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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

CLARK ATLANTA UNIVERSITY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

223 James P Brawley Dr SW

City or town, state or country, and ZIP + 4

Atlanta, GA 30314

F Name and address of principal officer

CARLTON E BROWN

223 James P Brawley Dr SW

Atlanta,GA 30314

D Employer identification number

58-1825259

E Telephone number

(404) 880-8000

G Gross receipts \$ 128,349,161

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: WWW CAU EDU

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1988

M State of legal domicile GA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities CLARK ATLANTA UNIVERSITY IS AN INSTITUTION OF HIGH RESEARCH ACTIVITY CHARACTERIZED BY A FOCUS ON THE INTELLECTUAL AND PERSONAL DEVELOPMENT OF EACH STUDENT ITS PURPOSE IS TO PREPARE A DIVERSE COMMUNITY OF LEARNERS TO EXCEL IN THEIR CHOSEN ENDEAVORS AND TO BECOME RESPONSIBLE, PRODUCTIVE, AND INNOVATIVE CITIZEN LEADERS, LOCALLY AND GLOBALLY THIS OUTCOME IS ACCOMPLISHED BY THE PROVISION OF ACCESS TO AND EXCELLENCE IN TEACHING, RESEARCH, SERVICE, AND CREATIVE ACTIVITIES THROUGH CONTINUOUS ENGAGEMENT IN AN ENRICHED, CHALLENGING, AND NURTURING ENVIRONMENT		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	28
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,701
	6	Total number of volunteers (estimate if necessary)	6	100
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	24,593,159	34,186,254
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	67,874,450	76,411,053
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,865,299	2,892,933
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,057,716	1,886,062
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	99,390,624	115,376,302
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	20,746,620
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	40,628,133	41,487,219
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) 1,395,390		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	48,814,324	47,979,051
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	89,442,457	110,212,890
	19	Revenue less expenses Subtract line 18 from line 12	9,948,167	5,163,412
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	209,653,669	208,508,826
	21	Total liabilities (Part X, line 26)	69,807,495	65,495,103
	22	Net assets or fund balances Subtract line 21 from line 20	139,846,174	143,013,723

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

LUCILLE MAUGE CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

CLARK ATLANTA UNIVERSITY IS AN INSTITUTION OF HIGH RESEARCH ACTIVITY CHARACTERIZED BY A FOCUS ON THE INTELLECTUAL AND PERSONAL DEVELOPMENT OF EACH STUDENT

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code) (Expenses \$ 46,633,614 including grants of \$ 20,746,620) (Revenue \$)

INSTRUCTION CLARK ATLANTA UNIVERSITY (CAU), FORMED IN 1988 AS A RESULT OF THE CONSOLIDATION OF TWO INDEPENDENT HISTORICALLY BLACK INSTITUTIONS - ATLANTA UNIVERSITY (1865) AND CLARK COLLEGE (1869), IS A UNITED METHODIST CHURCH RELATED, PRIVATE, COEDUCATIONAL, RESIDENTIAL, AND COMPREHENSIVE URBAN INSTITUTION. THE UNIVERSITY OFFERS UNDERGRADUATE, GRADUATE AND PROFESSIONAL, AND NON-DEGREE CERTIFICATE PROGRAMS.

4b

(Code) (Expenses \$ 12,584,254 including grants of \$) (Revenue \$)

AUXILIARY ENTERPRISES AS A RESIDENTIAL INSTITUTIONAL, CLARK ATLANTA UNIVERSITY PROVIDED ON CAMPUS HOUSING FOR APPROXIMATELY 1,720 OF ITS 3,800 STUDENTS. THE UNIVERSITY ALSO PROVIDES DINING SERVICES TO STUDENTS IN THE RESIDENTIAL HALLS, FACULTY, STAFF AND OTHER EXTERNAL PARTIES.

4c

(Code) (Expenses \$ 8,964,091 including grants of \$) (Revenue \$)

RESEARCH CLARK ATLANTA UNIVERSITY BELIEVES THAT RESEARCH AND EDUCATION CANNOT BE DECOUPLED. WITH THE DIVERSE SKILLS AND EXPERTISE OF OUR STUDENTS, FACULTY, RESEARCHERS AND STAFF, CAU SEEKS TO FOSTER THE GROWTH OF THE RESEARCH ENTERPRISE AND MAKE SIGNIFICANT DISCOVERIES AND CONTRIBUTIONS TO THE KNOWLEDGE OF HUMANKIND.

