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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

2009

Open to Public Inspection

A Fo	rthe 2	2009 cal	endar yea	r, or tax year beginn		ending 06-30-201	0	D Franksian	idantification number	
_			Please	C Name of organization SPELMAN COLLEGE					identification number	
Address change Name change			use IRS label or	Doing Business As		58-0566243 E Telephone number				
Naı	me chan		print or type. See	· · · ,				•		
Inıt	tial retur		Specific Instruc-		r P O box if mail is not de	ss) Room/suite	(404) 681-3643 G Gross receipts \$ 177,874,320			
Ter	mınated		tions.	350 SPELMAN LANE S	N			G Gross receip	7.5 \$ 177,074,520	
- Am	ended r	eturn		City or town, state or ATLANTA, GA 30314	country, and ZIP + 4					
App	olication	pending		ATLANTA, GA 30314						
				ne and address of pr	ncıpal officer		H(a) Is th	• ıs a group retı		
				LY DANIEL TATUM ELMAN LANE SW			affilia	ites?	┌ Yes 🔽 No	
				TA,GA 30314			H(b) Are al	II affiliates incl	uded?	
									st (see instructions)	
T a	x-exem	pt status	501(c)	(3) 4 (insert no)	4947(a)(1) or 527		H(c) Grou	ıp exemption	number 🟲	
J W	ebsit e	:► wwv	W SPELMA	NEDU						
K Forr	n of org	janization	✓ Corporat	ion Trust Associati	on		L Year of fo	rmation 1881	M State of legal domicile GA	
	rt I	Sumn							-	
		,		•	sion or most significar					
01					LY BLACK COLLEGE TO THE ACADEMIC				N OF WOMEN OF	
Ĕ				,						
Ē										
Governance	2	Chack th	us hay b C	- if the organization	discontinued its opera	ations or disposed	of more than	25% of its no	t accets	
			,		rning body (Part VI, li				328	
ණ ගු			_	_	s of the governing bod				425	
Ę					e 2a)		,,	•	5 1,579	
Activities					fnecessary)				6 185	
4,					e from Part VIII, colu				7a -31,910	
		_		ness taxable income			7b -37,901			
							Prio	r Year	Current Year	
	8	Contrib	utions and	grants (Part VIII, I	ıne 1h)			20,577,847	20,497,101	
nile	9	Program service revenue (Part VIII, line 2g)						57,758,587	59,030,101	
Ravent	10	Investr	nent incon	ne (Part VIII, colum	n (A), lines 3, 4, and 1	7d)		3,608,125	11,286,268	
ď	11				, lines 5, 6d, 8c, 9c, 1			714,197 9:		
	12			ld lines 8 through 1	9	82,658,756	91,732,817			
	13			ramounts paid (Par		12,437,794				
	14			r for members (Part		0				
	15				ee benefits (Part IX,		;_			
Expenses		10)						42,890,623		
₹ T	16a	Profess	ional fund	raising fees (Part IX		241,075	217,844			
置	ь			enses (Part IX, column (
	17			Part IX, column (A),		41,495,211				
	18				ust equal Part IX, colu			97,064,703 100,64		
. 09	19	Revenu	e less exp	enses Subtract line	18 from line 12 .		<u> </u>	-14,405,947 -8,90		
Net Assets or Fund Balances								g of Current 'ear	End of Year	
5 de 1	20	Total as	ssets (Par	t X, line 16)				484,923,220	486,702,683	
Ž.	21							123,517,473	-	
žÏ	22	Netass	ets or fun	d balances Subtrac	l line 21 from line 20			361,405,747	366,573,179	
Pai	rt II	Signa	ture Blo	ock						
					ve examined this return, in eclaration of preparer (othe				to the best of my knowledge	
			i, it is tide, t	offect, and complete Di	charation of preparer (other	er than officer) is base		ion or which prep		
Sign		****	<*				2011-	-05-13		
Here	е	Signat	ture of office	r			Date			
				AN JR VP BUS & FIN /T	REAS					
		Гуре	or print nam	e and title						
		Preparer's			Date		Check If self-	Preparer's ide	ntıfyıng number ons)	
Paid		signature	7				empolyed •	, and an action	,	
•	arer's	Firm's nar	ne (or yours	KPMG LLP				EIN Þ		
Use (Unly	address, a	and ZIP + 4	300 North Greene S	treet Suite 400					
				Greensboro, NC 27	401			Phone no 🕨	(336) 275-3394	
Мау	the IRS	S discuss	this retui		shown above? (see in:	structions)			┌ Yes ┌ No	

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

SPELMAN COLLEGE, A HISTORICALLY BLACK COLLEGE AND GLOBAL LEADER IN THE EDUCATION OF WOMEN OF AFRICAN DESCENT, IS DEDICATED TO ACADEMIC EXCELLENCE IN THE LIBERAL ARTS AND SCIENCES, AND THE INTELLECTUAL, CREATIVE, ETHICAL AND LEADERSHIP DEVELOPMENT OF ITS STUDENTS SPELMAN EMPOWERS THE WHOLE PERSON TO ENGAGE THE MANY CULTURES OF THE WORLD AND INSPIRES A COMMITMENT TO POSITIVE SOCIAL CHANGE

					Form 000 (2000
4e	Total program service expenses⊁\$	75,437,01	.2		
	(Expenses \$ 18,306,15	8 including grants of	of\$) (Revenue \$)
4d	Other program services (Describe	e in Schedule O) See :	also Additional Data	a for Description	
	RESEARCH SPELMAN COLLEGE PERFORMS SPONSORING ORGANIZATIONS	RESEARCH, TRAINING AN	D OTHER SIMILAR SERV	ICES UNDER GRANTS WITH GOVE	RNMENTAL AGENCIES OR
4c	(Code) (Expenses	5 \$ 4,425,677	ıncludıng grants of \$) (Revenue	\$)
	AUXILIARY ENTERPRISES AS A RESIDENTI SPELMAN ALSO PROVIDES DINING SERVIC OPERATES A 500 SPACE PARKING DECK F SCHOOL STUDENTS AND OTHER INTERES	ES TO ITS RESIDENTIAL ST OR FACULTY, STAFF, AND	UDENTS, AS WELL AS CO	DMMUTER STUDENTS, FACULTY, S	STAFF AND OTHERS SPELMAN
4b	(Code) (Expenses	\$ \$ 14,638,935	ıncludıng grants of \$) (Revenue	\$)
	INSTRUCTION FOUNDED IN 1881, SPELMA IS ACCREDITED BY THE COMMISSION ON TRAINING SERVICES FOR APPROXIMATELY EDUCATION, SUMMER SCIENCE AND DUA	COLLEGES OF THE ASSOCIA 2,100 UNDERGRADUATES	ATION OF COLLEGES AND STUDENTS IN ADDITION	D SCHOOLS AND PROVIDES QUALI	TY LIBERAL ARTS EDUCATION AND
4a	(Code) (Expenses	38,066,242	including grants of \$	13,933,066) (Revenue	:\$)
4	Describe the exempt purpose achie Section 501(c)(3) and 501(c)(4) or allocations to others, the total expe	ganızatıons and secti	on 4947(a)(1) trust	s are required to report the	·
	If "Yes," describe these changes on	Schedule O			
3	Did the organization cease conduct services?	ing, or make significar	nt changes in how it	conducts, any program	┌ Yes ┌ No
	If "Yes," describe these new service	es on Schedule O			
2	the prior Form 990 or 990-EZ?	· · · · · ·	· · · · ·	· · · · · · · · · ·	┌ Yes ┌ No

