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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

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)

223 James P Brawley Dr SW

Room/suite

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

H(a) Is this a group return for affiliates?

☐ Yes

☒ No

H(b) Are all affiliates included?

☐ Yes

☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

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 A DOCTORAL RESEARCH UNIVERSITY THAT OFFERS UNDERGRADUATE, GRADUATE AND PROFESSIONAL DEGREE PROGRAMS AS WELL AS NON-DEGREE CERTIFICATE PROGRAMS		
	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 2012 (Part V, line 2a)	5	1,597
Revenue	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	
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	34,186,254	33,490,527
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	76,411,053	70,201,565
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,892,933	3,729,237
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,886,062	3,413,724
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	115,376,302	110,835,053
	14	Benefits paid to or for members (Part IX, column (A), line 4)	20,746,620	20,272,969
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	41,487,219	45,783,157
	b	Total fundraising expenses (Part IX, column (D), line 25) 1,731,389	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	47,979,051	41,752,084
	19	Revenue less expenses Subtract line 18 from line 12	110,212,890	107,808,210
Net Assets or Fund Balances			5,163,412	3,026,843
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	208,508,826	210,837,056
	21	Total liabilities (Part X, line 26)	65,495,103	60,279,569
	22	Net assets or fund balances Subtract line 21 from line 20	143,013,723	150,557,487

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 Use Only

Prrnt/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no

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

☐ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2012)

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 A RESEARCH INSTITUTION WITH ACTIVITY CHARACTERIZED BY A FOCUS ON THE INTELLECTUAL AND PERSONAL DEVELOPMENT OF EACH STUDENT ITS PURPOSE IS TO PREPARE A COMMUNITY OF LEARNERS WHO EXCEL IN THEIR CHOSEN ENDEAVORS AND BECOME RESPONSIBLE, PRODUCTIVE, AND INNOVATIVE CITIZEN LEADERS, LOCALLY AND GLOBALLY

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 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 \$ 46,618,600 including grants of \$ 20,272,969) (Revenue \$ 44,591,759)

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 AWARDS BACHELORS, MASTERS, SPECIALIST AND DOCTORAL DEGREE'S

4b

(Code) (Expenses \$ 12,337,860 including grants of \$) (Revenue \$ 7,801,349)

AUXILIARY ENTERPRISES AS A RESIDENTIAL INSTITUTION, CLARK ATLANTA UNIVERSITY PROVIDED ON CAMPUS HOUSING FOR APPROXIMATELY 1,415 OF ITS 3,400 STUDENTS THE UNIVERSITY ALSO PROVIDES DINING SERVICES TO STUDENTS IN THE RESIDENTIAL HALLS, FACULTY, STAFF AND OTHER EXTERNAL PARTIES

4c

(Code) (Expenses \$ 8,025,390 including grants of \$) (Revenue \$ 7,188,007)

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 \$ 20,099,466 including grants of \$) (Revenue \$ 13,874,212)

OTHER PROGRAM SERVICES ADDITIONAL PROGRAM SERVICES EXPENDITURES AT CLARK ATLANTA UNIVERSITY INCLUDE PUBLIC SERVICE (\$1,716,012), ACADEMIC SUPPORT (\$8,797,492), STUDENT SERVICES (\$7,766,286) AND STUDENT AID (\$1,819,675)

4d

Other program services (Describe in Schedule O)

(Expenses \$ 20,099,466 including grants of \$) (Revenue \$ 13,874,212)












4e

Total program service expenses

87,081,316

Form 990 (2012)

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)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
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? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <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, line 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <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 11b 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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	112	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	1,597	
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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, securities account, or other financial account)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?		No
d	If "Yes," indicate the number of Forms 8822 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
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. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the 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	28	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	28	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	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?	10a	No
b	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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	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?	16a	No
b	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?	16b	

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 <input type="checkbox"/> Other (explain in Schedule O)	
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 during the tax year	
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 (404) 880-6662		

