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Department of the Treasury

# **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)

2011

OMB No 1545-0047

Open to Public

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

|                               | c Name of organization  | D Emp                      | loyer ider                  | tification number            |
|-------------------------------|---|----------------------------|-----------------------------|------------------------------|
| Check if appl<br>Address chan | CADIE SPELMAN COLLEGE   |                            | ,<br>0566243                |                              |
| _                             | Doing Business As   |                            | ohone nui                   |                              |
| Name change                   |   | (404                       | 1)681-3                     | 643                          |
| Initial return                | Number and street (or P O box if mail is not delivered to street address) Room/suite  | •                          |                             | 238,545,217                  |
| Terminated                    | 350 SPELMAN LANE SW   | <b>G</b> 0103.             |                             | 230,343,217                  |
| Amended ret                   |   |                            |                             |                              |
| -<br>Application pe           | ATLANTA, GA 30314<br>ending   |                            |                             |                              |
|                               | F Name and address of principal officer   | <b>H(a)</b> Is this a grou | ın return                   | for                          |
|                               | BEVERLY DANIEL TATUM  | affiliates?                | ap recurr                   | ⊤Yes <b>▽</b> No             |
|                               | 350 SPELMAN LANE SW ATLANTA, GA 30314   |                            |                             |                              |
|                               |   | H(b) Are all affiliate     |                             |                              |
| Tax-exempt                    | status  | H(c) Group exem            |                             | (see instructions)<br>nber ► |
| Wehsite: I                    | ► WWW SPELMAN EDU   |                            |                             |                              |
|                               |   | Ι                          |                             |                              |
|                               | ization   | <b>L</b> Year of formation | 1881 <b>M</b>               | State of legal domicile GA   |
| Part I                        | Summary   |                            |                             |                              |
| SP                            | efly describe the organization's mission or most significant activities ELMAN COLLEGE, A HISTORICALLY BLACK COLLEGE AND GLOBAL LEAD! RICAN DESCENT, IS DEDICATED TO THE ACADEMIC EXCELLENCE OF IT   |                            | TIONO                       | WOMEN OF                     |
| _                             |   |                            |                             |                              |
| 2 Ch 3 Nu 4 Nu 5 To 6 To      | eck this box দ if the organization discontinued its operations or disposed of i   | nore than 25% of r         | 1 1                         | sets                         |
| <b>3</b> Nu                   | mber of voting members of the governing body (Part VI, line 1a)   |                            | 3                           | 26                           |
|                               | mber of independent voting members of the governing body (Part VI, line 1b)   |                            | 4                           | 24                           |
|                               | tal number of individuals employed in calendar year 2011 (Part V, line 2a) .  |                            | 5                           | 1,542                        |
|                               | tal number of volunteers (estimate if necessary)  |                            | 6                           | 288                          |
|                               | tal unrelated business revenue from Part VIII, column (C), line 12  |                            | 7a                          | 17,826                       |
| <b>b</b> Ne                   | t unrelated business taxable income from Form 990-T, line 34  |                            | 7b                          | -572                         |
|                               |   | Prior Year                 |                             | Current Year                 |
|                               | Contributions and grants (Part VIII, line 1h)   | 22,938                     |                             | 34,477,104                   |
| 9 1                           | Program service revenue (Part VIII, line 2g)  | 61,429                     | <del></del>                 | 64,118,382                   |
| <u> </u>                      | nvestment income (Part VIII, column (A), lines 3, 4, and 7d)  | 17,954                     |                             | 18,975,393                   |
| 1 1                           | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 869                        | 9,629                       | 1,035,806                    |
|                               | otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line   | 103,192                    | 2,905                       | 118,606,685                  |
|                               | Grants and similar amounts paid (Part IX, column (A), lines 1–3)  | 13,698                     | 3,019                       | 14,946,185                   |
| <b>14</b> E                   | Benefits paid to or for members (Part IX, column (A), line 4)   |                            | 0                           | C                            |
| 15                            | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-  |                            |                             |                              |
| 16a F                         | 10)   | 44,252                     | 2,069                       | 45,776,906                   |
| 16a F                         | Professional fundraising fees (Part IX, column (A), line 11e)   | 162                        | 2,591                       | 233,700                      |
| <u>ਤੇ</u>   ਿ ਾ               | otal fundraising expenses (Part IX, column (D), line 25) •4,012,056   |                            |                             |                              |
|                               | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 44,299                     | ,595                        | 41,129,795                   |
| 18                            | otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)   | 102,412                    | 2,274                       | 102,086,586                  |
| <b>19</b>                     | Revenue less expenses Subtract line 18 from line 12   | 780                        | 0,631                       | 16,520,099                   |
| 8 C G G                       |   | Beginning of Cur           | rent                        | End of Year                  |
| 90 20 1<br>90 21 1            | Tabel access (Days V. Line 16.)   | Year                       | 7 411                       |                              |
| で 20 TE 21 TE 21              | Total liabilities (Part X, line 16)   | 512,177                    |                             | 508,108,237                  |
| 2   21   T                    | otal liabilities (Part X, line 26)  | 115,742                    |                             | 118,018,440                  |
|                               | Net assets or fund balances Subtract line 21 from line 20   | 396,434                    | 7,744                       | 390,089,797                  |
| nder penaltie                 | s of perjury, I declare that I have examined this return, including accompanying schell belief, it is true, correct, and complete. Declaration of preparer (other than officer)  ******  Signature of officer  ROBERT D FLANIGAN JR VP BUS & FIN /TREAS |                            | nation of                   |                              |
| <u> </u>                      | Type or print name and title  | Т                          |                             |                              |
| 1.                            | Tepaler 3   |                            | er's taxpay<br>istructions) | er identification number     |
| aid                           | Sulfature <b>e</b>  | ployed F                   | iou acciotis)               |                              |
|                               | Firm's name (or yours KPMG LLP  | EIN Þ                      |                             |                              |
|                               | f self-employed),<br>address, and ZIP + 4 300 North Greene Street Suite 400   | [_EIN <b>F</b>             |                             |                              |
| , l                           |   |                            |                             |                              |
| , ,                           | Greensboro, NC 27401  | Phone                      | no 🕨 (33                    | 6) 275-3394                  |

May the IRS discuss this return with the preparer shown above? (see instructions)  $\,$  .

| 4e          | Total program servi                          | ce expenses►\$                                  | 78,169,39  | 6   |   |  |
|-------------|--|---|--|---|---|--|
|             | (Expenses \$                                 | •   | cluding grants o   | of\$  | ) (Revenue \$   | )  |
| 4d          | Other program serv                           | ıces (Describe in Sc                            | hedule O )   |   |   |  |
|             | (Code<br>STUDENT SERVICES                    | ) (Expenses \$                                  | 9,988,349  | including grants of \$  | ) (Revenue \$   | )  |
|             | (Code<br>ACADEMIC SUPPORT                    | ) (Expenses \$                                  | 7,631,229  | including grants of \$  | ) (Revenue \$   | )  |
|             | (Code<br>PUBLIC SERVICE                      | ) (Expenses \$                                  | 488,896  | including grants of \$  | ) (Revenue \$   | )  |
|             | RESEARCH SPELMAN CO<br>SPONSORING ORGANIZA   | LLEGE PERFORMS RESEAL<br>TIONS                  | RCH, TRAINING AN   | O OTHER SIMILAR SERVICE   | S UNDER GRANTS WITH GOVERNME  | NTAL AGENCIES OR                                       |
| 4c          | (Code  | ) (Expenses \$                                  | 4,042,549  | ıncludıng grants of \$  | ) (Revenue \$   | )  |
|             | SPELMAN ALSO PROVIDE<br>OPERATES A 500 SPACE | S DINING SERVICES TO IT                         | rs residential st<br>ULTY, STAFF, AND                    | UDENTS, AS WELL AS COM  | DES ON CAMPUS HOUSING FOR APPI<br>MUTER STUDENTS, FACULTY, STAFF<br>SPELMAN OFFERS A VARIETY OF SL                          | AND OTHERS SPELMAN                                     |
| 4b          | (Code  | ) (Expenses \$                                  | 14,588,285   | ıncludıng grants of \$  | ) (Revenue \$   | 17,821,966 )   |
| 4a          | IS ACCREDITED BY THE TRAINING SERVICES FOR   | IN 1881, SPELMAN COLL<br>COMMISSION ON COLLEG   | EGE IS A PRIVATE,<br>ES OF THE ASSOCI<br>UNDERGRADUATE S | NONPROFIT INSTITUTION C<br>ATION OF COLLEGES AND S<br>STUDENTS IN ADDITION, T | 14,946,185 ) (Revenue \$  OF HIGHER EDUCATION BASED IN AT  CHOOLS AND PROVIDES QUALITY LII  HE COLLEGE MAINTAINS SPECIAL PR | LANTA, GEORGIA THE COLLEGE<br>BERAL ARTS EDUCATION AND |
| 4           | expenses Section 50<br>grants and allocation | 01(c)(3) and 501(c)(                            | 4) organizations   | and section 4947(a)   | ree largest program services, (1) trusts are required to repo<br>th program service reported  14,946,185) (Revenue \$       |  |
|             | If "Yes," describe the                       | se changes on Scheo                             | dule O   |   |   |  |
| 3           | Did the organization of services?            | cease conducting, or                            | make sıgnıfıcar  | it changes in how it co   | nducts, any program   | ┌ Yes ┌ No   |
|             | If "Yes," describe the                       |   | chedule O  |   |   | , <sub> </sub>   |
| 2           | Did the organization to                      |   | cant program se  | rvices during the year  | which were not listed on  | ─────────────────────────────────────                  |
|             |  |   |  |   |   |  |
| DES(<br>CRE | CENT, IS DEDICATED<br>ATIVE, ETHICAL AND     | O TO ACADEMIC EX<br>D LEADERSHIP DEV            | CELLENCE IN TELOPMENT OF                                 | THE LIBERAL ARTS A<br>ITS STUDENTS SPE  | N THE EDUCATION OF WO<br>ND SCIENCES, AND THE IN<br>LMAN EMPOWERS THE WHO<br>TIVE SOCIAL CHANGE                             | NTELLECTUAL,   |
| 1           | Briefly describe the                         | organization's missio                           | n  |   |   |  |
| Par         |  | <b>of Program Serv</b><br>dule O contains a res | -  | <b>lishments</b><br>Jestion in this Part III                                  |   |  |
|             | 990 (2011)                                   |   |  |   |   | Page <b>2</b>  |