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes,"		Yes	
_	complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
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		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2009)

******	()	
Part V	Statements Regarding Other IRS Filings and Tax Compliance	

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
l a	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)?	4a		No
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
'	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		No
2	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		No
0	Section 501(c)(7) organizations. Enter			- 110
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

350 SPELMAN LANE SW ATLANTA, GA 30314 (404) 270-5072

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.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 25			
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	Yes	
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		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
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		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		NO
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed GA, NY Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 000, and 000, T (501/c).			
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 make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e orga	nızatıor	h 🕨
	ROBERT D FLANIGAN JR			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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 the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	employee 		Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►28

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	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? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services	4	res	
	rendered to the organization? If "Yes," complete Schedule J for such person	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

(A) Name and business address	(B) Description of services	(C) Compensation				
SIEMENS BUILDING TECHNOLOGIES INC 1745 CORPORATE DRIVE STE 240 NORCROSS, GA 300932961	CONSULTING	461,849				
SUNGARD HIGHER EDUCATION 14327 COLLECTION CENTER DRIVE CHICAGO, IL 606930001	COMPUTER CONSULTING	227,514				
SUTHERLAND ASBIL BRENNAN LLP 999 PEACHTREE STREET NE ATLANTA, GA 303093915	ATTORNEYS	199,982				
COXE CURRY AND ASSOCIATES 50 HURT PLAZA SE 630 ATLANTA, GA 303032915	CONSULTING	192,512				
BROOKWOOD PROGRAM MANAGEMENT 1819 PEACHTREE ROAD NE SUITE 201 ATLANTA, GA 303091854	CONSTRUCTION MGT	171,612				
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►13						

Form 99	•	<u> </u>	(D					Page 9
Part	/***	Statement o	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ints ints	1a	Federated camp						
gra	Ь	Membership du						
ts,	C	Fundraising eve						
<u> </u>	d		ations 1d					
Ä ΩiΩ	e	Government grants		8,079,660				
ue Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no	butions included in	12,417,441				
and and	h	Total. Add lines	1a-1f	▶	20,497,101			
				Business Code				
Program Service Revenue	2a	TUITION AND FEES	i	900,099	42,393,518	42,393,518	0	О
Fe ×	ь	AUXILARY ENTERPE	RISES	900,099	16,636,583	16,636,583	0	0
<u> </u>	c							
Z.	d							
Ě	e							
<u> </u>	f	All other progra	m service revenue					
Ě	g	Total. Add lines	32a-2f		59,030,101			
	3	Investment inc	ome (including dividend	ds, interest				
			aramounts)	F	2,607,840	0	-31,910	2,639,750
	4		tment of tax-exempt bond p	proceeds •	0	0	0	0
	5	Royalties		(II) Personal	0			
	6a	Gross Rents	(I) Keal	(II) Personal				
	ь	Less rental						
	_c	expenses Rental income						
	d	or (loss)	me or (loss)					
	<u> </u>	Wet rental meon	(ı) Securities	(II) O ther				
	7a	Gross amount	94,819,931	(11)				
		from sales of assets other						
	ь	than inventory Less cost or	86,141,503					
		other basis and sales expenses						
	c	Gain or (loss)	8,678,428					
	d 8a		s)		8,678,428			
Other Revenue	Ga	Gross income fi events (not incl \$ of contributions See Part IV, lin	luding reported on line 1c)					
the	ь		penses b					
J	c 9a		loss) from fundraising or rom gaming activities	events F	0			
	Ja 	See Part IV, lin		0				
	Ь		penses b	0				
	10a	Gross sales of returns and allo		vities	U			
	ь		a pods sold b loss) from sales of inve	entory	0			
	С	Miscellaneous		Business Code	•			
	11a	OTHER MISCE		900,099	919,347	919,347	0	0
	ь		····-					
	c							
	d	All other revenu	ıe					
	e	Total. Add lines			919,347			
			_	▶ _	919,347			
	12	Total revenue.	See Instructions	•	91,732,817	59,949,448	-31,910	2,639,750 Form 990 (2009)

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do not include 7b, 8b, 9b, and 1 Grants in the	de amounts reported on lines 6b, nd 10b of Part VIII. s and other assistance to governments and organizations U S See Part IV, line 21	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
ın the				general expenses	expenses
2 Grants		0	0		<u> </u>
USS	s and other assistance to individuals in the see Part IV, line 22	13,933,066	13,933,066		
organı	s and other assistance to governments, izations, and individuals outside the U S See V, lines 15 and 16	0	0		
4 Benefi	its paid to or for members	0	0		
	ensation of current officers, directors, trustees, and mployees	1,780,541	710,331	739,110	331,100
(as de	ensation not included above, to disqualified persons fined under section 4958(f)(1)) and persons ibed in section 4958(c)(3)(B)	0	0	0	0
7 Other	salaries and wages	29,748,405	23,232,352	4,650,345	1,865,708
	on plan contributions (include section 401(k) and section b) employer contributions)	1,369,348	1,040,613	239,739	88,996
9 Other	employee benefits	7,282,874	5,534,496	1,275,050	473,328
10 Payrol	Il taxes	2,472,283	1,878,770	432,835	160,678
11 Fees for	for services (non-employees)				
a Manag	gement	0	0	0	0
b Legal		283,256	4,990	278,266	0
c Accou	unting	229,618	0	229,618	0
•	ung	51,326	0	0	51,326
e Profes	ssional fundraising See Part IV, line 17	217,844			217,844
f Invest	tment management fees	479,368		479,368	
g Other		2,026,326	786,462	883,099	356,765
	tising and promotion	12,011		12,011	
13 Office	expenses	3,460,988	2,829,661	305,126	326,201
	nation technology	0	0	0	0
•	ties	0	0		0
	pancy	3,595,544	3,299,711	295,833	0
	1	1,386,594	1,011,960	227,126	147,508
state,	ents of travel or entertainment expenses for any federal, or local public officials	0	0	0	0
	rences, conventions, and meetings	0	0	0	0
	est	4,696,950	2,870,746	1,826,204	0
	ents to affiliates	0	0	0	0
	ciation, depletion, and amortization	9,372,110	5,101,764		0
24 Other groups	expenses Itemize expenses not covered above (Expenses ed together and labeled miscellaneous may not exceed 5% of	1,238,567	1,134,133	104,434	0
	expenses shown on line 25 below) NING EXPENSES	1,205,884	1,055,540	150,344	0
	LIBRARY	2,314,470	2,314,470	130,344	
	PMENT AND RENTAL	1,998,722	1,253,800	715,405	29,517
	IAL PROJECTS	2,697,890	1,760,667	302,755	634,468
-	HASED SERVICES	2,974,007	2,974,007	0	034,408
	her expenses	5,814,057	2,709,473	3,283,897	-179,313
	functional expenses. Add lines 1 through 24f	100,642,049	75,437,012	20,700,911	4,504,126
	costs. Check here ► ☐ If following SOP 98-2	100,042,049	75,757,012	20,700,511	7,307,120
Compl colum	lete this line only if the organization reported in in (B) joint costs from a combined educational aign and fundraising solicitation				