(Code) (Expenses \$ 20,273,348 including grants of \$) (Revenue \$)

OTHER PROGRAM SERVICES ADDITIONAL PROGRAM SERVICES EXPENDITURES AT CLARK ATLANTA UNIVERSITY INCLUDE PUBLIC SERVICE (\$ 1,762,642), ACADEMIC SUPPORT (\$9,002,223), STUDENT SERVICES (\$ 8,096,487) AND STUDENT AID (\$1,411,996).

4d

Other program services (Describe in Schedule O)

(Expenses \$ 20,273,348 including grants of \$) (Revenue \$)













4e

Total program service expenses \$ 88,455,307

Form 990 (2011)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i>	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i>	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> 	13	Yes
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	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 U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			Yes	No
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a133		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a1,701		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	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 lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the aggregate amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	GA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. 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.	Lucille Mauge 223 James P Brawley Dr SW Atlanta, GA 30314 (404) 880-6662

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

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

Form **990** (2011)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	2,606,710	0	161,544

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 23

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

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
UNICCO 4002 SOLUTIONS CENTER CHICAGO, IL 60677	HOUSEKEEPING/MAINTENANCE SERVICES	5,168,183
SODEXO INC AFFILIATES CAMPUS SERVICES 9801 WASHINGTONIAN BOULEVARD GAITHERSBURG, MD 20878	FOOD SERVICE MANAGEMENT	3,340,509
RICOH - FORMERLY LANIER PROFESSIONAL SERVICES 4667 N ROYAL ATLANTA DR TUCKER, GA 30084	COPIER LEASES AND MAINTENANCE	855,193
GRANT THORNTON LLP 1100 PEACHTREE STREET NW SUITE1200 ATLANTA, GA 30309	AUDITING SERVICES	767,468
GROUP RESOURCES INC 3080 PREMIERE PKWY STE 100 DULUTH, GA 300978911	GROUP MEDICAL INSURANCE MANAGEMENT	576,282
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 17		