| Part IV | Check | dist of | Required | Schedules |
|---------|-------|---------|----------|-----------|
|         |       |         |          |           |

|     | one of the quite o |     | V          | NI- |
|-----|--|-----|------------|-----|
| 1   | Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes,"  |     | Yes<br>Yes | No  |
| _   | complete Schedule A 🚾  | 1   |            |     |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏  | 2   | Yes        |     |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | 3   |            | No  |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4   | Yes        |     |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5   |            | No  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6   |            | No  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>   | 7   |            | No  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  | 10  | Yes        |     |
| 11  | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable   |     |            |     |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>   | 11a | Yes        |     |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.   | 11b | Yes        |     |
| c   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.   | 11c |            | No  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.  | 11d |            | No  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.   | 11e | Yes        |     |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.  | 11f |            | No  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII  | 12a |            | No  |
| Ь   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional   | 12b | Yes        |     |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  | Yes        |     |
|     | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |            | No  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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 and IV</i>   | 15  |            | No  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV  | 16  | Yes        |     |
| 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  |            | No  |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  | 20a |            | No  |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements  | 20b |            |     |

| 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 |     | Νo |
| С   | 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 |     | Νo |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$   | 25a |     | No |
| b   | 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 |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b |     | No |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? 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  |     | No |
| 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  |     | Νο |
| 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 |    |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?  | 35a | Yes |    |
| b   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b |     | 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?   | 38  | Yes |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

|    | Check if Schedule O contains a response to any question in this Part V   |          | . [  |    |
|----|--|----------|------|----|
|    |  |          | Yes  | No |
| а  | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  |          |      |    |
|    |  |          |      |    |
|    | <b>1a</b> 3,098  |          |      |    |
| 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?   | 1c       | Yes  |    |
| а  | 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   |          |      |    |
| L  | return   |          |      |    |
| D  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b       | Yes  |    |
| _  | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |          |      |    |
| 3  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | За       | Yes  |    |
| b  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | 3b       | Yes  |    |
| а  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority  |          |      |    |
|    | over, a financial account in a foreign country (such as a bank account or securities account)?   | 4a       |      | Νο |
| b  | If "Yes," enter the name of the foreign country  |          |      |    |
|    | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  |          |      |    |
| a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a       |      | Νο |
| b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |      | Νο |
| c  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | _        |      |    |
| 9  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   | 5c<br>6a |      | Νο |
| b  | organization solicit any contributions that were not tax deductible?   |          |      |    |
|    | 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   | 7a       | Yes  |    |
| a  | services provided to the payor?  | /a       | , es |    |
| b  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b       | Yes  |    |
| С  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c       |      | Νο |
| d  | If "Yes," indicate the number of Forms 8282 filed during the year  |          |      |    |
| e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit  |          |      |    |
|    | contract?  | 7e       |      | Νο |
|    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7f<br>7g |      | No |
| h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a  | 79<br>7h |      |    |
|    | Form 1098-C?   | 711      |      |    |
|    | the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?   | 8        |      |    |
|    | Sponsoring organizations maintaining donor advised funds.  | -        |      |    |
| а  | Did the organization make any taxable distributions under section 4966?  | 9a       |      |    |
|    | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b       |      |    |
| )  | Section 501(c)(7) organizations. Enter   |          |      |    |
|    | Initiation fees and capital contributions included on Part VIII, line 12   10a   |          |      |    |
| b  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |          |      |    |
| 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)   |          |      |    |
|    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a      |      |    |
| b  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |          |      |    |
| 3  | Section 501(c)(29) qualified nonprofit health insurance issuers.   |          |      |    |
| а  | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state | 13a      |      |    |
| ь  | Enter the aggregate amount of reserves the organization is required to maintain by   |          |      |    |
|    | the states in which the organization is licensed to issue qualified health plans   |          |      |    |
| С  | Enter the aggregate amount of reserves on hand  13c  |          |      |    |
| ŧа | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |      | Νo |
| h  | If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O  | 14b      |      |    |

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

| Se  | ection A. Governing Body and Management  |     |     |     |
|-----|--|-----|-----|-----|
|     | <u> </u>   |     | Yes | No  |
|     |  |     |     |     |
| ā   |  |     |     |     |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year  |     |     |     |
| b   | Enter the number of voting members included in line 1a, above, who are independent   |     |     |     |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any   |     |     |     |
|     | other officer, director, trustee, or key employee?   | 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   |     | Νο  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4   |     | No  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5   |     | Νο  |
| 6   | Did the organization have members or stockholders?   | 6   |     | Νo  |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a  |     | No  |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,  | 7b  |     | No  |
| 8   | or persons other than the governing body?  |     |     |     |
|     | year by the following  |     | v   |     |
| a   | The governing body?  | 8a  | Yes |     |
| ь   | Each committee with authority to act on behalf of the governing body?  | 8b  | Yes |     |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O               | 9   |     | No  |
|     | ection B. Policies (This Section B requests information about policies not required by the Internal  | · · |     |     |
| Re  | evenue Code.)  | 1   |     | Γ   |
|     |  |     | Yes | No  |
|     | Did the organization have local chapters, branches, or affiliates?   | 10a |     | No  |
| Ь   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b |     |     |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a | Yes |     |
| b   | Describe in Schedule O the process, if any, used by the organization to review the Form 990  |     |     |     |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a | Yes |     |
| ь   | Were officers, directors or trustees, and key employees required to disclose annually interests that could give  |     |     |     |
|     | rise to conflicts?   | 12b | Yes |     |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 12c | Yes |     |
| 13  | Did the organization have a written whistleblower policy?  | 13  | Yes |     |
| 14  | Did the organization have a written document retention and destruction policy?   | 14  | Yes |     |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       |     |     |     |
| 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 15a or 15b, describe the process in Schedule O (see instructions)  |     |     |     |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  | 16a |     | N o |
| b   | taxable entity during the year?  |     |     | 110 |
| -   | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  | 16b |     |     |
| Se  | ection C. Disclosure   |     |     | I   |
| 17  | List the States with which a copy of this Form 990 is required to be filed▶GA , NY   |     |     |     |
| 18  | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)  |     |     |     |

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ROBERT D FLANIGAN JR
  350 SPELMAN LANE SW

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount 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, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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

| (A)<br>Name and Title     | (B) A verage hours per week (describe hours             | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and |
|---------------------------|---|--|-----------------------|---------|--------------|------------------------------|----------|--|--|--|
|                           | for<br>related<br>organizations<br>in<br>Schedule<br>O) | Individual trustee<br>or director  | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former   |  |  | related<br>organizations   |
| See Additional Data Table |   |  |                       |         |              |                              |          |  |  |  |
|                           |   |  |                       |         |              |                              |          |  |  |  |
|                           |   |  |                       |         |              |                              |          |  |  |  |
|                           |   |  |                       |         |              |                              |          |  |  |  |
|                           |   |  |                       |         |              |                              |          |  |  |  |
|                           |   |  |                       |         |              |                              |          |  |  |  |
|                           |   |  |                       |         |              |                              |          |  |  |  |
|                           |   |  |                       |         |              |                              |          |  |  |  |
|                           |   |  |                       |         |              |                              |          |  |  |  |
|                           |   |  |                       |         |              |                              |          |  |  |  |
|                           |   |  |                       |         |              |                              |          |  |  |  |
|                           |   |  |                       |         |              |                              |          |  |  |  |
|                           |   |  |                       |         |              |                              |          |  |  |  |
|                           |   |  |                       |         |              |                              |          |  |  |  |
|                           |   |  |                       |         |              |                              |          |  |  |  |
|                           |   |  |                       |         |              |                              |          |  |  |  |
|                           |   | <u> </u>   |                       |         |              |                              | <u> </u> |  |  | Form 000 (2011)  |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)  Name and Title  A verage hours per week (describe hours  |  |                                   | on (de<br>e than<br>s per<br>office<br>ector, | n on<br>son<br>er a | e bo<br>ıs b<br>nd a | x,<br>oth                    |                | (D) Reportable compensation from the organization (W- 2/1099-MISC) |              | (E) Reportable compensation from related organizations (W- 2/1099- MISC) |   | (F) Estimated amount of othe compensation from the organization an related |                |  |
|---|--|-----------------------------------|---|---------------------|----------------------|------------------------------|----------------|--|--------------|--|---|--|----------------|--|
|   | for related organizations in Schedule O) | Individual trustee<br>or director | Institutional Trustee                         | Officei             | Key employee         | Highest compensated employee | Former         |  |              | MISC)  |   | organi:  |                |  |
| See Additional Data Table   |  |                                   |   |                     |                      | -                            |                |  |              |  |   |  |                |  |
|   |  |                                   |   |                     | $\vdash$             |                              |                |  |              |  |   |  |                |  |
|   |  |                                   |   |                     |                      |                              |                |  |              |  |   |  |                |  |
|   |  |                                   |   |                     |                      |                              |                |  |              |  |   |  |                |  |
|   |  |                                   |   |                     |                      |                              |                |  |              |  |   |  |                |  |
|   |  |                                   |   |                     |                      |                              |                |  |              |  |   |  |                |  |
|   |  |                                   |   |                     |                      |                              |                |  |              |  |   |  |                |  |
|   |  |                                   |   |                     |                      |                              |                |  |              |  |   |  |                |  |
|   |  |                                   |   |                     |                      |                              |                |  |              |  |   |  |                |  |
|   |  |                                   |   |                     |                      |                              |                |  |              |  |   |  |                |  |
|   |  |                                   |   |                     |                      |                              |                |  |              |  |   |  |                |  |
|   |  |                                   |   |                     |                      |                              |                |  |              |  |   |  |                |  |
|   |  |                                   |   |                     |                      |                              | <u> </u><br>▶- |  |              |  |   |  |                |  |
| to Total from continuation sheets   |  |                                   |   | <u>.</u>            | <u>.</u>             |                              | •              |  |              |  | + |  |                |  |
|   |  |                                   |   |                     |                      |                              | <b>P</b>       |  | 2,438,969    |  | 0 |  | 303,192        |  |
| Total number of individuals (incl<br>\$100,000 of reportable compen   |  |                                   |   |                     |                      | above                        | ) who          | receiv   | ed more tha  | n  |   |  |                |  |
|   |  |                                   |   |                     |                      |                              |                |  |              |  |   | Yes  | No             |  |
| 3 Did the organization list any <b>fori</b><br>on line 1a? <i>If</i> "Yes," complete Sch                    |  |                                   |   |                     |                      |                              |                |  |              |  | 3 |  | No             |  |
| 4 For any individual listed on line : organization and related organization                                 |  |                                   |   |                     |                      |                              |                |  |              |  | 4 | Yes  |                |  |
| 5 Did any person listed on line 1a  | receive or accru                         | ıe comp                           | oensa   | tıon                | fror                 | n any                        | unre           | lated or   | ganızatıon d | or individual for  | - | res  |                |  |
| services rendered to the organiz  | atıon? <i>If "Yes," (</i>                | complet                           | e Sch   | edul                | e J fo               | or suct                      | n per          | son .  |              | •  | 5 | 5  | No             |  |
| Section B. Independent Con  | tractors                                 |                                   |   |                     |                      |                              |                |  |              |  |   |  |                |  |
| 1 Complete this table for your five<br>\$100,000 of compensation from<br>or within the organization's tax y | the organizatio                          |                                   |   |                     |                      |                              |                |  |              |  |   |  |                |  |
| Nan   | (A)<br>ne and business add               | dress                             |   |                     |                      |                              |                |  | Descr        | ( <b>B</b> )<br>ription of services                                      |   |  | C)<br>ensation |  |
| CHESAPEAKE ASSET MANAGEMENT LLC<br>ONE ROCKEFELLER PLAZA SUITE 2321<br>NEW YORK, NY 10020                   |  |                                   |   |                     |                      |                              |                |  | INVESTMENT   | MANAGERS   |   |  | 951,520        |  |
| MAYO INVESTMENT ADVISORS LLC<br>40 ROWES WHARF FLOOR 2<br>BOSTON, MA 02110                                  |  |                                   |   |                     |                      |                              |                |  | INVESTMENT   | MANAGERS   |   |  | 187,932        |  |
| KPMG LLP DEPT 06.13 DALLAS, TX 753120001  |  |                                   |   |                     |                      |                              |                |  | ACCOUNTAN    | TS   |   |  | 167,042        |  |
| MENEFEE ARCHITECTURE<br>1075 BRADY AVENUE<br>ATLANTA, GA 303185527<br>IBM                                   |  |                                   |   |                     |                      |                              |                |  | ARCHITECTU   | IRE DESIGN   |   |  | 488,263        |  |
| 4111 NORTHSIDE PARKWAY NW<br>ATLANTA, GA 303273098  |  |                                   |   |                     |                      |                              |                |  | TECHNICAL (  | CONSULTING   |   |  | 333,933        |  |
| 2 Total number of independent cont  | ractors (ıncludır                        | ng but n                          | ot lin  | nited               | d to 1               | those                        | liste          | d above  | ) who receiv | ed more than   |   |  |                |  |