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		4,385,321	1	9,617,138
	2	Savings and temporary cash investments		1,000,021	2	0,017,100
	3		nd grants receivable, net			14,181,408
	4	Accounts receivable, net		18,899,818 1,651,579	3 4	1,689,318
	5	Receivables from current and former officers, directors, trustees, key employ				1,000,010
]	highest compensated employees Complete Part II of	ees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section $4958(r)$ persons described in section $4958(r)(3)(B)$ Complete Part II of	f)(1)) and			
		Schedule L			6	
ssets	7	Notes and loans receivable, net		0	7	0
8	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges	[9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a	235,144,143			
	ь	Less accumulated depreciation 10b	72,583,868	161,647,135	10c	162,560,275
	11	Investments—publicly traded securities		31,983,350	11	31,943,928
	12	Investments—other securities See Part IV, line 11		253,343,617	12	263,276,267
	13	Investments—program-related See Part IV, line 11	1,977,524	13	1,739,217	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		11,034,876	15	1,695,132
	16	Total assets. Add lines 1 through 15 (must equal line 34)		484,923,220	16	486,702,683
	17	Accounts payable and accrued expenses .		11,000,576	17	10,714,160
	18	Grants payable			18	
	19	Deferred revenue		855,347	19	842,850
	20	Tax-exempt bond liabilities		98,396,857	20	95,691,180
<u>ē</u>	21	Escrow or custodial account liability $\it Complete Part IV of Schedule D$			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ä		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		11,187,500	24	10,562,500
	25	Other liabilities Complete Part X of Schedule D		2,077,193	25	2,318,814
	26	Total liabilities. Add lines 17 through 25		123,517,473	26	120,129,504
~		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27				
Fund Balances		through 29, and lines 33 and 34.				
ਨ	27	Unrestricted net assets	_	103,201,203	27	101,710,730
8	28	Temporarily restricted net assets	_	147,375,312	\rightarrow	152,541,565
Ξ	29	Permanently restricted net assets	_	110,829,132	29	112,320,884
æ		Organizations that do not follow SFAS 117, check here F and complete				
ō		lines 30 through 34.				
₩	30	Capital stock or trust principal, or current funds	-		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	·		31	
	32	Retained earnings, endowment, accumulated income, or other funds		204 405 747	32	200 570 470
Net	33	Total net assets or fund balances		361,405,747	33	366,573,179
	34	Total liabilities and net assets/fund balances		484,923,220	34	486,702,683

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	

Form **990** (2009)

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Public Charity Status and Public Support

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

Employer identification number

SPELMAN COLLEGE 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) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 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 Seesection 509(a)(4). 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 **b** Type II c Type III - Functionally integrated Type III - Other 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) 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 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) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) (iv) (vi) (v) Type of Is the Did you notify the Is the (i) organization organization in (vii) organization in Name of (ii) (described on organization in col (i) listed in A mount of col (i) of your col (i) organized EIN lines 1-9 above supported your governing support? support? in the US? organization or IRC section document? (see Yes No Yes No Yes instructions))

Total

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averagest	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

DLN: 93493133045821

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I A only

fth Se Se fth Se SPI	ELMAN COLLEGE	-A Do not Part II-B Do . 35a (reg. mployer Id	complet o not co arding entifica	te Part II-B omplete Part proxy tax)	: II-A), then er	
1	Provide a description of the organization's direct and indirect political campaign activities in Part		27 010	jainzatio	···	-
2	Political expenditures Volunteer hours	IV ► -	\$ <u> </u>			_
Pai	t I-B Complete if the organization is exempt under section 501(c)(3).					_
1	Enter the amount of any excise tax incurred by the organization under section 4955	.	\$ <u></u>			_
2	Enter the amount of any excise tax incurred by organization managers under section 4955	F	\$ <u>_</u>			_
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No	
4a	Was a correction made?			☐ Yes	┌ No	
b	If "Yes," describe in Part IV					
Pai	t I-C Complete if the organization is exempt under section 501(c) except s	ection 5	01(c)	(3).		_
1	Enter the amount directly expended by the filing organization for section 527 exempt function act	vities 🕨	\$			_
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5 exempt funtion activities	27 ►	\$			
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7 b 🕨	\$			
4	Did the filing organization file Form 1120-POL for this year?		T	┌ Yes	☐ No	
5	State the names, addresses and employer identification number (EIN) of all section 527 political were made. For each organization listed, enter the amount paid from the filing organization's funds	•				

contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

			a)	(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		51,320	
j	Total lines 1c through 1i		•	51,320	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

- answered "Yes".

 1 Dues, assessments and similar amounts from members
 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political
 - a Current year
 - **b** Carryover from last year
- c Tota
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5 Taxable amount of lobbying and political expenditures (see instructions)

expenses for which the section 527(f) tax was paid).

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
	QUESTION 11	SPELMAN COLLEGE RETAINS A CONSULTANT, POLSINELLI SHUGHART PC, TO PROMOTE LEGISLATION WHICH WOULD PROVIDE SPELMAN COLLEGE WITH FEDERAL FUNDS FOR USE ON VARIOUS COLLEGE PROJECTS AND PROGRAMS POLSINELLI SHUGHART PC WAS PAID \$51,326 FOR THEIR SERVICES

2a

2b

2c 3

4

5

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493133045821

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization

Employer identification number SPELMAN COLLEGE 58-0566243 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 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **-**__ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2009

Part	Organizations Maintaining Co	illections of Art	<u>, піз</u>			asures, or	<u> </u>	ei Siiiiiia	I A55	ets (co	munueu j
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e follo	_				ollectio	n	
а	Public exhibition		d	<u>~</u>	Loan or	exchange pro	grams	5			
ь	Scholarly research		e	굣	Other C	Curriculum ent	ance	ment & de	elop		
c	✓ Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	ın how	, the v	further t	:he organizatio	n's e	xempt purp	ose in		
_	Part XIV	- · · · · · · · · · · · · · · · · · · ·		,		.					
5	During the year, did the organization solicit							mılar	_		
Dar	assets to be sold to raise funds rather than t IV							/oc" to Fo		Yes	Г No
Pal	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						eu 1	res to ro	וווו פל	,,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						sets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	ble						
									A mo	ınt	
c	Beginning balance						1 c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/									
Pai	rt V Endowment Funds. Complete										
		(a)Current Year	(b)Prior		(c)Two Years Ba	ck (c	1) Three Years	Back (e)Four Y	ears Back
1a	Beginning of year balance	295,407,693			,673,282						
b	Contributions	1,107,649			,008,039						
С	Investment earnings or losses	25,193,306			,959,952						
d	Grants or scholarships	0			,524,068						
е	Other expenditures for facilities and programs	17,548,126		13	,789,608						
f	Administrative expenses										
g	End of year balance	304,160,522		295	,407,693						
2	Provide the estimated percentage of the year	r end balance held a	ıs								
a	Board designated or quasi-endowment	16.500 %									
b	Permanent endowment - 36.930 %										
	46 F70 O										
c 3a	Are there endowment funds not in the posse	ssion of the organiza	ation t	hata	re held a	nd administer	ad for	r the			
Ju	organization by	solon of the organize	2011	ac a	re neia a	na aanimister	-u 101	tile		Yes	No
									3a(i)		No
	(i) unrelated organizations										110
	(ii) related organizations								3a(ii)	Yes	110
	(ii) related organizations		d on S	chedu	ıle R? .		 		3a(ii) 3b	Yes	
4	(ii) related organizations		d on S Iowme	chedu nt fur	ule R? .				-	+	
4	(ii) related organizations		d on S Iowme	chedunt fur ee Fo	ule R? nds orm 990				3b	+	
4	(ii) related organizations		d on S Iowme	chedu ent fur ee Fo	ule R? .	er (b) Cost or	other	(c) Accumi	3b	Yes	ok value
4 Par	(ii) related organizations		d on S Iowme	chedu ent fur ee Fo	ule R? orm 990 Cost or oth	er (b)Cost or on the basis (oth	other	(c) Accumi deprecia	3b	Yes (d) Boo	ok value
Par	(ii) related organizations		d on S Iowme	chedu ent fur ee Fo	ule R? orm 990 Cost or oth	er (b)Cost or on the basis (oth	other er) 97,723	(c) Accumi deprecia	3b	(d) Boo	ok value 4,687,723
Par	(ii) related organizations		d on S Iowme	chedu ent fur ee Fo	ule R? orm 990 Cost or oth	er (b)Cost or or basis (oth	other er) 97,723	(c) Accumi deprecia	3b	(d) Boo	ok value 4,687,723
Par 1a l b i	(ii) related organizations		d on S Iowme	chedu ent fur ee Fo	ule R? orm 990 Cost or oth	(b)Cost or obasis (oth 14,68 174,77	other er) 67,723 70,737	(c) Accumi deprecia 46,7	3b	(d) Boo	ok value 4,687,723 8,058,910 4,615,160
1a b c l d E e ((ii) related organizations	ns listed as required e organization's end s, and Equipmen	d on S lowme nt. S	ent fur ee Fo (a) (basis	ule R? .nds orm 990 Cost or oth (investme	er (b)Cost or obasis (oth 14,68 174,77 22,76 22,92	other er) 37,723 70,737	(c) Accuming deprecial 46,7	Jated tion	(d) Boo	ok value