Part VIII Statement of Revenue

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	84,311				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	28,830,661				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,271,282				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		34,186,254				
Program Service Revenue	2a	TUITION AND FEES	Business Code					
			900099	67,113,483	67,113,483			
	b	HOUSING	900099	4,836,446	4,836,446			
	c	DINING HALL	900099	3,881,845	3,881,845			
	d	VENDING, GAMES, PARKING, COMMISSIONS	900099	579,279	579,279			
	e							
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f		76,411,053				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)						
				1,310,488	0		1,310,488	
	4	Income from investment of tax-exempt bond proceeds . . .		0	0			
	5	Royalties		0	0			
	6a	Gross rents	(i) Real	(ii) Personal				
			307,919					
	b	Less rental expenses	180,556					
	c	Rental income or (loss)	127,363	0				
	d	Net rental income or (loss)			127,363	0		127,363
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			14,208,558					
	b	Less cost or other basis and sales expenses	12,626,113					
	c	Gain or (loss)	1,582,445	0				
	d	Net gain or (loss)			1,582,445			1,582,445
	8a	Gross income from fundraising events (not including \$ 84,311 of contributions reported on line 1c) See Part IV, line 18						
			a	133,530				
	b	Less direct expenses	b	166,190				
	c	Net income or (loss) from fundraising events . . .			-32,660			-32,660
	9a	Gross income from gaming activities See Part IV, line 19						
			a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities . . .			0			
10a	Gross sales of inventory, less returns and allowances							
		a						
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . . .			0				
	Miscellaneous Revenue	Business Code						
11a	OTHER REVENUE	900099	1,791,359	1,791,359				
b								
c								
d	All other revenue		0	0	0	0		
e	Total. Add lines 11a-11d		1,791,359					
12	Total revenue. See Instructions		115,376,302	78,202,412	0		2,987,636	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do 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 United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	20,746,620	20,746,620		
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	2,627,485	1,519,178	1,108,307	
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	29,355,038	23,191,738	5,494,298	669,002
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,529,719	919,789	609,930	
9	Other employee benefits	5,600,973	4,329,590	1,205,497	65,886
10	Payroll taxes	2,374,004	1,802,918	521,119	49,967
11	Fees for services (non-employees)				
a	Management	3,209,373	3,129,798	64,251	15,324
b	Legal	414,089	23,431	390,658	
c	Accounting	733,829	12,000	721,829	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	269,907		269,907	
g	Other	2,520,298	993,681	1,308,693	217,924
12	Advertising and promotion	88,873	70,809	3,072	14,992
13	Office expenses	3,943,000	2,451,937	1,233,276	257,787
14	Information technology	323,463	75,617	247,846	
15	Royalties	0			
16	Occupancy	4,547,775	4,547,775		
17	Travel	1,248,041	917,668	297,742	32,631
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	342,869	238,454	98,047	6,368
20	Interest	1,849,002	1,745,962	103,040	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,878,271	6,370,778	1,507,493	
23	Insurance	966,847	357,163	609,684	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	REPAIRS & MAINTENANCE	2,851,660	731,902	2,113,464	6,294
b	BAD DEBT ALLOWANCE	1,150,080		1,150,080	
c	SUBCONTRACTS	4,555,967	4,555,967		
d	AUC CENTER COSTS	4,540,413	4,330,213	210,200	
e					
f	All other expenses	6,545,294	5,392,319	1,093,760	59,215
25	Total functional expenses. Add lines 1 through 24f	110,212,890	88,455,307	20,362,193	1,395,390
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			13,656,516	1	12,781,453
	2	Savings and temporary cash investments			3,591,394	2	3,146,951
	3	Pledges and grants receivable, net			3,766,576	3	5,299,558
	4	Accounts receivable, net			526,904	4	1,181,929
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			7,216,624	7	6,792,524
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			320,874	9	1,165,987
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	225,670,606			
	b	Less: accumulated depreciation	10b	110,332,040	120,427,991	10c	115,338,566
	11	Investments—publicly traded securities			36,542,160	11	39,196,569
	12	Investments—other securities. See Part IV, line 11			12,053,826	12	11,063,245
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			11,550,804	15	12,542,044
16	Total assets. Add lines 1 through 15 (must equal line 34)			209,653,669	16	208,508,826	
Liabilities	17	Accounts payable and accrued expenses			8,306,057	17	8,079,690
	18	Grants payable				18	438,958
	19	Deferred revenue			2,137,044	19	2,185,175
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			3,464,424	23	3,231,399
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			55,899,970	25	51,559,881
	26	Total liabilities. Add lines 17 through 25			69,807,495	26	65,495,103
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			75,570,322	27	78,455,141
	28	Temporarily restricted net assets			43,564,635	28	43,596,942
	29	Permanently restricted net assets			20,711,217	29	20,961,640
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			139,846,174	33	143,013,723
	34	Total liabilities and net assets/fund balances			209,653,669	34	208,508,826

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	115,376,302
2	Total expenses (must equal Part IX, column (A), line 25)	2	110,212,890
3	Revenue less expenses Subtract line 2 from line 1	3	5,163,412
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	139,846,174
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,995,863
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	143,013,723

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization CLARK ATLANTA UNIVERSITY INC	Employer identification number 58-1825259
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

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

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts 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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 	
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 	
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 	
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization 	
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions 	

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts 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 June 30, 1975						
c 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 organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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			
b 33 1/3% support tests—2010. 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			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Attach to Form 990. See separate instructions.

Name of the organization
CLARK ATLANTA UNIVERSITY INC

Employer identification number
58-1825259

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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 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.

1a 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

b 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 ▶ \$ _____

2 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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒

Public exhibition

d

☐

Loan or exchange programs

b

☒

Scholarly research

e

☐

Other

c

☒

Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	52,650,722	43,550,255	40,394,028	49,517,067	
b Contributions	246,052	389,526	422,779	175,755	
c Investment earnings or losses	456,774	10,250,306	3,875,732	-8,534,381	
d Grants or scholarships	0	0	0	0	
e Other expenditures for facilities and programs	294,707	705,292	0	0	
f Administrative expenses	1,194,439	834,073	1,142,284	764,413	
g End of year balance	51,864,402	52,650,722	43,550,255	40,394,028	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 40 000 %

c

Term endowment ▶ 60 000 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,482,322		12,482,322
b Buildings		179,522,155	80,884,827	98,637,328
c Leasehold improvements				0
d Equipment		32,120,200	29,447,213	2,672,987
e Other		1,545,929		1,545,929
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				115,338,566

Schedule D (Form 990) 2011

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other		
(A) INTERNATIONAL EQUITY FUND	6,280,101	F
(B) HEDGE FUNDS	4,216,635	F
(C) PRIVATE EQUITY FUNDS	566,509	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	11,063,245	

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) 		