\$100,000 of compensation from the organization 13

| Part V   | <u> </u>             | Statement of Revenue   |                      |                      |  |   |   |
|--|----------------------|--|----------------------|----------------------|--|---|---|
|  |                      |  |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| <b>¥</b> ¥   | 1a                   | Federated campaigns  | 1a                   |                      |  |   |   |
| 亞克   | ь                    | Membership dues  | Lb                   |                      |  |   |   |
| 5€   | l c                  | Fundraising events   | 1c                   |                      |  |   |   |
| <u>क्र</u> ह   |                      |  |                      |                      |  |   |   |
| ਰੂ⊑  | d                    |  | ld                   |                      |  |   |   |
| é E  | e                    | Government grants (contributions)  | Le 7,814,498         |                      |  |   |   |
| ⊋ੂੰ  | f                    | All other contributions, gifts, grants, and similar amounts not included above                 | <b>1f</b> 26,662,606 |                      |  |   |   |
| <u>₹</u>   | g                    | Noncash contributions included in  |                      |                      |  |   |   |
| 불유   | -                    | lines 1a-1f \$   |                      |                      |  |   |   |
| Contributions, gifts, grants and other similar amounts | h                    | Total. Add lines 1a-1f   | ▶                    | 34,477,104           |  |   |   |
|  |                      |  | Business Code        |                      |  |   |   |
| e≘   |                      | THITTON AND FEEG   |                      |                      |  |   |   |
| E Ke   | 2a                   | TUITION AND FEES   | 900099               | 46,296,416           | 46,296,416   |   |   |
| 22   | b                    | AUXILARY ENTERPRISES   | 900099               | 17,821,966           | 17,821,966   |   |   |
| 93   | c                    |  |                      |                      |  |   |   |
| 55<br>35   | d                    |  |                      |                      |  |   |   |
| Ď.   | e                    |  |                      |                      |  |   |   |
| <u></u>  | f                    | All other program service revenue  |                      |                      |  |   |   |
| Program Service Revenue                                | '                    | An other program service revenue   |                      |                      |  |   |   |
| Δ  | g                    | Total. Add lines 2a-2f   |                      | 64,118,382           |  |   |   |
|  | 3                    | Investment income (including divid   | ends, interest       |                      |  |   |   |
|  |                      | and other similar amounts)   | ▶ ↑                  | 3,747,562            |  | 17,826                                  | 3,729,736   |
|  | 4                    | Income from investment of tax-exempt bo  | nd proceeds 🕨        | 0                    |  |   |   |
|  | 5                    | Royalties  |                      | 0                    |  |   |   |
|  |                      | (ı) Real   | (II) Personal        |                      |  |   |   |
|  | 6a                   | Gross rents  |                      |                      |  |   |   |
|  | ь                    | Less rental  |                      |                      |  |   |   |
|  |                      | expenses Rental income   |                      |                      |  |   |   |
|  | C                    | or (loss)  |                      |                      |  |   |   |
|  | d                    | Net rental income or (loss)  |                      |                      |  |   |   |
|  |                      | (ı) Securities   | (II) O ther          |                      |  |   |   |
|  | 7a                   | Gross amount 135,166,363   | 0                    |                      |  |   |   |
|  |                      | from sales of assets other   |                      |                      |  |   |   |
|  | ١.                   | than inventory Less cost or 119,030,070  | 908,462              |                      |  |   |   |
|  | Ь                    | other basis and  | 300,402              |                      |  |   |   |
|  | <sub>c</sub>         | sales expenses Gain or (loss) 16,136,293   | -908,462             |                      |  |   |   |
|  |                      | Net gain or (loss)   |                      | 15,227,831           | 0  | 0                                       | 15,227,831  |
|  | d<br>8a              |  |                      | 13,227,031           | · ·  | Ŭ                                       | 15,227,031  |
| Other Revenue  |                      | system of the system of the system of contributions reported on line 1c.  See Part IV, line 18 |                      |                      |  |   |   |
| 4  | <b> </b> .           |  | a                    |                      |  |   |   |
| 둦  | b                    | Less direct expenses   | b                    |                      |  |   |   |
| •  | C                    | Net income or (loss) from fundraisir   | ī, h                 | 0                    |  |   |   |
|  | 9a                   | Gross income from gaming activitie<br>See Part IV, line 19                                     |                      |                      |  |   |   |
|  | <br>  <sub>I</sub> . | Land down  | a                    |                      |  |   |   |
|  | Ь                    | Less direct expenses   | b                    | 0                    |  |   |   |
|  | C                    | Net income or (loss) from gaming a   | tivities             | 0                    |  |   |   |
|  | 10a                  | Gross sales of inventory, less returns and allowances .  |                      |                      |  |   |   |
|  | ь                    | Less cost of goods sold <b>b</b>   |                      |                      |  |   |   |
|  | c                    | Net income or (loss) from sales of ii  | nventory 🛌           | О                    |  |   |   |
|  |                      | Miscellaneous Revenue  | Business Code        |                      |  |   |   |
|  | 11a                  | OTHER MISCELLANEOUS  | 900099               | 1,035,806            | 1,035,806  |   |   |
|  | ь                    |  |                      |                      |  |   |   |
|  |                      |  |                      |                      |  |   |   |
|  | C                    |  |                      |                      |  |   |   |
|  | d                    | All other revenue  |                      |                      |  |   |   |
|  | e                    | Total. Add lines 11a-11d   | ▶                    | 1,035,806            |  |   |   |
|  | 12                   | <b>Total revenue.</b> See Instructions .   | ▶                    | 118,606,685          | 65,154,188   | 17,826                                  | 18,957,567  |

### Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundra ising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 14,937,542 14,937,542 3 Grants and other assistance to governments, organizations, and individuals outside the United 8,643 8,643 States See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 1,893,106 665,745 880,033 347,328 kev employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 0 7 Other salaries and wages 34,749,165 26,984,882 5,795,262 1,969,021 Pension plan contributions (include section 401(k) and section 1,535,187 1,149,855 403(b) employer contributions) . . . . 287,080 98,252 4,927,756 3,690,576 923,928 Other employee benefits . . . . . . 313,252 2,671,692 2,001,098 499,606 170,988 10 Fees for services (non-employees) 11 Management . . . . . 233,965 233,965 0 0 Legal . . . . . . . . . . 0 Accounting . . . . . . . 249,112 249,112 0 60,941 0 Lobbying . . . . . . . . . . . . 60,941 Professional fundraising See Part IV, line 17 . . 233,700 233,700 Investment management fees . . . . . 1,400,218 0 1,400,218 0 1,796,095 893,904 839,890 g 62,301 Λ Λ 12 Advertising and promotion . . . 3,251,159 2,477,396 567,618 206,145 13 Office expenses . . . . 14 Information technology . . . . . 0 15 Royalties . . 0 3,701,674 16 3,214,580 487,094 1,919,184 1,446,216 301,846 17 171,122 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 0 0 19 Conferences, conventions, and meetings . . . . 4,351,196 1,577,355 2,773,841 20 0 21 Payments to affiliates . . . . 22 Depreciation, depletion, and amortization . . . . 5,245,861 4,007,661 1,238,200 23 1,449,372 1,302,171 147,201 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f Ifline 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) CLEANING EXPENSES 1,303,995 1,047,595 256,400 2,598,592 2,259,869 338,723 AUC LIBRARY **EQUIPMENT AND RENTAL** 2,704,606 1,721,504 966,108 16,994 SPECIAL PROJECTS 3,258,310 2,315,058 622,040 321,212 d e All other expenses 7,605,515 5,271,260 2,293,455 40,800 Total functional expenses. Add lines 1 through 24f 25 102,086,586 78,169,396 19,905,134 4,012,056 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Form 990 (2011) Page **11** Part X Balance Sheet (A) (B) Beginning of year End of year ol 0 Cash—non-interest-bearing . . . . . . . . . . . . 1 1 2 14.720.311 2 13.728.594 Savings and temporary cash investments . . . . . . . 11,166,385 19.852.325 3 4 1.683.000 1.361.960 Accounts receivable, net . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 0 0 7 0 0 8 0 0 9 Prepaid expenses and deferred charges . . . . . . 248,134,751 10a Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10b 87,730,888 154,210,337 **10c** 160,403,863 b Less accumulated depreciation . . . . 37,996,093 33,756,549 11 11 288,932,817 275,382,358 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 1,594,065 13 1,437,932 Investments—program-related See Part IV, line 11 . . 14 14 2,184,656 15 1,874,403 15 16 512,177,411 16 508, 108, 237 Total assets. Add lines 1 through 15 (must equal line 34) . . . 10,271,600 17 13,829,869 17 Accounts payable and accrued expenses . 18 0 18 19 778,258 19 1,069,122 20 92.650.677 20 100.159.741 21 21 0 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 0 23 0 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 9,937,500 24 1,068,049 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 2,104,432 25 1,891,659 D . . . . 26 115,742,467 26 118,018,440 Total liabilities. Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balance through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 104,293,428 **27** 106,552,201 178,533,217 168,319,757 28 Temporarily restricted net assets . . . . . 28 Fund 113,608,299 29 115,217,839 29 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances . . . . . 396.434.944 33 390.089.797 33 34 Total liabilities and net assets/fund balances . . . . . 512,177,411 508.108.237