Part VII Investments—Other Securities. See I (a) Description of security or category			d of valuation
(including name of security)	(b)Book value		f-year market value
Financial derivatives Closely-held equity interests			
Other SHORT-TERM INVESTMENTS	11,493,620		F
NON U S EQUITY	20,917,695		F_
MARKETABLE ALTERNATIVES	58,429,863		F_
REAL ASSETS	31,706,339		F_
PRIVATE EQUITY	108,350,419		F
FIXED INCOME	32,378,331		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	263,276,267		
Part VIII Investments—Program Related. See			d of valuation
(a) Description of investment type	(b) Book value		d of valuation f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X		<u></u>	
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	0		

Schedule D (Form 990) 2009

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	perl	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	-	
2 a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	-	
d	Other (Describe in Part XIV)	1	
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:	<u> </u>	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIV) 4b	-	
c	Add lines 4a and 4b	- 4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
Con	eplete this part to provide the descriptions required for Part II lines 2. F. and 0. Part III lines 15 and 4. Per		rea 1h and 2h

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SFAS 116	SCHEDULE D, PART III, LINE 1A	THE ORGANIZATION ELECTED, AS PERMITTED UNDER SFAS 116, NOT TO REPORT IN ITS REVENUE STATEMENT AND BALANCE SHEET WORKS OF ART, HISTORICAL TREASURES, OR OTHER SIMILAR ASSETS HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE THERE IS NO FINANCIAL STATEMENT FOOTNOTE DISCLOSURE THAT DESCRIBES THESE ITEMS
INTENDED USES OF ORGANIZATION'S ENDOWMENT FUNDS	FORM 990, SCHEDULE D, PART V, QUESTION 4	INVESTMENT IN A MIX OF SECURITIES TO PROVIDE SUFFICIENT INCOME TO SUPPORT THE COLLEGE'S OPERATIONS IN ACCORDANCE WITH DONOR WISHES, WHILE PRESERVING EQUITY
ART COLLECTION	SCHEDULE D, PART III, LINE 4	THE COLLEGE'S PERMANENT COLLECTION OF ART INCLUDING HISTORICALLY SIGNIFICANT PAINTINGS, SCULPTURE, AND WORKS ON PAPER IS AN ACADEMIC RESOURCE THAT OFFERS STUDENTS, FACULTY, AND STAFF FIRST-HAND ENGAGEMENT WITH IMPORTANT ORIGINAL WORKS OF ART OBJECT LESSONS, WORKSHOPS, CONSERVATION PROJECTS, EXHIBITIONS, AND THEMATIC PROGRAMS DEMONSTRATE THE VARIOUS WAYS THAT THE PERMANENT HOLDINGS ARE USED TO EXPAND, COMPLEMENT, AND ENHANCE THE ACADEMIC CURRICULUM

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

SPELMAN COLLEGE

Name of the organization

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

	58-0566243			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain A STATEMENT OF THE COLLEGE'S RACIALLY NON-DISCRIMINATORY POLICY IS INCLUDED IN ALL BROCHURES AND CATALOGS IN ACCORDANCE WITH THE PROVISIONS OF REV PROC 75-50	3	Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		Νo
Ь	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5с		Νo
d	Scholarships or other financial assistance?	5d		Νo
e	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νo
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a	Yes	NI
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) # Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05	6b		Νo
•	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form	7	Yes	

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DLN: 93493133045821

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Totals .

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

Name	of th	e org	anıza	ation
SPELN	1 A N	COL	LEGE	Ξ

Employer identification number

SPE	LMAN COLLEGE						
					58	8-0566243	
Pa	General Infor "Yes" to Form 9			ide the United States	s. Complete If	the organization answered	
1	For grantmakers. Doe	es the organiza	ition maintain r	ecords to substantiate	the amount of	the grants or	
	assistance, the grante	es' eligibility fo	or the grants or	assistance, and the se	lection criteria	used to award	
	the grants or assistan	ce?					No
2	For grant makers. Descri United States	be in Part IV the	organization's pr	rocedures for monitoring th	ne use of grant fu	unds outside the	
3	Activites per Region (Us	se Schedule F-1	(Form 990) ıf adı	ditional space is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity lis a program describe speciservice(s) in	service, for region	s
	tral America and the	0	0	Program Services	STUDY ABROA	D 85,0	29
Nor	th A merica	0	0	Program Services	STUDY ABROA	D 29,2	25
	ope (Including Iceland and enland)	0	0	Program Services	STUDY ABROA	D 2,0	60
Eas	t Asia and the Pacific	0	0	Program Services	STUDY ABROA	D 28,5	00

0

144,814

Part IV	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►		
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009	

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information. Explanation
	+	

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DLN: 93493133045821

SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities

2009

Department of the Treasury

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service	Attach to Form 990 or Form 990-EZ. P See separate instructions.	Inspection
Name of the organization SPELMAN COLLEGE		Employer identification number
		58-0566243

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities Check all that apply
 - Mail solicitations

e 🔽 Solicitation of non-government grants

Internet and e-mail solicitations

F Solicitation of government grants

c 🔽 Phone solicitations

g Special fundraising events

- I 🔽 In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

	_	
	- 1	
es		

No

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	fundraise custoe contr	(iii) Did undraiser have custody or control of contributions? (iv) Gross red from activ		(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
	FUNDRAISING CAMPAIGN		No		178,518	
	CAMPAIGN CONSULTANTS		No		39,326	
Total				217,844		

