENT FROM FEDERAL GOVERNMENT	ne 15.) rt X, line 25. (b) A mount 7,495,568 2,181,573 228,076	
Part IX Other Assets. See Form 990, Part X (a) Des Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Part (a) Description of Liability Tederal Income Taxes INE OF CREDIT CAPITAL LEASES PAYABLE ADVANCEMENT FROM FEDERAL GOVERNMENT	ne 15.) rt X, line 25. (b) A mount 7,495,568 2,181,573 228,076	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	47,783,042
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	49,133,124
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,350,082
4	Net unrealized gains (losses) on investments	4	762,956
5	Donated services and use of facilities	5	675,000
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-883,377
9	Total adjustments (net) Add lines 4 - 8	9	554,579
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-795,503
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	42,848,401
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 675,000		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	1,437,956
3	Subtract line 2e from line 1	3	41,410,445
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	6,372,597
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	47,783,042
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	42,760,527
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	-	
Ь	Prior year adjustments	-	
с	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	_	
е -	Add lines 2a through 2d	2e	/
3	Subtract line 2e from line 1	3	42,760,527
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
Ь	Other (Describe in Part XIV)	_	
_ C	Add lines 4a and 4b	4c	6,372,597
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	49,133,124

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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 X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Intended uses of the endowment funds	Schedule D Part V Line 4	To provide scholarships to students
FIN 48 DISCLOSURE	SCHEDULE D PART X	Shaw University has evaluated the impact of FIN 48 for the fiscal year ending June 30, 2009 and has no uncertain tax positions

DEN. 9549515502440

Employer identification number

OMB No 1545-0047

2008

Open to Public Inspection

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 THE SHAW UNIVERSITY

56-0530235 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? 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 3 Νo The school has not utilized newspaper and broadcast media yet, but plans to in the future 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 basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, 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? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo 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 CB 587, covering racial nondiscrimination? If "No," attach an explanation

DLN: 93493133024400

OMB No 1545-0047

2008

(Form 990)

SCHEDULE F

▶ Attach to Form 990. Complete if the organization answered "Yes" to

Statement of Activities Outside the United States

	tment of the Treasury al Revenue Service	Open to Public Inspection				
	ne of the organization SHAW UNIVERSITY			-		ntification number
					56-053023	
Pa		formation on Ac n 990, Part IV, lır		de the United States	s. Complete if the organ	nization answered
1				ecords to substantiate t	the amount of the grant	s or
	assistance, the gra	ntees' eligibility fo	or the grants or	assistance, and the se	lection criteria used to a	
	the grants or assist	tance				┌ Yes ┌ No
2	For grant makers. Des United States	e the				
3	Activites per Region	(Use Schedule F-1	(Form 990) If add	ditional space is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
	tral America and the		9	Program Services	Prostate Cancer Scrng	163,007
Carı	bbean					

Totals ▶

163,007

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

	F-1 (Form 990) if a			ted States. Complete	ii ule organization a	iliswered tes to form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2008

	Supplemental Infor		I in Part I, line 2, and any other additional information.
	Identifier	ReturnReference	Explanation
Organization's	s Procedures for e of Grant Funds	Schedule F, Part IV	All grant funds that were outside of the US were paid directly from the University with all of the supporting documentation Individuals who travel outside the US were paid a per diem and were required to return supporting documentation and receipts All documentation is reviewed by the Post Award Specialist and the Purchasing prior to payment

Software ID:

Software Version:

EIN: 56-0530235

Name: THE SHAW UNIVERSITY

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
--------------------------	---	------------	-------------------------	------------------------------	------------------------------------	---	--	--

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

DLN: 93493133024400 OMB No 1545-0047

2008

Open to Public

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

Department of the Treasury Internal Revenue Service Name of the organization

THE SHAW UNIVERSITY

Schedule I

(Form 990)

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

Inspection Employer identification number

56-0530235

1 Does the organization ma the selection criteria use 2 Describe in Part IV the o Part II Grants and Ot	nintain records to s d to award the gran rganization's proce	ubstantiate the amount nts or assistance? edures for monitoring th	of the grants or assista 	e United States			
Form 990, Part I Part IV and Sch	IV, line 21 for ar edule I-1 if addit	ny recipient that rece tional space is	eived more than \$5,00	00. Check this box i	es. Complete if the of no one recipient rec	eived more than \$5,0	
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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Negro College Fund 8260 Willow Oaks Corp Dr PO BOX 10 Fairfax, VA 220318044	13-1624241	170B(1)(A)(vı)	226,573				Fund Education
2 Enter total number of sec		=			•		-
3 Enter total number of other						<u></u> •	•
For Paperwork Reduction Act Not				Cat No 50055F			hedule 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
U S Individuals	1455	6,372,597			

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

Ident if ier	Return Reference	Explanation
Description of Organization's Procedures for Monitoring the Use of Grants		The University has a financial aid office with necessary staff, policies and procedures to ensure that the University adheres to and complies with Federal regulations regarding eligibility for student financial aid. The University also has adequate staffing in its other grant programs with eligibility guidelines to ensure compliance. The University also undergoes the required OMB Circular A-133 audits
1		