| Par | Check if Schedule O contains a response to any question in this Part XI   |         |    | . 🔽   |         |
|-----|---|---------|----|-------|---------|
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1       |    | 1104  | 506,685 |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2       |    |       | 86,586  |
| 3   | Revenue less expenses Subtract line 2 from line 1   | 3       |    |       | 520,099 |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4       |    | 396,4 | 134,944 |
| 5   | Other changes in net assets or fund balances (explain in Schedule O)  | 5       |    | -22,8 | 365,246 |
| 6   | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))   | 6       |    | 390,0 | 89,797  |
| Par | t XII Financial Statements and Reporting  |         |    |       |         |
|     | Check if Schedule O contains a response to any question in this Part XII  |         |    | ୮     |         |
|     |   |         |    | 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 |       | Νo      |
| Ь   | 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 taudit, 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 | า       |    |       |         |
|     | 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 is<br>on a separate basis, consolidated basis, or both  | ssued   |    |       |         |
|     | 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?  | e       | 3a | Yes   |         |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r<br>audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  | equired | 3b | Yes   |         |

**Employer identification number** 

# SCHEDULE A

Name of the organization

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

2011

Open to Public Inspection

| SPELIN | MAN COL  |  |                       |           |        |
|--------|----------|--|-----------------------|-----------|--------|
| Da     | rt I     | Reason for Public Charity Status (All organizations must complete this part.) See instr  | uctions               |           |        |
|        |          | zation is not a private foundation because it is (For lines 1 through 11, check only one box )   | uctions               |           |        |
| 1      | rga      | A church, convention of churches, or association of churches section 170(b)(1)(A)(i).  |                       |           |        |
| 2      | ,<br> -  | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  |                       |           |        |
| 3      | Ë        | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  |                       |           |        |
| 4      | ,<br>,   | A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(</b> hospital's name, city, and state  | <b>A )(iii).</b> Ente | r the     |        |
| 5      | Γ        | An organization operated for the benefit of a college or university owned or operated by a governmental usection 170(b)(1)(A)(iv). (Complete Part II)  | ınıt describe         | -<br>d ın |        |
| 6      | Γ        | A federal, state, or local government or governmental unit described in section $170(b)(1)(A)(v)$ .  |                       |           |        |
| 7      | Γ        | An organization that normally receives a substantial part of its support from a governmental unit or from described in section 170(b)(1)(A)(vi) (Complete Part II)   | the general           | public    |        |
| 8      | $\vdash$ | A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )   |                       |           |        |
| 9      | Γ        | An organization that normally receives (1) more than 331/3% of its support from contributions, member  | ship fees, ar         | nd gro    | SS     |
|        |          | receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more to its support from gross investment income and unrelated business taxable income (less section 511 tax) acquired by the organization after June 30, 1975. See <b>section 509(a)(2).</b> (Complete Part III.)  |                       |           |        |
| 10     | $\vdash$ | An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).   |                       |           |        |
| 11     | Γ        | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to calcin one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See set the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c Type III - Functionally integrated d |                       | a)(3).    | Chec   |
| e      | Γ        | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more other than foundation managers and other than one or more publicly supported organizations described is section 509(a)(2)  | n section 50          | 9 (a)(:   | 1) or  |
| f<br>g |          | If the organization received a written determination from the IRS that it is a Type I, Type II or Type III scheck this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  | supporting o          | rganız    | ation, |
|        |          | (i) a person who directly or indirectly controls, either alone or together with persons described in (ii)  |                       | Yes       | No     |
|        |          | and (III) below, the governing body of the the supported organization?   | 11g(i)                |           |        |
|        |          | (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)  | 5, 5                  |           |        |
|        |          | /:::>  | <u> </u>              |           |        |

| (i)<br>Name of<br>supported<br>organization | (ii)<br>EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see | (iv) Is the organization in col (i) listed in your governing document?  Yes No |  | organizati<br>col (i) of | (v) d you notify the organization in col (i) of your support?  (vi) Is the organization in col (i) organized in the U S ? |     | on in<br>anized | (vii)<br>A mount of<br>support? |
|---|-------------|---|--|--|--------------------------|---|-----|-----------------|---------------------------------|
|   |             | ınstructions))  |  |  | Yes                      | No  | Yes | No              |                                 |
|   |             |   |  |  |                          |   |     |                 |                                 |
|   |             |   |  |  |                          |   |     |                 |                                 |
|   |             |   |  |  |                          |   |     |                 |                                 |
|   |             |   |  |  |                          |   |     |                 |                                 |
|   |             |   |  |  |                          |   |     |                 |                                 |
| Total                                       |             |   |  |  |                          |   |     |                 |                                 |

ınstructıons

|            | Support Schedule (Complete only if yo  | u checked the            | box on line 5,                        | 7, or 8 of Part        | I or if the organ   | nization f    | ailed to    | qualify    |
|------------|--|--------------------------|---------------------------------------|------------------------|---------------------|---------------|-------------|------------|
|            | under Part III. If the   | organization             | rails to quality t                    | <u>inder the tests</u> | listed below, pi    | ease cor      | npiete      | Part III.) |
|            | ection A. Public Support endar year (or fiscal year beginning                | 1                        | 1                                     | 1                      | 1                   |               |             |            |
| Car        | in)  | (a) 2007                 | <b>(b)</b> 2008                       | (c) 2009               | ( <b>d)</b> 2010    | (e) 2         | 011         | (f) Total  |
| 1          | Gifts, grants, contributions, and  |                          |                                       |                        |                     |               |             |            |
|            | membership fees received (Do not   |                          |                                       |                        |                     |               |             |            |
|            | ınclude any "unusual   |                          |                                       |                        |                     |               |             |            |
|            | grants ")  |                          |                                       |                        |                     |               |             |            |
| 2          | Tax revenues levied for the organization's benefit and either                |                          |                                       |                        |                     |               |             |            |
|            | paid to or expended on its   |                          |                                       |                        |                     |               |             |            |
|            | behalf   |                          |                                       |                        |                     |               |             |            |
| 3          | The value of services or facilities  |                          |                                       |                        |                     |               |             |            |
| _          | furnished by a governmental unit to  |                          |                                       |                        |                     |               |             |            |
|            | the organization without charge  |                          |                                       |                        |                     |               |             |            |
| 4          | <b>Total.</b> Add lines 1 through 3  |                          |                                       |                        |                     |               |             |            |
| 5          | The portion of total contributions by  |                          |                                       |                        |                     |               |             |            |
|            | each person (other than a  |                          |                                       |                        |                     |               |             |            |
|            | governmental unit or publicly  |                          |                                       |                        |                     |               |             |            |
|            | supported organization) included on  |                          |                                       |                        |                     |               |             |            |
|            | line 1 that exceeds 2% of the amount shown on line 11, column                |                          |                                       |                        |                     |               |             |            |
|            | (f)  |                          |                                       |                        |                     |               |             |            |
| 6          | Public Support. Subtract line 5 from   |                          |                                       |                        |                     |               |             |            |
|            | line 4   |                          |                                       |                        |                     |               |             |            |
| _ <u>S</u> | ection B. Total Support  |                          |                                       |                        |                     |               |             |            |
| Cal        | endar year (or fiscal year beginning   | <b>(a)</b> 2007          | <b>(b)</b> 2008                       | (c) 2009               | (d) 2010            | <b>(e)</b> 20 | 11          | (f) Total  |
|            | ın)  | (-,                      | (-,                                   | (0, 2000               | (-,                 | (-,           |             |            |
| 7          | A mounts from line 4   |                          |                                       |                        |                     |               | <del></del> |            |
| 8          | Gross income from interest,  |                          |                                       |                        |                     |               |             |            |
|            | dividends, payments received on securities loans, rents, royalties           |                          |                                       |                        |                     |               |             |            |
|            | and income from similar  |                          |                                       |                        |                     |               |             |            |
|            | sources  |                          |                                       |                        |                     |               |             |            |
| 9          | Net income from unrelated  |                          |                                       |                        |                     |               |             |            |
|            | business activities, whether or  |                          |                                       |                        |                     |               |             |            |
|            | not the business is regularly  |                          |                                       |                        |                     |               |             |            |
|            | carried on   |                          |                                       |                        |                     |               |             |            |
| 10         | Other income (Explain in Part  |                          |                                       |                        |                     |               |             |            |
|            | IV ) Do not include gain or loss from the sale of capital assets             |                          |                                       |                        |                     |               |             |            |
| 11         | Total support (Add lines 7   |                          |                                       |                        |                     |               |             |            |
|            | through 10)  |                          |                                       |                        |                     |               |             |            |
| 12         | Gross receipts from related activities                                       | es, etc (See ins         | tructions )                           |                        | •                   | 12            |             |            |
| 13         | First Five Years If the Form 990 is t  | or the organizati        | on's first. second                    | . third. fourth. or    | fifth tax vear as a | 501(c)(3      | ) organi    | zation.    |
|            | check this box and <b>stop here</b>  | <b>.</b>                 | · · · · · · · · · · · · · · · · · · · | ,,,                    | ,                   | (- / (-       | ,           | <b>▶</b> ┌ |
|            |  |                          |                                       |                        |                     |               |             |            |
| _ <u>s</u> | ection C. Computation of Pub   |                          |                                       |                        |                     |               |             |            |
| 14         | Public Support Percentage for 2011   | . (line 6 column         | (f) divided by line                   | 11 column (f))         |                     | 14            |             |            |
| 15         | Public Support Percentage for 2010   | ) Schedule A , Pa        | rt II, line 14                        |                        |                     | 15            |             |            |
| 16a        | <b>33 1/3% support test—2011.</b> If the                                     |                          |                                       |                        | line 14 is 33 1/3%  | 6 or more     | , check '   |            |
| _          | and <b>stop here.</b> The organization qua                                   |                          | , ,,                                  |                        |                     |               |             | <b>▶</b> ┌ |
| b          | <b>33 1/3% support test—2010.</b> If the                                     |                          |                                       |                        | 6a, and line 15 is  | 33 1/3% (     | or more,    |            |
| 17-        | box and stop here. The organization  |                          |                                       |                        | no 12 165 16        | الحميما       | 1.4         | ▶          |
| т/а        | 10%-facts-and-circumstances test-<br>is 10% or more, and if the organization |                          |                                       |                        |                     |               |             |            |
|            | in Part IV how the organization mee  |                          |                                       |                        |                     |               |             | ted        |
|            | organization   | to the lacts diff        | a circumstances                       | cost The Organia       | Lation quanties as  | a publicly    | Sappor      | red<br>▶□  |
| ь          | 10%-facts-and-circumstances test-  | <b>-2010.</b> If the ora | anızatıon dıd not                     | check a box on li      | ne 13, 16a, 16b.    | or 17a and    | d line      | • •        |
| _          | 15 is 10% or more, and if the organ  |                          |                                       |                        |                     |               |             |            |
|            | Explain in Part IV how the organizat   | ion meets the "f         | acts and circums                      | tances" test Th        | e organızatıon qua  | lıfıes as a   | publich     |            |
|            | supported organization   |                          |                                       | بمد می                 | 4-11                |               |             | <b>►</b> □ |
| 18         | Drivate Foundation If the organizati   | on did not chack         | ' a hov on line 13                    | 165 166 1757           | ar 1 /h chack thic  | nov and c     | - 0 0       |            |