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

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

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

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	2,791,104	0	238,091

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶22

		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	3,543,150
SODEXO INC AFFILIATES CAMPUS SERVICES 9801 WASHINGTONIAN BOULEVARD GAITHERSBURG GA 20878	FOOD SERVICE MANAGEMENT	3,252,687
HOLDER CONSTRUCTION 3333 RIVERWOOD PARKWAY SE ATLANTA GA 30339	CONTRUCTION SERVICES	1,796,841
FACILITY CONTROLS GROUP INC 532 BROOKESHYRE COURT WOODSTOCK GA 30188	MECHANICAL ENGINEERING CONTRACTORS	825,755
GROUP RESOURCES INC 3080 PREMIERE PKWY STE 100 DULUTH GA 300978911	GROUP MEDICAL INSURANCE MANAGEMENT	702,717
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 ▶26		

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	69,985		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	28,503,003		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,917,539		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		33,490,527		
Program Service Revenue	2a	TUITION AND FEES	Business Code 900099	62,582,556	62,582,556	
	b	HOUSING	900099	4,057,953	4,057,953	
	c	DINING HALL	900099	3,233,763	3,233,763	
	d	VENDING, GAMES, PARKING, COMMISSIONS	900099	327,293	327,293	
	e			0		
	f	All other program service revenue		0	0	0
	g	Total. Add lines 2a-2f		70,201,565		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,276,955	
4		Income from investment of tax-exempt bond proceeds		0		
5		Royalties		0		
6a		Gross rents	(i) Real 313,665	(ii) Personal		
b		Less rental expenses	224,365			
c		Rental income or (loss)	89,300	0		
d		Net rental income or (loss)		89,300		89,300
7a		Gross amount from sales of assets other than inventory	(i) Securities 25,472,017	(ii) Other		
b		Less cost or other basis and sales expenses	23,019,735			
c		Gain or (loss)	2,452,282	0		
d		Net gain or (loss)		2,452,282		2,452,282
8a		Gross income from fundraising events (not including \$ 69,985 of contributions reported on line 1c) See Part IV, line 18	a 404,748	b 334,086		
c		Net income or (loss) from fundraising events		70,662		70,662
9a		Gross income from gaming activities See Part IV, line 19	a	b		
b		Less direct expenses				
c		Net income or (loss) from gaming activities		0		
10a		Gross sales of inventory, less returns and allowances	a	b		
b		Less cost of goods sold				
c		Net income or (loss) from sales of inventory		0		
Miscellaneous Revenue		Business Code				
11a	OTHER REVENUE	900099	3,253,762	3,253,762		
b			0			
c			0			
d	All other revenue		0	0	0	
e	Total. Add lines 11a-11d		3,253,762			
12	Total revenue. See Instructions		110,835,053	73,455,327	0	3,889,199