(a) Description	(b) Book value
(1) DEPOSITS HELD WITH BOND TRUSTEES (CURRENT)	5,087,878
(2) DEPOSITS HELD WITH BOND TRUSTEES (LONG-TERM)	5,425,706
(3) CAPITALIZED BOND ISSUANCE COSTS	507,692
(4) ASSETS HELD AND NOT USED (NET)	1,220,000
(5) BENEFICIAL INTEREST IN PERETUAL TRUST	300,768
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	12,542,044

(a) Description of Liability	(b) Amount
Federal Income Taxes	0
OTHER LIABILITIES (CURRENT)	1,162,923
REFUNDABLE ADVANCES (CURRENT)	40,765
CAPITAL LEASES (CURRENT)	199,793
AGENCY LIABILITIES (LONG-TERM)	7,709,637
OTHER LIABILITIES (LONG-TERM)	599,628
REFUNDABLE ADVANCES (LONG-TERM)	241,180
CAPITAL LEASES (LONG-TERM)	118,778
BONDS PAYABLE (CURRENT)	6,850,823
BONDS PAYABLE (LONG TERM)	34,636,354
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	51,559,881

Schedule D (Form 990) 2011

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements				
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		
4	Net unrealized gains (losses) on investments	4		
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		
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10		
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements 	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments 	2a		
b	Donated services and use of facilities 	2b		
c	Recoveries of prior year grants 	2c		
d	Other (Describe in Part XIV) 	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
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		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements 	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities 	2a		
b	Prior year adjustments 	2b		
c	Other losses 	2c		
d	Other (Describe in Part XIV) 	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
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		
b	Other (Describe in Part XIV) 	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 	5		
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 IV, 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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Collections of art - financial statement footnote	Schedule D, Part III, Line 1a	THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE ORGANIZATION'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION PURCHASES OF COLLECTION ITEMS ARE RECORDED AS INCREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED, OR AS TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED ON THE FINANCIAL STATEMENTS.
Collections of art - description of collections	Schedule D, Part III, Line 4	THE PURPOSE OF THE CLARK ATLANTA UNIVERSITY ART COLLECTIONS IS TO COLLECT, PRESERVE, STUDY AND EXHIBIT FINE ART WORKS THAT DOCUMENT AMERICAN HISTORY AND CULTURE. TO THIS END, THE IDEAL GOAL OF THE UNIVERSITY ART COLLECTIONS IS TO MAINTAIN AND CULTIVATE A REPRESENTATIVE COLLECTION OF AMERICAN ART, AND TO ENCOURAGE SCHOLARLY RESEARCH GIVING SPECIAL ATTENTION TO THE DEVELOPMENT OF AFRICAN AMERICAN ARTISTS WITHIN THE HISTORICAL CONTEXT OF AMERICAN ART.
Intended uses of endowment funds	Schedule D, Part V, Line 4	GENERALLY, THE DONORS OF THESE ASSETS PERMIT THE UNIVERSITY TO USE ALL OR PART OF THE INCOME EARNED ON RELATED INVESTMENTS FOR GENERAL OR SPECIFIC PURPOSES SUCH AS SCHOLARSHIPS, PROFESSORSHIPS AND ENDOWED CHAIRS.
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE UNIVERSITY IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501 (A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) EXCEPT FOR TAXES ON INCOME FROM ACTIVITIES UNRELATED TO ITS EXEMPT PURPOSE. THE UNIVERSITY EVALUATES ITS UNCERTAIN TAX POSITIONS USING THE PROVISIONS OF FASB ASC TOPIC 740 INCOME TAXES. THE UNIVERSITY FOLLOWS THE CRITERION THAT AN INDIVIDUAL TAX POSITION HAS TO MEET SOME OR ALL OF THE BENEFITS OF THAT POSITION TO BE RECOGNIZED IN THE UNIVERSITY'S FINANCIAL STATEMENTS. THE UNIVERSITY DETERMINES WHETHER THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE TAX POSITION FOLLOWING AN AUDIT BY A TAX AUTHORITY. THE UNIVERSITY HAS APPLIED THIS CRITERION TO ALL TAX POSITIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINS OPEN. TAX YEARS OPEN TO EXAMINATION BY TAX AUTHORITIES UNDER THE STATUTE OF LIMITATIONS INCLUDE FISCAL YEARS 2009 THROUGH 2011. THE UNIVERSITY HAS DETERMINED THAT ITS TAX POSITIONS SATISFY THE MORE LIKELY THAN NOT CRITERION THAT NO PROVISION FOR INCOME TAXES IS REQUIRED AT JUNE 30, 2012 AND 2011. THE UNIVERSITY HAS A POLICY TO RECORD INTEREST AND PENALTIES (IF ANY) RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE.