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (d) 2010 (e) 2011 (c) 2009 (f) Total ın) A mounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16

| S  | ection D. Computation of Investment Income Percentage  |    |  |
|----|--|----|--|
| 17 | Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f)) | 17 |  |
| 18 | Investment income percentage from <b>2010</b> Schedule A, Part III, line 17                      | 18 |  |

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

| Part IV | <b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions). |
|---------|--|
|         |  |
|         | Facts And Circumstances Test   |
|         |  |
|         | Explanation  |
|         |  |
|         |  |
|         |  |
|         |  |

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493134002713

### OMB No 1545-0047

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# 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.

| f the organization answered "Yes," | to Form 990, Part IV, Li | ine 3, or Form 990-EZ, | Part V, line 46 (Political | Campaign Activities), |
|------------------------------------|--------------------------|------------------------|----------------------------|-----------------------|
| hen                                |                          |                        |                            |                       |

- 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

### If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

| Dart T.A  | Complete | if the even | ization is ove | mnt under e | action | E01/a |
|-----------|----------|-------------|----------------|-------------|--------|-------|
|           |          |             |                |             |        |       |
| SPELMAN C | OLLEGE   |             |                |             |        |       |

Employer identification number

58-0566243

| Part I-A | Complete if the or | ganization is exem | pt under section 501( | C) OI | r is a section | 527 organization. |
|----------|--------------------|--------------------|-----------------------|-------|----------------|-------------------|
|          |                    |                    |                       |       |                |                   |

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- Political expenditures

Name of the organization

3 Volunteer hours

4

| art I-B | Comp | olete if | the | organi | zation | is ( | exemp | ot under | section | 501( | c)(3 | ). |
|---------|------|----------|-----|--------|--------|------|-------|----------|---------|------|------|----|
|         |      |          |     |        |        |      |       |          |         |      |      |    |

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made? □ No
- b If "Yes," describe in Part IV

### Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political 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<br>filing organization's<br>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- |
|----------|-------------|---------|--|---|
|          |             |         |  |   |
|          |             |         |  |   |
|          |             |         |  |   |
|          |             |         |  |   |
|          |             |         |  |   |
|          |             |         |  |   |

| Sch      | edule C (Form 990 or 990-EZ) 2011  |  |                                     |                           |  | Page <b>2</b>                            |
|----------|--|--|-------------------------------------|---------------------------|--|--|
| Pa       | rt II-A Complete if the organization under section 501(h)).                        | is exempt under                                  | section 501(c)                      | (3) and file              | ed Form 5768                           | (election                                |
|          | Check   If the filing organization belongs to a expenses, and share of excess lobb | ying expenditures)                               |                                     | affiliated grou           | up member's nam                        | e, address, EIN,                         |
| <u> </u> | Limits on Lobbying E  (The term "expenditures" means a                             | xpenditures                                      |                                     |                           | (a) Filing<br>Organization's<br>Totals | <b>(b)</b> Affiliated<br>Group<br>Totals |
|          | Total lobbying expenditures to influence public of                                 | pinion (grass roots lob                          | bying)                              |                           |  |  |
| ь        | Total lobbying expenditures to influence a legisl                                  | ative body (direct lobby                         | /ing)                               | -                         |  |  |
| c        | Total lobbying expenditures (add lines 1a and 1                                    | b)   |                                     | Ī                         |  |  |
| d        | Other exempt purpose expenditures  |  |                                     | Γ                         |  |  |
| e        | Total exempt purpose expenditures (add lines 1                                     | c and 1d)  |                                     |                           |  |  |
| f        | Lobbying nontaxable amount Enter the amount columns                                | from the following table                         | ın both                             |                           |  |  |
|          | If the amount on line 1e, column (a) or (b) is:<br>Not over \$500,000              | The lobbying nontaxa<br>20% of the amount on lir |                                     |                           |  |  |
|          | Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the                        | e excess over \$500,000             |                           |  |  |
|          | Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the                        | e excess over \$1,000,0             | 00                        |  |  |
|          | Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the                         | excess over \$1,500,00              |                           |  |  |
|          | Over \$17,000,000  | \$1,000,000                                      |                                     |                           |  |  |
|          | Grassroots nontaxable amount (enter 25% of lir                                     | ne 1f)   |                                     |                           |  | 1  |
| h        | Subtract line 1g from line 1a If zero or less, ent                                 | er -0-   |                                     |                           |  |  |
| i        | Subtract line 1f from line 1c If zero or less, ente                                | er - 0 -   |                                     | Γ                         |  |  |
| j        | If there is an amount other than zero on either lissection 4911 tax for this year? | ne 1h or line 1ı, did the                        | organization file Fo                | orm 4720 repo             | orting                                 | ┌ Yes ┌ No                               |
|          | (Some organizations that made a columns below. See t                               |  | ection do not h<br>r lines 2a throu | avè to con<br>ıgh 2f on p |  | ne five                                  |
|          | Calendar year (or fiscal year<br>beginning in)                                     | <b>(a)</b> 2008                                  | <b>(b)</b> 2009                     | (c) 2010                  | ( <b>d)</b> 2011                       | <b>(e)</b> Total                         |
| 2a       | Lobbying non-taxable amount  |  |                                     |                           |  |  |
| ь        | Lobbying ceiling amount<br>(150% of line 2a, column(e))                            |  |                                     |                           |  |  |
| _с       | Total lobbying expenditures  |  |                                     |                           |  |  |
| d        | Grassroots non-taxable amount  |  |                                     |                           |  |  |

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

**f** Grassroots lobbying expenditures

| 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)).   |

|     | (election under section 501(n)).   | (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)?   |       | Νο      |           |
| c   | Media advertisements?  |       | Νο      |           |
| 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   |         | 60,941    |
| j   | Total lines 1c through 1i  |       |         | 60,941    |
| 2a  | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |       | No      |           |
| 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?   |       | ļ       |           |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).   | 501(c | )(5), o | r section |

|   |  |   | 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".

| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  |    |  |
|---|--|----|--|
| а | Current year   | 2a |  |
| ь | Carryover from last year   | 2b |  |
| c | Total  | 2c |  |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 3  |  |
| 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? | 4  |  |
| 5 | Taxable amount of lobbying and political expenditures (see instructions)   | 5  |  |

### Part IV Supplemental Information

Dues, assessments and similar amounts from members

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 \$60,941 FOR THEIR SERVICES |

1

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OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