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

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	20,272,969	20,272,969		
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	3,135,361	1,695,462	1,263,675	176,224
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	33,561,796	26,614,977	6,260,804	686,015
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,097,637	887,019	188,011	22,607
9	Other employee benefits	5,296,883	3,957,040	1,271,003	68,840
10	Payroll taxes	2,691,480	1,903,328	722,543	65,609
11	Fees for services (non-employees)				
a	Management	3,157,315	3,113,359	27,614	16,342
b	Legal	597,224	18,356	578,868	
c	Accounting	618,067	12,000	606,067	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	318,076		318,076	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,627,183	980,951	494,187	152,045
12	Advertising and promotion	674,255	626,038	4,619	43,598
13	Office expenses	3,721,003	2,978,926	497,350	244,727
14	Information technology	1,327,138	287,451	1,024,306	15,381
15	Royalties	0			
16	Occupancy	3,841,479	2,963,552	787,667	90,260
17	Travel	1,147,087	870,031	245,783	31,273
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	251,305	167,470	77,588	6,247
20	Interest	1,578,627	1,569,642	8,985	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,242,843	6,014,379	1,228,464	
23	Insurance	671,977	3,804	668,173	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	REPAIRS & MAINTENANCE	1,339,598	948,184	378,034	13,380
b	BAD DEBT ALLOWANCE	941,052		941,052	
c	SUBCONTRACTS	4,452,771	4,450,337	2,434	
d	ATLANTA UNIVERSITY CENTER SHARED EXPENSES	4,679,641	4,366,574	313,067	
e	All other expenses	3,565,443	2,379,467	1,087,135	98,841
25	Total functional expenses. Add lines 1 through 24e	107,808,210	87,081,316	18,995,505	1,731,389
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		12,781,453	1	17,001,838
	2	Savings and temporary cash investments		3,146,951	2	2,663,866
	3	Pledges and grants receivable, net		5,299,558	3	5,208,365
	4	Accounts receivable, net		1,181,929	4	608,994
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net		6,792,524	7	6,374,632
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,165,987	9	685,304
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a231,043,515			
	b	Less accumulated depreciation	10b116,771,629	115,338,566	10c	114,271,886
	11	Investments—publicly traded securities		39,196,569	11	43,757,908
	12	Investments—other securities See Part IV, line 11		11,063,245	12	12,621,703
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		12,542,044	15	7,642,560
	16	Total assets. Add lines 1 through 15 (must equal line 34)		208,508,826	16	210,837,056
Liabilities	17	Accounts payable and accrued expenses		8,079,690	17	9,533,665
	18	Grants payable		438,958	18	762,008
	19	Deferred revenue		2,185,175	19	379,276
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	0
	23	Secured mortgages and notes payable to unrelated third parties		3,231,399	23	2,988,776
	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		51,559,881	25	46,615,844
	26	Total liabilities. Add lines 17 through 25		65,495,103	26	60,279,569
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		78,455,141	27	79,736,464
	28	Temporarily restricted net assets		43,596,942	28	49,778,481
	29	Permanently restricted net assets		20,961,640	29	21,042,542
	Organizations that do not follow SFAS 117 (ASC 958), 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		143,013,723	33	150,557,487
	34	Total liabilities and net assets/fund balances		208,508,826	34	210,837,056

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	110,835,053
2	Total expenses (must equal Part IX, column (A), line 25)	2	107,808,210
3	Revenue less expenses Subtract line 2 from line 1	3	3,026,843
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	143,013,723
5	Net unrealized gains (losses) on investments	5	4,516,921
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	150,557,487

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 separate basis	2b	Yes
c	If "Yes," to line 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	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
b	If "Yes," did the organization undergo the required audit or audits? 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	3b	Yes

Additional Data

Software ID: 12000266

Software Version: v2012.1.0

EIN: 58-1825259

Name: CLARK ATLANTA UNIVERSITY INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-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 VICE CHAIR	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
BOBBIE SANFORD 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 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
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
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
SALVADOR DIAZ-VERSON JR TRUSTEE	5 00	X						0	0	0
THOMAS W DORTCH JR 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-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			
WENDY LEWIS TRUSTEE	5 00	X						0	0	0
WENDY WILLIAMS TRUSTEE	5 00	X						0	0	0
WILLIAM E SHACK JR TRUSTEE	5 00	X						0	0	0
CARL JONES VP ENROLLMENT SERVICES AND STUDENT AFFAIRS	40 00			X				154,419	0	0
CARLTON E BROWN PRESIDENT	40 00			X				347,790	0	28,340
HENRY TAYLOR VP INSTITUTIONAL ADVANCEMENT	40 00			X				77,477	0	6,098
JAMES HEFNER PROVOST	40 00			X				71,479	0	3,761
JOSEPH SILVER PROVOST	40 00			X				205,747	0	9,458
LUCILLE MAUGE CHIEF FINANCIAL OFFICER	40 00			X				225,146	0	27,297
MARCUS SHUTE VP OF RESEARCH	40 00			X				182,937	0	25,417
EDWARD PATRICK CONTROLLER	40 00				X			142,442	0	0
REGINALD BRINSON AVP & CHIEF INFORMATION OFFICER	40 00				X			165,123	0	8,256
SEAN WARNER DEAN, SCHOOL OF EDUCATION	40 00				X			136,343	0	13,119
SHIRLEY WILLIAMS-KIRKSEY DEAN ARTS & SCIENCE	40 00				X			160,374	0	19,135
VIMALA PILLARI DEAN - SCHOOL OF SOCIAL WORK	40 00				X			148,426	0	13,666
EDWARD DAVIS PROFESSOR	40 00					X		146,604	0	23,215
JEFF PHILLIPS AVP ACADEMIC AFFAIRS	40 00					X		123,600	0	6,086
KASIM ALLI PROFESSOR AND CHAIR	40 00					X		143,177	0	6,963
ROY GEORGE PROFESSOR	40 00					X		143,546	0	20,498
SHAFIQ KHAN EMINENT SCHOLAR PROFESSOR	40 00					X		216,475	0	26,784