Additional Data

Software ID: 11000230
Software Version: v2011.1.0
EIN: 58-1825259
Name: CLARK ATLANTA UNIVERSITY INC

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Amount
OTHER LIABILITIES (CURRENT)	1,162,923
REFUNDABLE ADVANCES (CURRENT)	40,765
CAPITAL LEASES (CURRENT)	199,793
AGENCY LIABILITIES (LONG-TERM)	7,709,637
OTHER LIABILITIES (LONG-TERM)	599,628
REFUNDABLE ADVANCES (LONG-TERM)	241,180
CAPITAL LEASES (LONG-TERM)	118,778
BONDS PAYABLE (CURRENT)	6,850,823
BONDS PAYABLE (LONG TERM)	34,636,354

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CLARK ATLANTA UNIVERSITY INC

Employer identification number
58-1825259

Part I		YES	NO
<div>1</div> <div>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?</div>	1	Yes	
	2	Yes	
	3	Yes	
	4a	Yes	
<div>2</div> <div>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?</div>	4b	Yes	
	4c	Yes	
	4d	Yes	
	5a		No
<div>3</div> <div>Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II</div>	5b		No
	5c		No
	5d		No
	5e		No
<div>4</div> <div>Does the organization maintain the following?</div> <div>a Records indicating the racial composition of the student body, faculty, and administrative staff?</div> <div>b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?</div> <div>c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?</div> <div>d Copies of all material used by the organization or on its behalf to solicit contributions?</div> <div>If you answered "No" to any of the above, please explain If you need more space, use Part II</div>	5f		No
	5g		No
	5h		No
	6a	Yes	
<div>5</div> <div>Does the organization discriminate by race in any way with respect to</div> <div>a Students' rights or privileges?</div> <div>b Admissions policies?</div> <div>c Employment of faculty or administrative staff?</div> <div>d Scholarships or other financial assistance?</div> <div>e Educational policies?</div> <div>f Use of facilities?</div> <div>g Athletic programs?</div> <div>h Other extracurricular activities?</div> <div>If you answered "Yes" to any of the above, please explain If you need more space, use Part II</div>	6b		No
	7	Yes	

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Financial aid or assistance from a governmental agency	Schedule E, Line 6a	THE UNIVERSITY RECEIVES FINANCIAL AID ASSISTANCE FROM GOVERNMENTAL AGENCIES IN THE FORM OF PELL GRANTS, SEOG GRANTS, FEDERAL WORK STUDY, FEDERAL STUDENT LOANS AND OTHER AID BASED FUNDING FROM THE U.S. DEPARTMENT OF EDUCATION. THIS AID IS ADMINISTERED THROUGH THE OFFICE OF FINANCIAL AID. DISTRIBUTION OF AID IS BASED ON SEVERAL FACTORS INCLUDING FINANCIAL NEED, ACADEMIC ACHIEVEMENT AND FIELD OF STUDY.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
CLARK ATLANTA UNIVERSITY INC

Employer identification number
58-1825259

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		WCLK CONCERT 1 (event type)	WCLK CONCERT 2 (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	33,200	17,694	166,947
	2	Less Charitable contributions	21,600	1,480	61,231
	3	Gross income (line 1 minus line 2)	11,600	16,214	105,716
Direct Expenses	4	Cash prizes			0
	5	Non-cash prizes			0
	6	Rent/facility costs			0
	7	Food and beverages			0
	8	Entertainment	13,200	5,200	57,500
	9	Other direct expenses	27,231	4,517	58,543
	10	Direct expense summary Add lines 4 through 9 in column (d)			(166,191)
	11	Net income summary Combine lines 3 and 10 in column (d).			-32,661

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)					()
8 Net gaming income summary Combine lines 1 and 7 in column (d)					

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
CLARK ATLANTA UNIVERSITY INC

Employer identification number
58-1825259

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3

Enter total number of other organizations listed in the line 1 table ▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) STUDENT FINANCIAL AID	2579	20,746,620	0	FMV	