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

Name of the organization **Employer identification number** SPELMAN COLLEGE 58-0566243 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|     |  | (a) Donor advised funds                                | (b) Funds and other accounts  |  |  |  |  |
|-----|--|--|---|--|--|--|--|
| 1   | Total number at end of year  |  |   |  |  |  |  |
| 2   | Aggregate contributions to (during year)   |  |   |  |  |  |  |
| 3   | Aggregate grants from (during year)  |  |   |  |  |  |  |
| 4   | Aggregate value at end of year   |  |   |  |  |  |  |
| 5   | Did the organization inform all donors and donor advi-<br>funds are the organization's property, subject to the o  |  | or advised <b>Yes No</b>  |  |  |  |  |
| 6   | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit   |  | ·   |  |  |  |  |
| Pa  | rt III Conservation Easements. Complete  | if the organization answered "Yes" t                   | o Form 990, Part IV, line 7.  |  |  |  |  |
| 2   | Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication of the last day of the tax year | on or pleasure) Preservation of an Preservation of a c | historically importantly land area<br>certified historic structure<br>of a conservation |  |  |  |  |
|     | easement on the last day of the tax year   |  | Held at the End of the Year   |  |  |  |  |
| а   | Total number of conservation easements   |  | 2a  |  |  |  |  |
| b   | Total acreage restricted by conservation easements   |  | 2b  |  |  |  |  |
| c   | Number of conservation easements on a certified his  | toric structure included in (a)                        | 2c  |  |  |  |  |
| d   | Number of conservation easements included in (c) ac  | ·  | 2d  |  |  |  |  |
| 3   | <u> </u>   |  |   |  |  |  |  |
| ,   | the taxable year -   | rreu, rereaseu, extiniguistieu, or terminate           | d by the organization during  |  |  |  |  |
|     | the taxable year F   |  |   |  |  |  |  |
| 4   | Number of states where property subject to conserva  | tion easement is located 🟲                             | <u> </u>  |  |  |  |  |
| 5   | Does the organization have a written policy regarding enforcement of the conservation easements it holds?  |  | dling of violations, and  |  |  |  |  |
| 6   | Staff and volunteer hours devoted to monitoring, insp  | ecting and enforcing conservation easem                | ents during the year ►  |  |  |  |  |
| 7   | A mount of expenses incurred in monitoring, inspecting   | ng, and enforcing conservation easements               | during the year   |  |  |  |  |
| •   | <b>▶</b> \$  |  |   |  |  |  |  |
| 8   | Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?  | (d) above satisfy the requirements of sec              | tion Yes No   |  |  |  |  |
| 9   | In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem   | he footnote to the organization's financial            | expense statement, and<br>statements that describes                                     |  |  |  |  |
| Par | Complete if the organization answered "  |  | or Other Similar Assets.  |  |  |  |  |
| 1a  | If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin   | for public exhibition, education or research           | ch in furtherance of public service,  |  |  |  |  |
| b   | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items  | public exhibition, education, or research i            | · · · · · · · · · · · · · · · · · · ·   |  |  |  |  |
|     | (i) Revenues included in Form 990, Part VIII, line 1   |  | <b>►</b> \$   |  |  |  |  |
|     | (ii) Assets included in Form 990, Part X   |  | <b>▶</b> \$   |  |  |  |  |
| 2   | If the organization received or held works of art, histofollowing amounts required to be reported under SFAS   |  |   |  |  |  |  |
| а   | Revenues included in Form 990, Part VIII, line 1   | -  | <b>►</b> \$   |  |  |  |  |
| Ь   | Assets included in Form 990, Part X  |  | <b>▶</b> \$   |  |  |  |  |
|     | Privacy Act and Paperwork Reduction Act Notice, see t  | he Intructions for Form 990 Cat No                     | 52283D Schedule D (Form 990) 201  |  |  |  |  |

| 'a r   | Organizations Maintaining Co   | ollections of Art      | , Histori     | <u>cal Tre</u>  | easures, or             | Othe    | er Similar As                | sets ( | continue   |
|--------|--|------------------------|---------------|-----------------|-------------------------|---------|------------------------------|--------|------------|
| 3      | Using the organization's accession and other items (check all that apply)                  | r records, check an    | y of the foll | owing th        | nat are a sıgnıf        | ıcantı  | use of its collect           | tion   |            |
| а      | ▼ Public exhibition  |                        | d √           | Loan o          | r exchange pro          | gram    | 5                            |        |            |
| b      | Scholarly research   |                        | e 🔽           | Other           | Curriculum en           | hance   | ment & develop               |        |            |
| c      | ✓ Preservation for future generations  |                        |               |                 |                         |         |                              |        |            |
| 4      | Provide a description of the organization's c<br>Part XIV                                  | ollections and expla   | ın how they   | / further       | the organizati          | on's e  | xempt purpose                | ın     |            |
| 5      | During the year, did the organization solicit assets to be sold to raise funds rather than |                        |               |                 |                         |         |                              | √ Yes  | ┌ No       |
| Pai    | t IV Escrow and Custodial Arrang   | <b>jements.</b> Comple | ete if the    | organiz         | zation answe            | red "\  | Yes" to Form 9               | 90,    |            |
|        | Part IV, line 9, or reported an ar   | mount on Form 99       | 0, Part X     | <u>, line 2</u> | 1.                      |         |                              |        |            |
| 1a     | Is the organization an agent, trustee, custoo<br>included on Form 990, Part X?             | dian or other interme  | ediary for c  | ontrıbut        | ions or other a         | ssets   |                              | ┌ Yes  | Г№         |
| b      | If "Yes," explain the arrangement in Part XI   | V and complete the     | following ta  | able            |                         |         | ı                            |        |            |
|        |  |                        |               |                 |                         |         | An                           | nount  |            |
| С      | Beginning balance  |                        |               |                 |                         | 1c      |                              |        |            |
| d      | Additions during the year  |                        |               |                 |                         | 1d      |                              |        |            |
| e      | Distributions during the year  |                        |               |                 |                         | 1e      |                              |        |            |
| f      | Ending balance   |                        |               |                 |                         | 1f      |                              |        |            |
| 2a     | Did the organization include an amount on F  | orm 990, Part X, line  | e 21?         |                 |                         |         |                              | ┌ Yes  | □No        |
| b      | If "Yes," explain the arrangement in Part XIV  | /                      |               |                 |                         |         |                              |        |            |
| Pa     | rt V Endowment Funds. Complete   |                        |               |                 |                         |         |                              |        |            |
|        |  | (a)Current Year        | (b)Prior \    |                 | (c)Two Years Ba         |         | d)Three Years Back           |        | r Years Ba |
| la     | Beginning of year balance  | 332,285,750            |               | 160,522         | 295,407                 |         | 367,673,28                   | +      |            |
| b      | Contributions  | 1,607,182              |               | 281,477         | 1,107                   |         | 2,008,03                     | +      |            |
| C      | Investment earnings or losses  | -2,990,194             | 47,           | 000,450         | 25,193                  | ,306    | -55,959,95                   | +      |            |
| d      | Grants or scholarships   | 0                      |               | 0               |                         | 0       | 4,524,06                     | +      |            |
| е      | Other expenditures for facilities and programs   | 20,821,553             | 20,           | 156,699         | 17,548                  | ,126    | 13,789,60                    | 8      |            |
| f      | Administrative expenses  |                        |               |                 |                         |         |                              |        |            |
| g      | End of year balance  | 310,081,185            | 332,          | 285,750         | 304,160                 | ,522    | 295,407,69                   | 3      |            |
| 2      | Provide the estimated percentage of the year   | ar end balance held a  | as            |                 |                         | •       |                              | •      |            |
| а      | Board designated or quasi-endowment 🕨  | 16 290 %               |               |                 |                         |         |                              |        |            |
| b      | Permanent endowment 🕨 37 160 %   |                        |               |                 |                         |         |                              |        |            |
| c      | Term endowment ► 46 550 %  |                        |               |                 |                         |         |                              |        |            |
| За     | Are there endowment funds not in the posse   | ssion of the organiz   | ation that a  | re held         | and administe           | red fo  | r the                        |        |            |
|        | organization by  |                        |               |                 |                         |         |                              | Yes    |            |
|        | (i) unrelated organizations  |                        |               |                 |                         |         | 3a(                          | _      | No         |
| L      | (ii) related organizations   |                        |               |                 |                         | •       | 3a(                          |        | -          |
| р<br>4 | Describe in Part XIV the intended uses of the  | •                      |               |                 |                         |         | 31                           | b Yes  | <u> </u>   |
|        | t VI Land, Buildings, and Equipme  |                        |               |                 | 0.                      |         |                              |        |            |
|        | Description of property  | one see form 33        | (a)           | Cost or of      | ther <b>(b)</b> Cost or |         | (c) Accumulated depreciation | (d) E  | Book value |
| La     | Land   |                        |               |                 | 14.6                    | 87,723  |                              | +      | 14,687,7   |
|        | Buildings  |                        |               |                 |                         | 317,827 |                              | ) 1    | 120,544,2  |
|        | Leasehold improvements   |                        | . —           |                 | 1,3,5                   | 0       | +                            | †      | ,_,_       |
|        | Equipment  |                        | ·             |                 | 25.4                    | 19,573  |                              |        | 4,000,6    |
|        | Other  |                        |               |                 |                         | 09,628  |                              |        | 21,171,2   |
| _      |  |                        | ı             |                 | 1 22,1                  | , 0     |                              | 1      | ,,-        |

160,403,863

| Part VII Investments—Other Securities. So  (a) Description of security or category                          |                      | (c) Method of valuation          |
|---|----------------------|----------------------------------|
| (including name of security)  | (b)Book value        | Cost or end-of-year market value |
| (1)Financial derivatives<br>(2)Closely-held equity interests  |                      |                                  |
| (3)O ther   |                      |                                  |
| (A) SHORT-TERM INVESTMENTS  | 6,798,244            | F                                |
| (B) FIXED INCOME  | 29,637,997           | F                                |
| (C) NON U S EQUITY  | 19,261,006           | F                                |
| (D) MARKETABLE ALTERNATIVES   | 55,130,563           | F                                |
| (E) REAL ASSETS   | 47,585,489           | F                                |
| (F) PRIVATE EQUITY  | 116,969,059          | F                                |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12)  Part VIIII Investments—Program Related. |                      |                                  |
| (a) Description of investment type  | (b) Book value       | (c) Method of valuation          |
| (-,   | (2) 2 3 3 1 3 1 3 1  | Cost or end-of-year market value |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  | <b>F</b>             |                                  |
| Part IX Other Assets. See Form 990, Part X (a) Des  |                      | (b) Book value                   |
| (a) bes   | eription .           | (b) Book value                   |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
| Total. (Column (b) should equal Form 990, Part X, col.(B) lii   | ne 15.)              |                                  |
| Part X Other Liabilities. See Form 990, Par   |                      |                                  |
| 1 (a) Description of Liability  | (b) A mount          |                                  |
| Federal Income Taxes  OBLIGATIONS UNDER CAPITAL LEASES  | 325 164              |                                  |
| ADVANCES FROM FEDERAL GOVERNMENT  | 335,164<br>1,556,495 |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   |                      |                                  |
|   | 1                    |                                  |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )   | <b>1</b> ,891,659    |                                  |