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

2012

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 described in **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 33¹/₃% 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 33¹/₃% 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 See **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 - Non-functionally integrated
- 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 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 monetary support |
|------------------------------------|----------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|------------------------------------------------------------|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

Support Schedule for Organizations Described in Sections 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see 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 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2012. 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—2011. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

Complete lines 2a through 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, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

- 3

Using the organization's acquisition, 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 XIII
- 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|------------------------------------------------------------|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | 51,864,402 | 52,650,722 | 43,550,255 | 40,394,028 | 49,517,067 |
| b Contributions | 80,802 | 246,052 | 389,526 | 422,779 | 175,755 |
| c Net investment earnings, gains, and losses | 6,996,534 | 456,774 | 10,250,306 | 3,875,732 | -8,534,381 |
| d Grants or scholarships | 871,726 | 0 | 0 | 0 | 0 |
| e Other expenditures for facilities and programs | 177,509 | 294,707 | 705,292 | 0 | 0 |
| f Administrative expenses | 111,628 | 1,194,439 | 834,073 | 1,142,284 | 764,413 |
| g End of year balance | 57,780,875 | 51,864,402 | 52,650,722 | 43,550,255 | 40,394,028 |
- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment ▶ 0 %
- b

Permanent endowment ▶ 36 000 %
- c

Temporarily restricted endowment ▶ 64 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No
- b

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

3b

☐
- 4

Describe in Part XIII 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		181,579,044	85,790,203	95,788,841
c Leasehold improvements				0
d Equipment		34,756,240	30,981,426	3,774,814
e Other		2,225,909		2,225,909
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				114,271,886

Part XI 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 XIII)	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 XIII)	4b			
c	Add lines 4a and 4b		4c		
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5	
Part XII 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 XIII)	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 XIII)	4b			
c	Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5	
Part XIII Supplemental Information					

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

Identifier	Return Reference	Explanation
Collections of art - financial statement footnote	Schedule D, Part III, Line 1a	THE COLLECTIONS, WHICH WERE CONTRIBUTED SINCE THE UNIVERSITY'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENTS OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS OR TEMPORARY ITEMS ARE RECORDED AS ASSETS WITHIN THE WORKS OF ART CATEGORY.
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 2010 THROUGH 2012. 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, 2013 AND 2012. 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: 12000266
Software Version: v2012.1.0
EIN: 58-1825259
Name: CLARK ATLANTA UNIVERSITY INC

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

1 (a) Description of Liability	(b) Book Value
OTHER LIABILITIES (CURRENT)	1,821,614
REFUNDABLE ADVANCES (CURRENT)	40,764
CAPITAL LEASES (CURRENT)	118,778
AGENCY LIABILITIES (LONG-TERM)	7,826,149
OTHER LIABILITIES (LONG-TERM)	635,606
REFUNDABLE ADVANCES (LONG-TERM)	200,419
BONDS PAYABLE (CURRENT)	4,127,513
BONDS PAYABLE (LONG TERM)	31,845,001