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	FINANCIAL AID IS AWARDED TO STUDENTS BY THE OFFICE OF STUDENT FINANCIAL AID IN THE ENROLLMENT SERVICES AND STUDENT AFFAIRS DIVISION THE AWARDS ARE BASED ON FACTORS INCLUDING ACADEMIC INTEREST, DEMONSTRATED FINANCIAL NEED AND SCHOLARLY ACHIEVEMENT AND MADE UP TO THE STUDENT'S FINANCIAL NEED FUNDS ARE PROVIDED BY PRIVATE DONORS (CORPORATIONS, INDIVIDUALS AND FOUNDATIONS) CONTRIBUTIONS OR ENDOWMENT FUNDS, THE FEDERAL AND STATE GOVERNMENTS AND ALSO FROM THE UNIVERSITY'S OPERATING BUDGET AWARDS ARE MONITORED ON AN INDIVIDUAL BASIS TO ENSURE THAT AWARDEES CONTINUE TO MAINTAIN THE CRITERIA FOR QUALIFICATION SUCH AS THE MINIMUM GPA, SATISFACTORY ACADEMIC ACHIEVEMENT AND PROGRESS AND PERSISTING DEMONSTRATED NEED WITH ADJUSTMENTS TO THE AID MADE AS APPROPRIATE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization CLARK ATLANTA UNIVERSITY INC	Employer identification number 58-1825259
--	--

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel		
<input checked="" type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CARLTON E BROWN	(i)	334,421	0	0	16,333	6,285	357,039	0
	(ii)	0	0	0	0	0	0	0
(2) LUCILLE MAUGE	(i)	185,200	0	0	9,500	7,534	202,234	0
	(ii)	0	0	0	0	0	0	0
(3) MARCUS SHUTE	(i)	183,183	0	0	9,690	9,023	201,896	0
	(ii)	0	0	0	0	0	0	0
(4) SHIRLEY WILLIAMS-KIRKSEY	(i)	161,048	0	0	8,295	6,285	175,628	0
	(ii)	0	0	0	0	0	0	0
(5) SHAFIQ KHAN	(i)	189,463	0	0	9,689	9,023	208,175	0
	(ii)	0	0	0	0	0	0	0
(6) VIMALA PILLARI	(i)	148,580	0	0	7,500	3,538	159,618	0
	(ii)	0	0	0	0	0	0	0
(7) LYDIA MCKINLEY-FLOYD	(i)	186,747	0	0	9,400	6,285	202,432	0
	(ii)	0	0	0	0	0	0	0
(8) JOSEPH SILVER	(i)	250,774	0	0	0	0	250,774	0
	(ii)	0	0	0	0	0	0	0
(9) REGINALD BRINSON	(i)	160,561	0	0	3,006	0	163,567	0
	(ii)	0	0	0	0	0	0	0
(10) EDWARD PATRICK	(i)	154,814	0	0	0	0	154,814	0
	(ii)	0	0	0	0	0	0	0
	(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.

Identifier	Return Reference	Explanation
Travel for companions	Schedule J, Part I, Line 1a	SPOUSAL TRAVEL WAS PROVIDED TO THE PRESIDENT VALUED AT \$4,005. THE RELATED EXPENSES WERE NOT TREATED AS TAXABLE COMPENSATION.
Housing allowance or residence for personal use	Schedule J, Part I, Line 1a	THE UNIVERSITY PROVIDES HOUSING TO THE PRESIDENT VALUED AT \$36,000. THE RELATED EXPENSES WERE NOT TREATED AS TAXABLE COMPENSATION. THE UNIVERSITY REQUIRES THE PRESIDENT TO RESIDE ON CAMPUS AS A CONDITION OF HIS CONTRACT.
Personal services	Schedule J, Part I, Line 1a	SOCIAL CLUB DUES VALUED AT \$2,892 WERE PAID FOR THE PRESIDENT AND THESE EXPENSES WERE NOT TREATED AS TAXABLE COMPENSATION.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public

Inspection

Name of the organization CLARK ATLANTA UNIVERSITY INC	Employer identification number 58-1825259
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Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	THE FORM 990 IS REVIEWED BY THE PRESIDENT, CHIEF FINANCIAL OFFICER AND AN EXTERNAL INDEPENDENT CONTRACTOR PRIOR TO SUBMISSION TO THE IRS