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

GA,NY

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
		. ,	(a) Event #1	(b) Event #2	(c) O ther Events (total number)	(d) T (A dd co	otal Eve ol (a) th ol (c))	
Revenue	1 2 3	Gross receipts Less Charitable contributions Gross income (line 1 minus line 2)	(event type)		(total number)			
	4	Cash prizes						
Expenses	6	Rent/facility costs						
	7	Food and beverages						
Direct	8	Entertainment				 		
ں	9	Other direct expenses .			_	+		
	10 11	Direct expense summary Add line Net income summary Combine III						
Par	t III		ganızatıon answered		irt IV, line 19, or repo	rted mc	re thar	1
Revenue		\$13,000 OH TOTHI 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add co	otal gam ol (a) th ol (c))	
_	1 (Gross revenue						
ses	2 (Cash prizes				<u> </u>		
Expenses	3 1	Non-cash prizes				<u> </u>		
Dreat I		Rent/facility costs						
<u> </u>	5 (Other direct expenses	_	_	_			
	6 \	Volunteer labor	∇ Yes	Г Yes%_ Г No	Г Yes			
	7 [Direct expense summary Add lines	s 2 through 5 in column	(d)				
	8	Net gaming income summary Com	bine lines 1, column d, a	ind line 7	<u> ▶</u>		Yes	No
9 a	Is th	r the state(s) in which the organizate organization licensed to operate				· 9a		No
b		lo," Explain						
10a b		e any of the organization's gaming l es," Explain	icenses revoked, suspe	nded or terminated during	the tax year?	10a	a	
11		s the organization operate gaming a				11		<u> </u>
12		ne organization a grantor, beneficia ed to administer charitable gaming						

Indicate the percentage of gaming activity operated in The organization's facility An outside facility Inter the name and address of the person who prepares the organization's gaming/special events books and records Name Address Address If "ves," enter the amount of gaming revenue received by the organization receives gaming revenue? If "ves," enter the amount of gaming revenue received by the organization If "ves," enter name and address Name Address Caming manager information Name Gaming manager compensation Small Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retein the state gaming license?	Yes No
b An outside facility	
Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the third party F \$ and the amount of gaming revenue retained by the organization F \$ and the amount of gaming manager information Name F Baming manager information Name F Description of services provided F 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?	
Name ► Address ► L5a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ C If "Yes," enter name and address Name ► Address ► Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► □ Director/officer □ Employee □ Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Address Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization If "Yes," enter name and address Name Address Address Gaming manager information Name Gaming manager compensation S Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
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Address Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ C If "Yes," enter name and address Name ▶ Address ▶ Gaming manager information Name ▶ Gaming manager compensation ▶\$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
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Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming manager information Name ▶ Gaming manager information Name ▶ Description of services provided ▶ Director/officer	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming manager information Name ▶ Gaming manager information Name ▶ Description of services provided ▶ Independent contractor If Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming livense?	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming manager information Name ▶ Gaming manager information Name ▶ Description of services provided ▶ Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ \$ C If "Yes," enter name and address Name	
amount of gaming revenue retained by the third party \$ If "Yes," enter name and address Name	
Address Addres	
Address Addres	
Address Gaming manager information Name Gaming manager compensation Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Name Gaming manager information Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
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Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Name ► Gaming manager compensation ► \$ Description of services provided ► □ Director/officer □ Employee □ Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Gaming manager compensation Description of services provided Director/officer	
Gaming manager compensation Description of services provided Director/officer	
Gaming manager compensation Description of services provided Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Description of services provided F Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
Director/officer Employee Independent contractor Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
If Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
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?	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	
retain the state gaming license?	
17a	
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 ▶ \$	

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DLN: 93493133045821 OMB No 1545-0047

Schedule I

(Form 990)

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Grants and Other Assistance to Organizations,

Internal Revenue Service			Attach to Form 9	990			Inspection
Name of the organization						Employer identifica	ation number
SPELMAN COLLEGE						58-0566243	
Part I General Infor	mation on Gran	ts and Assistance					
1 Does the organization mathe selection criteria use		bstantiate the amount of t s or assistance?					✓ Yes
2 Describe in Part IV the o	organization's proced	lures for monitoring the us	e of grant funds in the	United States			
Form 990, Part	IV, line 21 for any	to Governments and recipient that receive 190) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, . . ,	(h) Purpose of grant or assistance
2 Enter total number of sec	ction 501(c)(3) and	government organizations					
3 Enter total number of oth	ier organizations .						

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

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
STUDENT FINANCIAL AID	1721	13,933,066	0	N/A	N/A
See Additional Data Table					

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

Ident if ier	Return Reference	Explanation
Student Financial Aid		Student Financial Aid Awards are awarded to students by the College's Office of Student Financial Services. Awards are based on a number of factors including, but not limited to, scholarly achievement, demonstrated financial need, and academic interests. Funds are provided by sources such as Federal and state governments, private donors such as corporations, individuals and foundations, the College's endowed financial aid funds, and the College's operating budget. Financial aid awards are made up to a limit of the student's financial need. Individual awards are monitored extensively in order to ensure that students are making satisfactory academic progress and that they do not receive more than their demonstrated need. Adjustments are made when appropriate

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DLN: 93493133045821

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Name of the organization

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.

Open to Public Inspection

SPE	LMAN COLLEGE		58-0566243			
Pa	rt I Questions Regarding Compensation		30-0300243			
	ta companie magazinia de la companie				Yes	Νο
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	V	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	~	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement orprovision of all the expenses describe			1b	Yes	
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive Di			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee Independent compensation consultant Form 990 of other organizations		y Written employment contract			
4	During the year, did any person listed in Form 990, Par or a related organization	tVI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pay	ymeı	nt?	4a		No
Ь	Participate in, or receive payment from, a supplementa	l nor	nqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-base	ed co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	de tl	ne applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of					
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	e 1 a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," des			7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III			8		No
9	If "Yes" to line 8, did the organization also follow the re	butt	able presumption procedure described in Regulations			

section 53 4958-6(c)?

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

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

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

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	.SC compensation '	(C) Retirement and		(E) Total of columns	
		(i) Base compensation	(i) Base (ii) Bonus &		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
BEVERLY DANIEL TATUM	(I) (II)	326,284 0	_	15,500 0 0	36,324	38,139 0	9 416,247 0 0)
ROBERT D FLANIGAN JR	(I) (II)	238,443	- 1	o'	14,615	8,621 0	1 261,679 0 0)
JOHNNELLA BUTLER	(ı) (ıı)	211,511	 0 0	0 0	12,993	•	1 232,855 0 0)
ARLENE CASH	(ı) (ıı)	153,452 0	_	0 0	9,662		8 170,792 0 0)
ELOISE ALEXIS	(ı) (ıı)	147,464 0	0	0 0	9,051)
KASSANDRA JOLLEY	(ı) (ıı)	174,930 0	0	0 0	10,815	•	9 192,694 0 0)
SHERRY TURNER	(I) (II)	135,550 0	-	0 0	' ',	•		•
								
	'			<u> </u>		<u> </u>		
	+						'	
						1		
	'		 		+	<u> </u>		
	 '						<u>'</u>	
	+	+		<u> </u>	 		<u> </u>	

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
COMPENSATION QUESTION	•	SOCIAL CLUB DUES WERE PAID FOR TATUM, BUTLER AND ALEXIS NOT TREATED AS TAXABLE COMPENSATION \$2,303 WAS PROVIDED IN SPOUSAL TRAVEL BENEFITS FOR TATUM NOT TREATED AS TAXABLE COMPENSATION
HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	SCHEDULE J, PART I, LINE 1A	HOUSING VALUED AT \$29,035 WAS PROVIDED TO TATUM NOT TREATED AS TAXABLE COMPENSATION
President's INCENTIVE COMPENSATION	Schedule J, Part II, Column B (II) AND SCHEDULE J, PART I, LINE	Beverly Daniel Tatum's INCENTIVE COMPENSATION is composed of \$15,500, which is deferred compensation payable in accordance with her employment contract

Schedule J (Form 990) 2009

DLN: 93493133045821

OMB No 1545-0047

2009

Open to Public

Supplemental Information on Tax Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0 (Form 990).
 ★ Attach to Form 990.
 ★ See separate instructions.