| Pal  | <b>LEXIT</b> RECONCILIATION OF CHANGE IN NET ASSETS From Form 990 to Financial Statemen        | nts  |             |
|------|--|------|-------------|
| 1    | Total revenue (Form 990, Part VIII, column (A), line 12)                                       | 1    | 118,606,685 |
| 2    | Total expenses (Form 990, Part IX, column (A), line 25)  | 2    | 102,086,586 |
| 3    | Excess or (deficit) for the year Subtract line 2 from line 1                                   | 3    | 16,520,099  |
| 4    | Net unrealized gains (losses) on investments   | 4    | -22,853,385 |
| 5    | Donated services and use of facilities   | 5    |             |
| 6    | Investment expenses  | 6    |             |
| 7    | Prior period adjustments   | 7    |             |
| 8    | Other (Describe in Part XIV)   | 8    | -11,861     |
| 9    | Total adjustments (net) Add lines 4 - 8  | 9    | -22,865,246 |
| 10   | Excess or (deficit) for the year per financial statements Combine lines 3 and 9                | 10   | -6,345,147  |
| Par  | t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p               | er R | eturn       |
| 1    | Total revenue, gains, and other support per audited financial statements                       | 1    | 80,795,254  |
| 2    | A mounts included on line 1 but not on Form 990, Part VIII, line 12                            |      |             |
| а    | Net unrealized gains on investments  |      |             |
| b    | Donated services and use of facilities   |      |             |
| c    | Recoveries of prior year grants  |      |             |
| d    | Other (Describe in Part XIV)   |      |             |
| e    | Add lines <b>2a</b> through <b>2d</b>  | 2e   | -37,811,431 |
| 3    | Subtract line <b>2e</b> from line <b>1</b>   | 3    | 118,606,685 |
| 4    | A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                    |      |             |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b . 4a                          |      |             |
| b    | Other (Describe in Part XIV) 4b  |      |             |
| c    | Add lines <b>4a</b> and <b>4b</b>  | 4c   |             |
| 5    | Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)  | 5    | 118,606,685 |
| Part | Reconciliation of Expenses per Audited Financial Statements With Expenses                      | per  |             |
| 1    | Total expenses and losses per audited financial statements                                     | 1    | 87,140,401  |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25                               | _    |             |
| a    | Donated services and use of facilities   |      |             |
| b    | Prior year adjustments   | 1    |             |
| c    | Other losses   | 1    |             |
| d    | Other (Describe in Part XIV) 2d  | 1    |             |
| e    | Add lines 2a through 2d  | 2e   |             |
| 3    | Subtract line <b>2e</b> from line <b>1</b>   | 3    | 87,140,401  |
| 4    | A mounts included on Form 990, Part IX, line 25, but not on line 1:                            |      |             |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b 4a                            |      |             |
| ь    | Other (Describe in Part XIV)   | 1    |             |
| c    | Add lines <b>4a</b> and <b>4b</b>  | 4c   | 14,946,185  |
| 5    | Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18) | 5    | 102,086,586 |
| Da   | t XIV Supplemental Information   |      | •           |

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

| 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<br>ORGANIZATION'S ENDOWMENT<br>FUNDS | FORM 990, SCHEDULE D, PART V,<br>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   |
| FIN 48 (ASC 740) FOOTNOTE                             | SCHEDULE D, PART X, LINE 2                  | THE COLLEGE IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501 (A) OF THE INTERNAL REVENUE CODE (THE CODE) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX THE COLLEGE REVIEWS ITS TAX POSITIONS ANNUALLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS AT JUNE 30, 2012 AND 2011 |
| OTHER ADJUSTMENTS                                     | SCHEDULE D, PART XI, LINE 8                 | CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS (11,861)   |
| SCHEDULE D, PART XII, LINE 2D                         | OTHER                                       | CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 11,861 STUDENT AID RECLASS 14,946,185 TOTAL 14,958,046 ==========  |
| SCHEDULE D, PART XIII, LINE 4B                        | OTHER                                       | STUDENT AID RECLASS 14,946,185 TOTAL 14,946,185 =========   |

**Employer identification number** 

### **SCHEDULE E**

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

# **Schools**

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

OMB No 1545-0047

SPELMAN COLLEGE 58-0566243 Part I 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 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? Νo 5g h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

### Part II Supplemental Information

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

| ldentifier   | Return<br>Reference    | Explanation   |
|--|------------------------|---|
| NONDISCRIMINATORY POLICY                             | SCHEDULE E,<br>LINE 3  | 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                                       |
| FINANCIAL AID ASSISTANCE<br>FROM GOVERNMENTAL AGENCY | SCHEDULE E,<br>LINE 6A | THE FINANCIAL AID ASSISTANCE IS RECEIVED FROM THE FEDERAL GOVERMENT, STATE OF GEORGIA, AND OTHER STATES OTHER ASSISTANCE IS RECEIVED FROM FEDERAL GOVERNMENT, STATE OF GEORGIA, AND CITY OF ATLANTA |

Schedule E (Form 990 or 990-EZ) 2011

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OMB No 1545-0047

2011

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# SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

► Attack to Form 990 ► See separate instructions

**Statement of Activities Outside the United States** 

Part IV, line 14b, 15, or 16.

artment of the Treasury

Attach to Form 990. ► See separate instructions.

Name of the organization SPELMAN COLLEGE

to Part I

c Totals (add lines 3a and 3b)

**Employer identification number** 

| ΡF  | LMAN COLLEGE                                      |  |  |                           |  |  |
|-----|---|--|--|---------------------------|--|--|
| ' - | EMAN COLLEGE                                      |  |  |                           | 58-0566243   |  |
| Pā  | <b>General Informatio</b> "Yes" to Form 990, Pa   |  |  | he United States. C       | Complete if the organi   | zatıon answered  |
| L   | For grantmakers. Does the                         |  |  | Is to substantiate the    | amount of the grants   | or   |
|     | assistance, the grantees' eli                     | -  |  |                           | _  |  |
|     | the grants or assistance? .                       |  |  |                           |  | ✓ Yes  |
| 2   | For grant makers. Describe in Pa<br>United States | art V the organi                           | zatıon's procedu   | res for monitoring the us | e of grant funds outside t   | he   |
| 3   | Activites per Region (Use Part                    | V ıf addıtıonal s                          | space is needed  | )                         |  |  |
|     | <b>(a)</b> Region                                 | <b>(b)</b> Number of offices in the region | (c) Number of<br>employees or<br>agents in region or<br>independent<br>contractors | region (by type) (e g ,   | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total<br>expenditures for<br>region/investments<br>in region |
|     | Central America and the<br>Caribbean              |  |  | Program Services          | STUDY ABROAD   | 32,304   |
|     | East Asia and the Pacific                         |  |  | Program Services          | STUDY ABROAD   | 15,786   |
|     | Europe (Including Iceland and Greenland)          |  |  | Program Services          | STUDY ABROAD   | 57,665   |
|     | South America                                     |  |  | Program Services          | STUDY ABROAD   | 59,338   |
|     | Sub-Saharan Africa                                |  |  | Program Services          | STUDY ABROAD   | 27,112   |
|     | Europe (Including Iceland and Greenland)          |  |  | Program Services          | EQUIPMENT  | 5,560  |
|     |   |  |  |                           |  |  |
|     |   |  |  |                           |  |  |
|     |   |  |  |                           |  |  |
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|     |   |  |  |                           |  |  |
|     |   |  |  |                           |  |  |
|     | Sub-total   |  |  |                           |  | 197,765  |
| ŀ   | Total from continuation sheets                    |  |  |                           |  |  |

197,765

| Pa | Part IV, I                       | ine 15, for any                                       | sistance to Organ<br>y recipient who reco<br>space is needed. | <b>nizations or Entiti</b><br>erved more than \$5, | <b>es Outside the Un</b><br>000. Check this box | nited States. Composite of the composite | olete if the organizate<br>received more than | tion answered "Yes'<br>n \$5,000             | 'to Form 990,<br>► 厂   |
|----|----------------------------------|---|---|--|---|--|---|--|--|
| 1  | (a) Name of organization         | (b) IRS code<br>section<br>and EIN (if<br>applicable) | (c) Region  | ( <b>d)</b> Purpose of<br>grant                    | (e) A mount of<br>cash grant                    | (f) Manner of<br>cash<br>disbursement  | (g) A mount of<br>of non-cash<br>assistance   | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
|    |                                  |   |   |  |   |  |   |  |  |
|    |                                  |   |   |  |   |  |   |  |  |
|    |                                  |   |   |  |   |  |   |  |  |
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|    |                                  |   |   |  |   |  |   |  |  |
|    |                                  |   |   |  |   |  |   |  |  |
| 2  | Enter total nur<br>tax-exempt by | mber of recipie<br>the IRS, or fo                     | ent organizations lis<br>or which the grante                  | ted above that are e<br>e or counsel has pro       | recognized as chari<br>ovided a section 50:     | ties by the foreign o<br>1(c)(3) equivalency   | country, recognized<br>letter                 | as<br>. ►                                    |  |
| 3  | Enter total nur                  | mber of other   | organizations or en   | tities   |   |  |   | . ▶  |  |
|    |                                  |   | ·   | ·  | ·   |  |   | Schodulo E                                   | (Form 990) 2011  |

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 Part V if additional space is needed.

| (b) Region ent nerica/Caribbean | (c) Number of recipients | (d) A mount of cash grant | (e) Manner of cash disbursement WIRETRANSFER | (f) A mount of<br>non-cash<br>assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) N/A |
|---------------------------------|--------------------------|---------------------------|--|--|--|---|
| ent<br>nerica/Caribbean         | 1                        | 8,643                     | WIRETRANSFER                                 | 0  | N/A                                    | N/A   |
|                                 |                          |                           |  |  |  |   |
|                                 |                          |                           |  |  |  |   |
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|                                 |                          |                           |  |  |  |   |
|                                 |                          |                           |  |  |  |   |

## Part IV Foreign Forms

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)   | <b>~</b> | Yes | Γ        | Νo |
|---|--|----------|-----|----------|----|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)  | Γ        | Yes | <b>~</b> | Νo |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)  | 굣        | Yes | Γ        | Νo |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621) | <u> </u> | Yes | Γ        | Νo |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)  | Г        | Yes | ্ব       | Νo |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).   | Г        | Yes | 굣        | Νο |

Schedule F (Form 990) 2011

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

| ldentifier                  | Return<br>Reference              | Explanation  |
|-----------------------------|----------------------------------|--|
| STUDENT<br>FINANCIAL<br>AID | SCHEDULE F,<br>PART I, LINE<br>2 | 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 |

Schedule F (Form 990) 2010

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OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Open to Public Inspection

| Ν | ame | 9 0 | fth | е             | or     | ga | n | ıza | itic | ) |
|---|-----|-----|-----|---------------|--------|----|---|-----|------|---|
| < | PFI | м.  | ΔМ  | $\overline{}$ | $\cap$ | ĒΙ | F | G F |      |   |