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	ALL DIRECTORS, TRUSTEES AND UNIVERSITY EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT ANNUALLY THE CONFLICT OF INTEREST STATEMENTS ARE MONITORED BY THE UNIVERSITY COMPLIANCE DEPARTMENT AND ANY CONFLICTS ARE REVIEWED AND RESOLVED ACCORDING TO UNIVERSITY POLICIES AND PROCEDURES IN CASES WHERE THERE IS A CONFLICT OF INTEREST WITH A BOARD MEMBER, THE BOARD MEMBER SHALL ABSENT HIMSELF FROM DISCUSSIONS OF, AND ABSTAIN FROM VOTING ON, SUCH MATTERS UNDER CONSIDERATION BY THE BOARD AND ITS COMMITTEES THE MINUTES OF SUCH MEETING SHALL REFLECT THAT A DISCLOSURE WAS MADE AND THAT THE BOARD MEMBER HAVING A CONFLICT ABSTAINED FROM VOTING

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	ON AN ANNUAL BASIS, THE PRESIDENT PRESENTS THE PROPOSED COMPENSATION RANGES FOR EXECUTIVES AND KEY EMPLOYEES OF THE UNIVERSITY TO THE GOVERNANCE AND COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. THE HUMAN RESOURCES DEPARTMENT COMPILES THE COMPENSATION INFORMATION INTO A REPORT CONSISTING OF COMPARABLE DATA FROM PEER INSTITUTIONS, OTHER INSTITUTIONS WITHIN THE RELATIVE COMPARABLE MARKET AS WELL AS SURVEYS CONDUCTED BY THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUA-HR). THIS INFORMATION IS ALSO PRESENTED TO THE COMMITTEE AS REFERENCE AND AID IN THE DECISION-MAKING PROCESS BY THE PRESIDENT AND HUMAN RESOURCES DEPARTMENT. WHEN A COMPENSATION CONSULTANT IS UTILIZED, THE COMMITTEE AND THE BOARD ARE RESPONSIBLE FOR REVIEWING THE TERMS, SCOPE, REMUNERATION (FEES) AND INDEPENDENCE OF THE CONSULTANT. THE COMMITTEE REVIEWS THE COMPENSATION DATA AND MAKES RECOMMENDATIONS FOR ADJUSTMENTS TO THE PROPOSED COMPENSATIONS SUBMITTED AS APPROPRIATE, WITH JUSTIFICATION, BEFORE APPROVAL. ALL MEETING PROCEEDINGS AND DECISIONS ARE DOCUMENTED AND RETAINED, THE HUMAN RESOURCES DEPARTMENT IS PROVIDED WITH ALL THE COMPENSATION APPROVED INCLUDING MATERIALS AND DATA GATHERED.

Identifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	ON AN ANNUAL BASIS, THE PRESIDENT PRESENTS THE PROPOSED COMPENSATION RANGES FOR EXECUTIVES AND KEY EMPLOYEES OF THE UNIVERSITY TO THE GOVERNANCE AND COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. THE HUMAN RESOURCES DEPARTMENT COMPILES THE COMPENSATION INFORMATION INTO A REPORT CONSISTING OF COMPARABLE DATA FROM PEER INSTITUTIONS, OTHER INSTITUTIONS WITHIN THE RELATIVE COMPARABLE MARKET AS WELL AS SURVEYS CONDUCTED BY THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA-HR). THIS INFORMATION IS ALSO PRESENTED TO THE COMMITTEE AS REFERENCE AND AID IN THE DECISION-MAKING PROCESS BY THE PRESIDENT AND HUMAN RESOURCES DEPARTMENT. WHEN A COMPENSATION CONSULTANT IS UTILIZED, THE COMMITTEE AND THE BOARD ARE RESPONSIBLE FOR REVIEWING THE TERMS, SCOPE, REMUNERATION (FEES) AND INDEPENDENCE OF THE CONSULTANT. THE COMMITTEE REVIEWS THE COMPENSATION DATA AND MAKES RECOMMENDATIONS FOR ADJUSTMENTS TO THE PROPOSED COMPENSATIONS SUBMITTED AS APPROPRIATE, WITH JUSTIFICATION, BEFORE APPROVAL. ALL MEETING PROCEEDINGS AND DECISIONS ARE DOCUMENTED AND RETAINED, THE HUMAN RESOURCES DEPARTMENT IS PROVIDED WITH ALL THE COMPENSATION APPROVED INCLUDING MATERIALS AND DATA GATHERED.