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

Name of the organization SPELMAN COLLEGE

Inspection
Employer identification number

58-0566243														
P	art I Bond Issues							,		•	_			
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Dat	e Issued	(e) Issu	e Price	(f) Des	cription of	Purpose	(g) De	feased	Beh)On nalf of suer
											Yes	No	Yes	No
A	PRIVATE COLLEGES AND UNIVERSITIES AUTHORITY	58-1407790	74265LQB7	01-30	0-2003	30,	,800,674	SEE SCHE	EE SCHEDULE O			х		×
В	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900TAS	03-21	2007	67,	,041,214	SEE SCHE	EE SCHEDULE O			х		х
С	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878		09-01	2009	1,	500,000	SEE SCHEE	SEE SCHEDULE O			х		х
D	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878		09-01	2009	6,	.100,000	SEE SCHEE	SEE SCHEDULE O			x		х
Pa	rt II Proceeds				I.									
				Α	\	В	3	(C	D)		Е	
1	Total proceeds of issue			3	1,533,944	68	8,883,486	5	1,500,000	6	5,100,00	0		
2	Gross proceeds in reserve funds													
3	Proceeds in refunding or defeasan	ce escrows												
4	Other unspent proceeds													
5	Issuance costs from proceeds				491,087	754,073								
6	Working capital expenditures from	proceeds												
7	Capital expenditures from proceed	ds		24	4,835,937	58	8,550,843	3						
8	Year of substantial completion			20	07	200	09	19	99	200	04			
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding is	sue?		Х	х		Х		Х				
10	10 Were the bonds issued as part of an advance refunding issue?			Х			Х		Х		Х			
11	1 Has the final allocation of proceeds been made?			Х			Х	Х		Х				
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?					х		х		х				
Pa	rt IIII Private Business Use						·							·
					A		B	+	1999 2000 Yes No Yes X X X			1 .,	E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No

			1		3		С)		E
		Yes	No								
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		х		x		х		х		
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		x	X			X		х		

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

		4	A	В		c		D			E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	Х		Х		Х			Х		
3b	Are there any research agreements with respect to the financed property which may result in private business use?	х			Х		Х		Х		
Зс	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	×			х		х		х		
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		2 900 %		0 %	0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		2 900 %		0 %		0 %			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		х		х			
			•						1		

Part IV Arbitrage

			١	1	В	C D)	E		
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	x			Х	Х		Х			
2	Is the bond issue a variable rate issue?		Х		Х	Х		Х			
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х		Х		х		х		
b	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х	Х			Х		Х		
b	Name of provider	HYPO PUBLIC FINANCE		HYPO PUBLIC FINANCE							
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	х		х							
5	Were any gross proceeds invested beyond an available temporary period?	х			х		х		х		
6	Did the bond issue qualify for an exception to rebate?		Х	Х		Х		Х			
1									Schodul	a K /Form 99/	1) 2009

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DLN: 93493133045821

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schedule L

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of SPELMAN (the organization							E	mployer i	dentificatio	n numbe	r
SI ELITAN (COLLEGE							5	8-05662	43		
Part I	Excess Benefit Tra										4.0.1	
	Complete if the organizat				90, F	Part IV, line 25a c	or 25	b, or Form	990-EZ,	Part V , line		rrected?
1	(a) Name of disq	ualıfıed	person			(b) Desc	rıptı	on of trans	action		Yes	No
											+:55	110
	er the amount of tax impos									r • \$		
3 Ente	er the amount of tax, if any	, on line	2, abo	ve, reimbursed b	y th	ne organization .			🕨	• \$		
Part II	I come to and fact	F., a.,		ated Daves								
Part II	Loans to and/or I Complete if the organic). Part IV. line 26	. or F	orm 990-E	Z. Part V	t. line 38a		
			oan to	<u> </u>			,		(f)			
(a) Name	e of interested person and	1	m the	(c)O riginal		(4) D - I		e) In fault?	A ppro-		(g)Writte	
	purpose	organiz	zation?	principal amou	ınt	(d)Balance due	ue	iauitr	commit		agreemer	11.7
		То	From				Yes	. No	Yes	No	Yes	No
Total .						•		•		•		
Part III		nce Be	nefitt	ing Intereste	ed I	Persons.			•			
	Complete if the orga	nızatıc										
(2	a) Name of interested pers	on	(een interested per ganization	son	(c)A m	ount of g	rant or type	ofassis	tance
Part IV	Business Transact	tions 1	nvolv	ina Interesta	e d	Persons.						
1 41 (10	Complete if the orga						, lın	e 28a, 28	b, or 28	c.		
			(b) Relationship		·		·				naring of
(a)	(a) Name of interested person			ween interested		(c) A mount of		(d) Descr	ription of	transaction		zation's nues?
			1 '	erson and the organization		transaction						No
ARONSO	N JOHNSON ORTIZ		-	TEE IS OWNER	\top	19,0	51	ENDO WM E	NT MAN	AGEMENT	Yes	N o
CHESAPE	CHESAPEAKE ASSET MANAGEMENT FORMER TRUST					748,6	17	ENDO WM E	NT ADV	ISOR		Νο

OWNER

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

NonCash Contributions

Name of the organization SPELMAN COLLEGE

Employer identification number

58-0566243

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of de reven	etermı	nıng	
1	Art—Works of art	Х	2	-	FM \/			
	Art—Historical treasures .			317,323	I I'I V			
4	Books and publications							
_	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	5	77,521	FMV			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
14	Q ualified conservation contribution—O ther							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other►(<u>SEE PART II</u>)	X	6	68,632	FMV			
26	O ther ▶()							
27	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 receive for which the organization comp				29		Yes	No No
30a	During the year, did the organiz	atıon receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three yea	rs from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the ent	ıre holdıng p	period?			30a		No
ь	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gi	ft acceptan	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell i	non-cash	32a		Νο
b	If "Yes," describe in Part II							
33		t revenues i	ın column (c) for a type of p	roperty for which column (a) is checked,			
F	Privacy Act and Paperwork Reduction	n Ast Natica	see the Instructions for Form	n 990 Cat No. 512271	Schedule	M /Fax		2000

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanat ion
OTHER NON-CASH CONTRIBUTIONS	25-27	ONE AND ONE-HALF PAGES OF IN-KIND AD SPACE TO SPONSOR 2009-10 PROGRAMS FAIR MARKET VALUED AT \$53,625 00 DONATIONS OF VARIOUS BEVERAGE ITEMS (BEVERAGES, COOLERS, PENCILS, KEYCHAINS, AND T-SHIRTS) FAIR MARKET VALUED AT \$6,163 00 GIFT INCLUDES COMPUTERS WITH SOFTWARE FAIR MARKET VALUED AT \$8,737 00 SUPPLIES, FOOD, AND DECORATIONS FOR THE SPELMAN COLLEGE PARENT'S ASSOCIATION EVENT IN AUGUST OF 2009 FAIR MARKET VALUED AT \$107 13

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 58-0566243

Name: SPELMAN COLLEGE

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SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or to provide any additional information. ► Attach to Form 990.