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

2012

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
Racially nondiscriminatory policy	Schedule E, Part I, Line 3	THE UNIVERSITY PUBLISHES ITS NONDISCRIMINATORY POLICY IN THE UNIVERSITY CATALOG, BULLETINS, BROCHURES AND BROADCAST MEDIA IN ACCORDANCE WITH THE PROVISIONS OF REV PROC 75-50
Financial aid or assistance from a governmental agency	Schedule E, Part I, 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.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			JAZZ UNDER THE STARS	SPIRIT OF GREATNESS		(add col (a) through col (c))	
			(event type)	(event type)	(total number)		
1	Gross receipts	. . .	106,263	192,730	175,740	474,733	
2	Less Contributions	. .	9,985	15,000	45,000	69,985	
3	Gross income (line 1 minus line 2)	. . .	96,278	177,730	130,740	404,748	
Direct Expenses	4	Cash prizes	. . .			0	
	5	Noncash prizes	. .			0	
	6	Rent/facility costs	. .	29,824	63,515	18,576	111,914
	7	Food and beverages	.	1,977	41,524	6,029	49,531
	8	Entertainment	. . .	25,000	20,000	42,875	87,875
	9	Other direct expenses	.	10,322	32,549	41,895	84,766
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(334,086)
	11	Net income summary Combine line 3, column (d), and line 10 ▶					70,662

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			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
	6	Volunteer labor	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
	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 _____

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 Enter 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CLARK ATLANTA UNIVERSITY INC

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

2012

Open to Public
Inspection

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. Part II can be duplicated 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.
Part III can be duplicated 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	2864	20,272,969		FMV	

Part IV

Supplemental Information.

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

Identifier	Return Reference	Explanation
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 DIVISION OF THE STUDENT AFFAIRS THE AWARDS ARE BASED ON FACTORS INCLUDING ACADEMIC INTEREST, DEMONSTRATED FINANCIAL NEED AND SCHOLARLY ACHIEVEMENT THAT IS 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 PROGRESS AND DEMONSTRATED NEED WITH ADJUSTMENTS TO THE AID MADE AS APPROPRIATE

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2012

Open to Public Inspection

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"/> Housing allowance or residence for personal use		
	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
	<input type="checkbox"/> Discretionary spending account	<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 of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
	<input type="checkbox"/> Form 990 of other organizations	<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 Regulations 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 duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of 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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Housing allowance or residence for personal use	Schedule J, Part I, Line 1a	THE UNIVERSITY PROVIDES HOUSING TO THE PRESIDENT VALUED AT \$26,200. 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 \$3,074 WERE PAID FOR THE PRESIDENT AND THESE EXPENSES WERE NOT TREATED AS TAXABLE COMPENSATION.

Software ID: 12000266
Software Version: v2012.1.0
EIN: 58-1825259
Name: CLARK ATLANTA UNIVERSITY INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
CARLTON E BROWN	(i)	347,790	0	0	17,500	10,840	376,129	0
	(ii)	0	0	0	0	0	0	0
LUCILLE MAUGE	(i)	195,146	30,000	0	11,570	15,727	252,443	0
	(ii)	0	0	0	0	0	0	0
MARCUS SHUTE	(i)	182,937	0	0	9,690	15,727	208,354	0
	(ii)	0	0	0	0	0	0	0
SHIRLEY WILLIAMS-KIRKSEY	(i)	160,374	0	0	8,295	10,840	179,509	0
	(ii)	0	0	0	0	0	0	0
SHAFIQ KHAN	(i)	216,475	0	0	11,057	15,727	243,259	0
	(ii)	0	0	0	0	0	0	0
VIMALA PILLARI	(i)	148,426	0	0	7,500	6,166	162,092	0
	(ii)	0	0	0	0	0	0	0
JOSEPH SILVER	(i)	205,747	0	0	9,458	0	215,205	0
	(ii)	0	0	0	0	0	0	0
REGINALD BRINSON	(i)	165,123	0	0	8,256	0	173,378	0
	(ii)	0	0	0	0	0	0	0
EDWARD DAVIS	(i)	146,604	0	0	7,488	15,727	169,819	0
	(ii)	0	0	0	0	0	0	0
ROY GEORGE	(i)	143,546	0	0	7,232	13,266	164,044	0
	(ii)	0	0	0	0	0	0	0
CARL JONES	(i)	154,419	0	0	0	0	154,419	0
	(ii)	0	0	0	0	0	0	0
KASIM ALLI	(i)	143,177	0	0	6,963	0	150,140	0
	(ii)	0	0	0	0	0	0	0