Identifier	Return Reference	Explanation
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 19	THE ORGANIZATION'S DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - -1995863,

Additional Data

Software ID: 11000230
Software Version: v2011.1.0
EIN: 58-1825259
Name: CLARK ATLANTA UNIVERSITY INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code) (Expenses \$	20,273,348	including grants of \$ (Revenue \$)
OTHER PROGRAM SERVICES ADDITIONAL PROGRAM SERVICES EXPENDITURES AT CLARK ATLANTA UNIVERSITY INCLUDE PUBLIC SERVICE (\$ 1,762,642), ACADEMIC SUPPORT (\$9,002,223), STUDENT SERVICES (\$ 8,096,487) AND STUDENT AID (\$1,411,996)			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALEXANDER B CUMMINGS JR TRUSTEE	5 00	X						0	0	0
ALVIN TROTTER TRUSTEE	5 00	X						0	0	0
B MICHAEL WATSON TRUSTEE	5 00	X						0	0	0
BRENDA WALKER TRUSTEE	5 00	X						0	0	0
CARL WARE TRUSTEE	5 00	X						0	0	0
CAROLYN M YOUNG TRUSTEE	5 00	X						0	0	0
CHARLES S ACKERMAN TRUSTEE	5 00	X						0	0	0
DELORES P ALDRIDGE SECRETARY	5 00	X						0	0	0
DERRICK M WILLIAMS VICE CHAIR	5 00	X						0	0	0
DEVIN P WHITE TRUSTEE	5 00	X						0	0	0
ERNEST G GREEN TRUSTEE	5 00	X						0	0	0
GREGORY J SIMS TRUSTEE	5 00	X						0	0	0
GREGORY MORRISON TRUSTEE	5 00	X						0	0	0
GWENDOLYN MAYFIELD TRUSTEE	5 00	X						0	0	0
INGRID SAUNDERS JONES TRUSTEE	5 00	X						0	0	0
ISAAC J SNYPE JR TRUSTEE	5 00	X						0	0	0
JAUNITA P BARANCO CHAIR	5 00	X						0	0	0
JOE W LAYMON TRUSTEE	5 00	X						0	0	0
JOHN W DANIELS JR TRUSTEE	5 00	X						0	0	0
LEONARD WALKER TRUSTEE	5 00	X						0	0	0
LISA BORDERS TRUSTEE	5 00	X						0	0	0
MICHAEL E MELTON TRUSTEE	5 00	X						0	0	0
PAMELA L CARTER TRUSTEE	5 00	X						0	0	0
R WILLIAM IDE III TRUSTEE	5 00	X						0	0	0
RICHARD L HOLMES TRUSTEE	5 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SALVADOR DIAZ-VERSION JR TRUSTEE	5 00	X						0	0	0
THOMAS W DORTCH JR TRUSTEE	5 00	X						0	0	0
WENDY LEWIS TRUSTEE	5 00	X						0	0	0
WILLIAM E SHACK JR TRUSTEE	5 00	X						0	0	0
CARLTON E BROWN PRESIDENT	40 00			X				334,421	0	22,618
JOSEPH SILVER PROVOST	40 00			X				250,774	0	0
LANCE DUNNINGS GENERAL COUNSEL	40 00			X				117,588	0	15,143
LUCILLE MAUGE CHIEF FINANCIAL OFFICER	40 00			X				185,200	0	17,034
MARCUS SHUTE VP OF RESEARCH	40 00			X				183,183	0	18,713
RANDOLPH GUNTER VP, ENROLLMENT SERVICES/STUDENT AFFAIRS	40 00			X				135,000	0	0
EDWARD PATRICK CONTROLLER	40 00				X			154,814	0	0
LYDIA MCKINLEY-FLOYD DEAN - SCHOOL OF BUSINESS	40 00				X			186,747	0	15,685
REGINALD BRINSON AVP & CHIEF INFORMATION OFFICER	40 00				X			160,561	0	3,006
SHIRLEY WILLIAMS-KIRKSEY DEAN ARTS & SCIENCE	40 00				X			161,048	0	14,580
KASIM ALLI PROFESSOR	40 00					X		135,915	0	5,704
ROBERT CLARK JR CHIEF COMPLIANCE OFFICER	40 00					X		130,447	0	9,023
SEAN WARNER DEAN, SCHOOL OF EDUCATION	40 00					X		132,969	0	10,288
SHAFIQ KHAN EMINENT SCHOLAR PROFESSOR	40 00					X		189,463	0	18,712
VIMALA PILLARI DEAN - SCHOOL OF SOCIAL WORK	40 00					X		148,580	0	11,038