OMB No 1545-0047

DLN: 93493133045821

Name of the organization

SPELMAN COLLEGE

Employer identification number

58-0566243

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	REVISIONS TO SPELMAN COLLEGE BY-LAWS WERE MADE, INCLUDING APPEALS PROCESS FOR REMOVING A TRUSTEE AND NOTICE PERIOD FOR BY-LAW REVISIONS

ldentifier	Return Reference	Explanation
FORM 990	FORM 990, PART VI,	FORM 990 IS DISTRIBUTED TO THE AUDIT BUDGET AND FINANCE COMMITTEE PRIOR TO THE
REVIEW	SECTION B,	COMMITTEE MEETING FOR THEIR REVIEW INDEPENDENT TAX ACCOUNTANTS WILL REVIEW WITH
PROCESS	QUESTION 11	COMMITTEE THE CHAIRMAN OF THE COMMITTEE WILL DISCUSS AND REVIEW WITH THE FULL BOARD,
		WHO WILL RECEIVE A COPY OF THE FINALIZED RETURN PRIOR TO FILING

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, QUESTON 12C	EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE UPON THEIR INITIAL HIRING THE COLLEGE HAS A WRITTEN CONFLICT OF INTEREST POLICY IN ITS EMPLOYEE HANDBOOK IF HUMAN RESOURCES BECOMES AWARE OF A CONFLICT, THE EMPLOYEE IS NOTIFIED AND REQUIRED TO SUBMIT A CONFLICT OF INTEREST STATEMENT, WHICH IS FILED IN THE EMPLOYEE'S PERSONNEL FILE ALL TRUSTEES, BOARD REPRESENTATIVES AND SENIOR TEAM MEMBERS MUST COMPLETE AND SIGN A CONFLICT OF INTEREST FORM ON AN ANNUAL BASIS COMPLIANCE IS MONITORED AND A SUMMARY IS PROVIDED TO THE SECRETARY OF THE BOARD

ldentifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, SECTION B, QUESTIONS 15A AND 15B	THE COMPENSATION OF THE COLLEGE'S PRESIDENT IS DETERMINED AS FOLLOWS COMPARABILITY STUDIES ARE PERFORMED BY AN INDEPENDENT THIRD PARTY COMPENSATION CONSULTANT IT IS THE COLLEGE'S GOAL THAT THE PRESIDENT'S COMPENSATION BE IN THE 50TH-75TH PERCENTILE OF THE UNIVERSITIES USED IN THE COMPARABILITY SURVEY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THE RECOMMENDATIONS MADE BY THE COMPENSATION CONSULTANT AND MAKES A RECOMMENDATION TO THE FULL BOARD OF TRUSTEES THE FULL BOARD OF TRUSTEES VOTES ON THE PRESIDENT'S COMPENSATION PACKAGE WITH RESPECT TO OTHER OFFICERS AND KEY EMPLOYEES, THE COMPENSATION OF THESE INDIVIDUALS IS DETERMINED BY THE PRESIDENT THE PRESIDENT RECOMMENDS THE COMPENSATION FOR THESE INDIVIDUALS TO THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF TRUSTEES, WHICH REVIEWS AND APPROVES THE COMPENSATION FOR THESE INDIVIDUALS, COMPENSATION STUDIES ARE PERFORMED BY AN INDEPENDENT THIRD PARTY FIRM OR THE COLLEGE'S HUMAN RESOURCES DEPARTMENT

ldentifier	Return Reference	Explanation
MAKING DOCUMENTS AVAILABLE TO THE PUBLIC	FORM 990, PART VI, SECTION C, QUESTION 19	SPELMAN COLLEGE DOES NOT MAKE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC HOWEVER, DOCUMENTS ARE AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
FAMILY AND BUSINESS RELATIONSHIPS	· '	STUART BURGDOERFER AND BRADLEY SHEARES, BOTH BOARD MEMBERS, SERVE ON THE BOARD OF DIRECTORS OF PROGRESSIVE CORPORATION

ldentifier	Return Reference	Explanation
DESCRIPTION OF PURPOSE	SCHEDULE K, PART I, COLUMN F	A- 1 CONSTRUCTION, RENOVATIONS AND EQUIPPING OF COLLEGE FACILITIES, 2003 PROCEEDS USED \$23,660,980 2 ADVANCE REFUNDING OF A PORTION OF PRIVATE COLLEGE AND UNIVERSITIES REVENUE BONDS (SPELMAN COLLEGE PROJECT), SERIES 1994, ISSUANCE DATE JULY 21, 1994, 2003 PROCEEDS USED \$6,213,020 B- 1 CONSTRUCTION OF IMPROVEMENTS TO COLLEGE FACILITIES, INCLUDING A NEW DORMITORY AND CAMPUS INFRASTRUCTURE, 2007 PROCEEDS USED \$54,773,104 2 CURRENT REFUNDING OF A PORTION OF PRIVATE COLLEGES AND UNIVERSITIES AUTHORITY REVENUE BONDS (SPELMAN COLLEGE PROJECT), SERIES 1994, ISSUANCE DATE JULY 21, 1994, PROCEEDS USED \$5,085,377 3 CURRENT REFUNDING OF PROMISSORY NOTE, ISSUED NOVEMBER 17, 2004, 2007 PROCEEDS USED \$4,493,194 C- REISSUANCE OF DEVELOPMENT AUTHORITY OF FULTON COUNTY ADJUSTABLE ROLE DEMAND REVENUE BONDS (SPELMAN COLLEGE PROJECT), SERIES 1996 (TREATED AS CURRENT REFUNDING), ISSUE DATE DECEMBER 1, 1996 D- REISSUANCE OF DEVELOPMENT AUTHORITY OF FULTON COUNTY ADJUSTABLE ROLE DEMAND REVENUE BONDS (SPELMAN COLLEGE PROJECT), SERIES 1999 (TREATED AS CURRENT REFUNDING), ISSUE DATE DECEMBER 1, 1996 DATE NOVEMBER 19, 1999

ldentifier	Return Reference	Explanation
TOTAL PROCEEDS OF ISSUE	SCHEDULE K, PART II, LINE 1	C - THIS WAS A REISSUANCE OF THE SERIES 1996 BONDS AND NO CASH PROCEEDS WERE GENERATED THE REISSUANCE WAS TREATED AS A CURRENT REFUNDING D - THIS WAS A REISSUANCE OF THE SERIES 1999 BONDS AND NO CASH PROCEEDS WERE GENERATED THE REISSUANCE WAS TREATED AS A CURRENT REFUNDING

ldentifier	Return Reference	Explanation
SCHEDULE K, PART II, LINE 7		A - TOTAL CAPITAL EXPENDITURES OF \$24,835,937 INCLUDES CAPITALIZED INTEREST OF \$1,174,957 B - TOTAL CAPITAL EXPENDITURES OF \$58,550,843 INCLUDES CAPITALIZED INTEREST OF #3,777,739

ldentifier	Return Reference	Explanation
SCHEDULE K, PART III, LINE 3		A, B, C AND D BOND COUNSEL REVIEWS THIRD-PARTY CONTRACTS IN CONNECTION WITH THE ISSUANCE OF THE COLLEGE'S BONDS (WHICH HAVE OCCURRED IN 1988, 1994, 1996, 1999, 2003 AND 2007)