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

2012

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, AN EXTERNAL INDEPENDENT CONTRACTOR AND THE BOARD OF TRUSTEES 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 ABSTAIN FROM DISCUSSIONS AND 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	ANNUALLY, THE HUMAN RESOURCES DEPARTMENT COMPILES A COMPENSATION INFORMATION REPORT ON EXECUTIVES AND KEY EMPLOYEES OF THE UNIVERSITY CONSISTING OF COMPARABLE DATA FROM PEER AND OTHER INSTITUTIONS WITHIN THE RELATIVE COMPARABLE MARKET AS WELL AS SURVEY DATA COLLECTED BY THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA-HR) THE PROPOSED COMPENSATION RANGES FOR EXECUTIVES OF THE UNIVERSITY IS PRESENTED TO THE PRESIDENT WHO PRESENTS IT TO THE GOVERNANCE AND COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES THIS INFORMATION IS PROVIDED TO THE COMPENSATION COMMITTEE AS A REFERENCE AND TO AID IN THE DECISION MAKING PROCESS FOR THE PRESIDENT AND THE 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 COMPENSATION COMMITTEE REVIEWS THE COMPENSATION DATA AND MAKES RECOMMENDATIONS FOR ADJUSTMENTS TO THE PROPOSED COMPENSATION(S) SUBMITTED AS APPROPRIATE, WITH JUSTIFICATION, BEFORE FINAL APPROVAL ALL MEETING PROCEEDINGS AND DECISIONS ARE DOCUMENTED AND RETAINED, THE HUMAN RESOURCES DEPARTMENT IS PROVIDED WITH ALL THE COMPENSATION APPROVAL 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	ANNUALLY, THE HUMAN RESOURCES DEPARTMENT COMPILES A COMPENSATION INFORMATION REPORT ON EXECUTIVES AND KEY EMPLOYEES OF THE UNIVERSITY CONSISTING OF COMPARABLE DATA FROM PEER AND OTHER INSTITUTIONS WITHIN THE RELATIVE COMPARABLE MARKET AS WELL AS SURVEY DATA COLLECTED BY THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUA-HR). THE PROPOSED COMPENSATION RANGES FOR OTHER OFFICERS AND KEY EMPLOYEES OF THE UNIVERSITY IS PRESENTED TO THE PRESIDENT WHO PRESENTS IT TO THE GOVERNANCE AND COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. THIS INFORMATION IS PROVIDED TO THE COMPENSATION COMMITTEE AS A REFERENCE AND TO AID IN THE DECISION MAKING PROCESS FOR THE PRESIDENT AND THE 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 COMPENSATION COMMITTEE REVIEWS THE COMPENSATION DATA AND MAKES RECOMMENDATIONS FOR ADJUSTMENTS TO THE PROPOSED COMPENSATION(S) SUBMITTED AS APPROPRIATE, WITH JUSTIFICATION, BEFORE FINAL APPROVAL. ALL MEETING PROCEEDINGS AND DECISIONS ARE DOCUMENTED AND RETAINED, THE HUMAN RESOURCES DEPARTMENT IS PROVIDED WITH ALL THE COMPENSATION APPROVAL 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