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As Filed Data -

DLN: 93493133024400

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

2008

Open to Public Inspection

Name of the organization THE SHAW UNIVERSITY Employer identification number

56-0530235

Pa	rt I Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel		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	Г	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N			1b	Yes	
2	Did the organization require substantiation prior to r					
	officers, directors, trustees, and the CEO/Executive	Direct	tor, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization organization organization.		·			
	Compensation committee		Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u> - </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part V I	I, Section A, line 1a			
а	Receive a severance payment or change of control p	aymen	nt?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal no	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide t	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	e lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1 a	a, 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	line 1 a	a, 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," of			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III		•	8		N o

Cat No 50053T

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-MI:	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Dr Clarence Newsome	(I) (II)	184,333 0	0	71,133 0	4,667 0	12,934 0	273,067 0	0
Dr A demola Ejire	(1) (11)	138,953 0	0	18,136 0	5,221 0	544 0	162,854 0	0
Dr Daniel Howard	(I) (II)	211,639 0	0	14,610 0	7,005 0	4,604 0	237,858 0	0
-	(ii) (i)							
	(ii)							
	(i) (ii)							
-	(i) (ii)							
	(i)							
	(ii) (i)							
	(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	Ret urn Ref erence	Explanation
Supplemental Compensation Information	Schedule J Part III	Dr Clarence Newsome- Housing Allowance 60,500

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OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Supplemental Information on Tax Exempt Bonds To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.

Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public

	(h) O n Behalf of Issuer Yes No
s No Y	Behalf of Issuer Yes No
s No Y	Behalf of Issuer Yes No
s No Y	Behalf of Issuer Yes No
х	
	X
	E
Yes	No
	E
Yes Yes	No

Schedule K (Form 990) 2008	· · · · · · · · · · · · · · · · · · ·
Part III Private Business Use	(Continued)

			A	E	3	(С	ı	D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)									_	
		A B		3		<u>c</u>	l	<u> </u>	E		
	,	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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DLN: 93493133024400

Employer identification number

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Open to Public Inspection

THE SHAW UNIVERSITY						56	5-053	8023	5			
Part I Excess Benefit Transact To be completed by organizatio						(4) organiz	zatıor	ns or	ıly).	Dort	\/ line	40h
1 (a) Name of disqualified			S OII F	,		on of transa			90-62		c) Corr	
1 (a) Name of disquames	<u> </u>			(b) Des	СПРС	ion or transe	ac tion				Yes	No
2 Enter the amount of tax imposed on to section 4958							earui • •	nder F	\$			
3 Enter the amount of tax, if any, on lin	ne 2, a	above, reimburse	d by tl	he organization .				►	\$			
Part II Loans to and/or From To be completed by organiza				n Form 990 Part	TV I	ine 26 or Fo	orm 9	90-F	7 Part	V lın	e 38a	
. o be completed by organiza		Loan to or				20, 01 1			(f)		
(a) Name of interested person and purpose	f	rom the anızatıon?	(c)0	riginal principal amount	(d)B	Balance due	(e) defa	1 '			l or agreeme	
, ,	T	o From				-		No	Yes	No	Yes	No
Total				► s								
Part III Grants or Assistance B To be completed by organ					90,	Part IV, lın	ne 27					
(a) Name of interested person				een interested pe ganization	rson	(c)A m	ount o	of gra	nt or ty	pe of	assista	nce
		und	the or	gumzation								
	_											
Part IV Business Transactions												
To be completed by organ	nizati	ons that answe (b) Relationship		Yes" on Form 9	90,	Part IV, iin	ie 28	a, 28	sb, or .		(e) Sha	rıng of
(a) Name of interested person		between intereste person and the	ed	(c) A mount of transaction		(d) Description of transacti			- 1,	(e) Sharing organization revenues?		
Gary Financial Group	S p	organization e Schedule O	\dashv	1 132	775	Insurance				\dashv	Yes	No No
				1,132,								
	+		_							\dashv		
	+		-									

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DLN: 93493133024400

SCHEDULE 0

(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 THE SHAW UNIVERSITY

Employer identification number

56-0530235

ldentifier	Return Reference	Explanation
Describe the Process used by Management &/or Governing Body to Review 990	Form 990, Part VI, Question 10	The return is prepared in conjunction with our outside tax preparers. The VP of Fiscal Affairs reviews the return prior to filing. The Board of Directors also reviews the return prior to filing.

ldentifier	Return Reference	Explanation
Compliance with conflict of interest policy	Form 990 Part VI Question 12c	There were no conflicts that were reviewed for this fiscal year. If we were to have conflicts, the Chairman of the Board would resolve them

ldentifier	Return Reference	Explanation
Documents available to public		Governing documents, Form 990, Form 1023, Audited Financial Statements and the Conflict of Interest Policy are available upon request

ldentifier	Return Reference	Explanation
Business Transactions Involving Interested Persons	Schedule L, Part IV, Column B	Dr Wille Gary is Chairman of Shaw University board Shaw University purchases insurance from Gary Financial Group of which Dr Gary's brother, Freddie Gary, is a member