DLN: 93493133045821

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

ame of the organization ELMAN COLLEGE				Employer identific	ation number
Part I Identification of Disregarded Entities (Complete	e if the organization a	nswered "Yes" on	Form 990 Part IV	58-0566243	
(a) Name, address, and EIN of disregarded entity	(b) Primary activity I	(c) Legal domicile (state or foreign country)	(d)	(e) I-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the	tions (Complete if the tax year.)	e organization an	swered "Yes" on Fo	orm 990, Part IV	, line 34 because it had one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3)	(f) Direct controlling) entity
OLLEGIATE PROPERTY DEVELOPMENT COMPANY 50 SPELMAN LANE SW TLANTA, GA 30314 1-1636865	ACQUIRE PROP	GA	501(C)(2)	N/	A NA
PELMAN COLLEGE SPECIAL VENTURES FUND 50 SPELMAN LANE SW TLANTA, GA 30314 5-1561434	INVESTMENTS	GA	501(C)(3)	1	ı NA

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asset	-of-year	(h Disprop allocat	ortionate	Code amount ır Sched	(i) V—UBI n box 20 of ule K-1 n 1065)	(j Gener mana parti	al or ging
								Yes	No			Yes	No
												+	
				s a Corporation on treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it flad offe t		elated organizations				(f))		(-)	(5)		
(a) Name, address, and EIN o	f related organization	(b) Primary a	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share o	f total	Sh end-	(g) nare of -of-year ssets	(h) Percentag ownership		
									1				

(6)

Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No					
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed	ın Parts II-IV?								
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No					
b Gift, grant, or capital contribution to other organization(s)		1b	Yes						
c Gift, grant, or capital contribution from other organization(s)									
d Loans or loan guarantees to or for other organization(s)		1d		No					
ans or loan guarantees by other organization(s)									
f Sale of assets to other organization(s)		1f		No					
g Purchase of assets from other organization(s)		1 g		No					
h Exchange of assets		1h		No					
i Lease of facilities, equipment, or other assets to other organization(s)		1i		No					
j Lease of facilities, equipment, or other assets from other organization(s)		1j		No					
k Performance of services or membership or fundraising solicitations for other organization(s)		1k		No					
I Performance of services or membership or fundraising solicitations by other organization(s)		11		No					
m Sharing of facilities, equipment, mailing lists, or other assets		1m		No					
n Sharing of paid employees		1n		No					
• Reimbursement paid to other organization for expenses		10		No					
p Reimbursement paid by other organization for expenses		1 p		No					
q O ther transfer of cash or property to other organization(s)		1q		No					
r Other transfer of cash or property from other organization(s)		1r		No					
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covere	- ed relationships and transaction thre	esholds							
(a)	_ (b)	\top	c)						
Name of other organization	Transaction type(a-r)	Amount		d					
1) SPELMAN COLLEGE SPECIAL VENTURES FUND INC	В		10,67	3,258					
2) SPELMAN COLLEGE SPECIAL VENTURES FUND INC	С		10,25	7,572					
3)									
4)									
5)									
	I	i							

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	501(c)(3) organizations?		partners end-of-year section assets 501(c)(3) ganizations?		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) General d managing partner?	
			Yes	No		Yes	No		Yes	N	
										+	
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Additional Data

Software ID: Software Version:

EIN: 58-0566243

Name: SPELMAN COLLEGE

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

4d. Other program servi	ices				
(Code PUBLIC SERVICE) (Expenses \$	258,300	including grants of \$) (Revenue \$)
(Code ACADEMIC SUPPORT) (Expenses \$	7,042,415	including grants of \$) (Revenue \$)
(Code STUDENT SERVICES) (Expenses \$	11,005,443	including grants of \$) (Revenue \$)

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		tion (hat a	che)		1	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
CLAIRE ARNOLD TRUSTEE	2 0	х						0	0	0	
THEODORE R ARONSON TRUSTEE	2 0	Х						0	0	0	
AMBASSADOR AURELIA E BRAZEAL TRUSTEE	2 0	Х						0	0	0	
ROSALIND G BREWER TRUSTEE	2 0	Х						0	0	0	
JANINE BROWN TRUSTEE	2 0	Х						0	0	0	
STUART BURGDOERFER TRUSTEE	2 0	Х						0	0	0	
KIMBERLY B DAVIS TRUSTEE	2 0	Х						0	0	0	
JERRI L DEVARD TRUSTEE	2 0	Х						0	0	0	
EVELYNN M HAMMONDS TRUSTEE	2 0	Х						0	0	0	
YVONNE R JACKSON CHAIRWOMAN	2 0	Х						0	0	0	
ROSE HARRIS JOHNSON TRUSTEE	2 0	Х						0	0	0	
TERRY L JONES TRUSTEE	2 0	Х						0	0	0	
CYNTHIA R MCINTYRE TRUSTEE	2 0	Х						0	0	0	
SUSAN A MCLAUGHLIN TRUSTEE	2 0	Х						0	0	0	
GWENDOLYN ADAMS NORTON TRUSTEE	2 0	Х						0	0	0	
LAURA J BURTON O DEM TRUSTEE	2 0	Х						0	0	0	
VICKI R PALMER TRUSTEE	2 0	х						0	0	0	
ANNA ELEANOR ROOSEVELT TRUSTEE	2 0	Х						0	0	0	
LOVETTE T RUSSELL TRUSTEE	2 0	Х						0	0	0	
BRADLEY T SHEARES TRUSTEE	2 0	Х						0	0	0	
ESTHER SILVER-PARKER TRUSTEE	2 0	Х						0	0	0	
CYNTHIA NEAL SPENCE FACULTY TRUSTEE	35 0	Х						94,716	0	12,428	
RONDA E STRYKER TRUSTEE	2 0	Х						0	0	0	
BEVERLY DANIEL TATUM COLLEGE PRESIDENT	35 0	Х		х				341,784	0	74,463	
KATHY WALLER TRUSTEE	2 0	×						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
CELESTE WATKINS-HAYES TRUSTEE	2 0	Х						0	0	0	
CHRISTINA A WHATLEY TRUSTEE	2 0	Х						0	0	0	
JOHN S WILSON JR TRUSTEE	2 0	х						0	0	0	
ROBERT D FLANIGAN JR VP BUSINESS &FINANCE/TREASURER	35 0			х				238,443	0	23,236	
JOHNNELLA BUTLER PROVOST	35 0			х				211,511	0	21,344	
ARLENE CASH VP ENROLLMENT MANAGEMENT	35 0			х				153,452	0	17,340	
ELOISE ALEXIS VP FOR COLLEGE RELATIONS	35 0			x				147,464	0	15,862	
KASSANDRA JOLLEY VP FOR DEVELOPMENT	35 0			х				174,930	0	17,764	
SHERRY TURNER VP FOR STUDENT AFFAIRS	35 0			х				135,550	0	14,872	
DELORES BARTON VP & CHIEF INFORMATION OFFICER	35 0			х				132,677	0	13,227	
DARNITA KILLIAN VP FOR STUDENT AFFAIRS	35 0			х				0	0	0	
GLORIA WADE-GAYLES PROFESSOR	35 0					Х		132,651	0	14,505	
MARY ALEXANDER PROFESSOR	35 0					Х		125,080	0	9,740	
CATHY DANIELS SECRETARY & CHIEF OF STAFF	35 0					Х		123,002	0	14,684	
DONNA HARPER FACULTY	35 0					Х		122,103	0	13,916	
BEVERLY GUY-SHEFTALL FACULTY	35 0					Х		118,328	0	13,970	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CLEANING EXPENSES	1,205,884	1,055,540	150,344	0
AUC LIBRARY	2,314,470	2,314,470	0	0
EQUIPMENT AND RENTAL	1,998,722	1,253,800	715,405	29,517
SPECIAL PROJECTS	2,697,890	1,760,667	302,755	634,468
PURCHASED SERVICES	2,974,007	2,974,007	0	0