Department of the Treasury

Internal Revenue Service

**Employer identification number** 58-0566243

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

- 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
- Solicitation of government grants

Phone solicitations

Special fundraising events

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

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

| (i) Name and address of<br>ındıvıdual<br>or entity (fundraiser) | (ii) Activity           | (iii) Dıd<br>fundraıser have<br>custody or<br>control of<br>contributions? |    | fundraiser have<br>custody or<br>control of |         | fundraiser have<br>custody or<br>control of |  | fundraiser have<br>custody or<br>control of |  | fundraiser have<br>custody or<br>control of |  | fundraiser have<br>custody or<br>control of |  | (iv) Gross receipts<br>from activity | (v) A mount paid to<br>(or retained by)<br>fundraiser listed in<br>col (i) | (vi) A mount paid to<br>(or retained by)<br>organization |
|---|-------------------------|--|----|---|---------|---|--|---|--|---|--|---|--|--------------------------------------|--|--|
|   |                         | Yes  | No |   |         |   |  |   |  |   |  |   |  |                                      |  |  |
| COXE CURRY ASSOCIATES   | FUNDRAISING<br>CAMPAIGN |  | No |   | 136,286 |   |  |   |  |   |  |   |  |                                      |  |  |
| WASHBURN MCGOLDRICK<br>INC                                      | CAMPAIGN<br>CONSULTANTS |  | No |   | 97,414  |   |  |   |  |   |  |   |  |                                      |  |  |
|   |                         |  |    |   |         |   |  |   |  |   |  |   |  |                                      |  |  |
|   |                         |  |    |   |         |   |  |   |  |   |  |   |  |                                      |  |  |
|   |                         |  |    |   |         |   |  |   |  |   |  |   |  |                                      |  |  |
|   |                         |  |    |   |         |   |  |   |  |   |  |   |  |                                      |  |  |
|   |                         |  |    |   |         |   |  |   |  |   |  |   |  |                                      |  |  |
|   |                         |  |    |   |         |   |  |   |  |   |  |   |  |                                      |  |  |
|   |                         |  |    |   |         |   |  |   |  |   |  |   |  |                                      |  |  |
| Total   |                         |  |    | 233,700                                     |         |   |  |   |  |   |  |   |  |                                      |  |  |

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

| Pa          | rt II | Fundraising Events. Commore than \$15,000 on Form  |                           |  |                                  |  |
|-------------|-------|--|---------------------------|--|----------------------------------|--|
|             |       |  | (a) Event #1              | (b) Event #2  (event type)                       | (c) O ther Events (total number) | (d) Total Events<br>(Add col (a) through<br>col (c)) |
| Φ           |       |  | (event type)              | (event type)                                     | (total number)                   |  |
| 를           | 1     | Gross receipts   |                           |  |                                  |  |
| Revenue     | 2     | Less Charitable contributions  |                           |  |                                  |  |
|             | 3     | Gross income (line 1 minus line 2)   |                           |  |                                  |  |
|             | 4     | Cash prizes  |                           |  |                                  |  |
|             | 5     | Non-cash prizes  |                           |  |                                  |  |
| <u> 3</u>   | 6     | Rent/facility costs  |                           |  |                                  |  |
| Expenses    | 7     | Food and beverages   |                           |  |                                  |  |
|             | 8     | Entertainment  |                           |  |                                  |  |
| <u>D</u>    |       |  |                           |  |                                  |  |
|             | 9     | Other direct expenses .  |                           |  |                                  |  |
|             | 10    | Direct expense summary Add lir   | -                         |  |                                  | ( )  |
|             | 11    | Net income summary Combine li  |                           |  |                                  |  |
| Par         | t II  | <b>Gaming.</b> Complete if the o \$15,000 on Form 990-EZ, li                                 |                           | d "Yes" to Form 990, Pa                          | irt IV, line 19, or rep          | orted more than                                      |
| Revenue     |       |  | (a) Bingo                 | (b) Pull tabs/Instant<br>bingo/progressive bingo | (c) O ther gaming                | (d) Total gaming<br>(Add col (a) through<br>col (c)) |
| ŭ           | ,     | <b>C</b>   |                           |  |                                  |  |
|             | 1     | Gross revenue  |                           |  |                                  | +  |
| နှင့်<br>လူ | 2     | Cash prizes  |                           |  |                                  |  |
| Expenses    | 3     | Non-cash prizes  |                           |  |                                  |  |
|             | 4     | Rent/facility costs  |                           |  |                                  |  |
| Direct      | 5     | Other direct expenses  |                           |  |                                  |  |
|             | 6     | Volunteer labor  | ┌ Yes<br>┌ No             | Г Yes<br>Г No                                    | Г Yes<br>Г No                    |  |
|             | 7     | Direct expense summary Add line  | s 2 through 5 in columi   | n (d)  |                                  | ( )  |
|             | 8     | Net gaming income summary Com  | nbine lines 1 and 7 in co | olumn (d)  | 🛌                                |  |
| 9<br>a<br>b | Is t  | er the state(s) in which the organiz<br>the organization licensed to operate<br>No," Explain | gaming activities in ea   | ach of these states?                             |                                  | · · 「Yes 「No   |
| 10a<br>b    |       | re any of the organization's gaming<br>Yes," Explain   |                           |  | the tax year?                    | · · Fyes Fno   |

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DLN: 93493134002713 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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. ► Attach to Form 990

**Grants and Other Assistance to Organizations,** 

| Name of the organization   |                       | Employer identification number           |                              |   |   |  |                                     |
|--|-----------------------|--|------------------------------|---|---|--|-------------------------------------|
| SPELMAN COLLEGE  |                       | 58-0566243                               |                              |   |   |  |                                     |
| Part I General Information   | on on Grants and      | l Assistance                             |                              |   |   | •                                      |                                     |
| <ul> <li>Does the organization maintain the selection criteria used to at</li> <li>Describe in Part IV the organization</li> </ul> | ward the grants or as | sıstance?                                |                              |   |   |  | √Yes 「ι                             |
| Part II Grants and Other A Form 990, Part IV, III Part IV and Schedule   | ne 21 for any recip   | ient that received r                     | nore than \$5,000. Ch        | eck this box if no one                    | recipient receive                                     | ed more than \$5,000                   | . Use                               |
| (a) Name and address of organization or government   | (b) EIN               | (c) IRC Code<br>section<br>if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of gra<br>or assistance |
|  |                       |  |                              |   |   |  |                                     |
|  |                       |  |                              |   |   |  |                                     |
|  |                       |  |                              |   |   |  |                                     |
|  |                       |  |                              |   |   |  |                                     |
|  |                       |  |                              |   |   |  |                                     |
|  |                       |  |                              |   |   |  |                                     |
|  |                       |  |                              |   |   |  |                                     |
|  |                       |  |                              |   |   |  |                                     |
|  |                       |  |                              |   |   |  |                                     |
|  |                       |  |                              |   |   |  |                                     |
|  |                       |  |                              |   |   |  |                                     |
| <ul><li>2 Enter total number of section 5</li><li>3 Enter total number of other organization</li></ul>                             |                       | _  |                              |   |   | _                                      |                                     |

| Part III | Grants and Other Assistance to Individuals in the United States. | . Complete if the organization | answered "Yes | s" 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>b)</b> Number of recipients | (c)A mount of<br>cash grant | (d)A mount of<br>non-cash assistance | (e)Method of valuation (book<br>FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|----------------------------------|-----------------------------|--------------------------------------|--|---------------------------------------|
| (1) STUDENT FINANCIAL AID      | 2055                             | 14,937,542                  |                                      | N/A  | N/A                                   |
|                                |                                  |                             |                                      |  |                                       |
|                                |                                  |                             |                                      |  |                                       |
|                                |                                  |                             |                                      |  |                                       |
|                                |                                  |                             |                                      |  |                                       |
|                                |                                  |                             |                                      |  |                                       |
|                                |                                  |                             |                                      |  |                                       |

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 | Schedule I, Part I, LINE 2 AND PART III | 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: 93493134002713

OMB No 1545-0047

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#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

**Compensation Information** 

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

► Attach to Form 990. ► See separate instructions.

Name of the organization SPELMAN COLLEGE

**Employer identification number** 

|    |  | 58-0566243                             |     |    |
|----|--|--|-----|----|
| Pa | art I Questions Regarding Compensation   |  |     |    |
|    |  |  | Yes | Νο |
| 1a | Check the appropriate box(es) if the organization provided any of the following to o 990, Part VII, Section A, line 1a Complete Part III to provide any relevant inform    | •                                      |     |    |
|    |  | r residence for personal use           |     |    |
|    | ▼ Travel for companions Payments for busine  | ss use of personal residence           |     |    |
|    |  | dues or initiation fees                |     |    |
|    | Discretionary spending account Personal services (e  | g , maıd, chauffeur, chef)             |     | İ  |
| b  | If any of the boxes in line 1a are checked, did the organization follow a written pol<br>reimbursement orprovision of all the expenses described above? If "No," complet   |  | Yes |    |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expensions officers, directors, trustees, and the CEO/Executive Director, regarding the items | •                                      | Yes |    |
| 3  | Indicate which, if any, of the following the organization uses to establish the comp   | oons at on of the                      |     |    |
| 3  | organization's CEO/Executive Director Check all that apply   |  |     |    |
|    | Compensation committee Written employment  |  |     |    |
|    | ✓ Independent compensation consultant ✓ Compensation surve   | •                                      |     |    |
|    | Form 990 of other organizations  Approval by the boar  | rd or compensation committee           |     |    |
| 4  | During the year, did any person listed in Form 990, Part VII, Section A, line 1a w or a related organization   | ith respect to the filing organization |     |    |
| а  | Receive a severance payment or change-of-control payment?  | 4a                                     |     | Νo |
| b  | <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement pl  | lan? 4b                                |     | Νo |
| С  | Participate in, or receive payment from, an equity-based compensation arrangem   | ent? 4c                                |     | Νo |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts   | for each item in Part III              |     |    |
|    | Only $501(c)(3)$ and $501(c)(4)$ organizations only must complete lines 5-9.   |  |     | İ  |
| 5  | For persons listed in form 990, Part VII, Section A, line 1a, did the organization propertion contingent on the revenues of  | pay or accrue any                      |     |    |
| а  | a The organization?  | 5a                                     |     | Νo |
| b  | <b>b</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 1a, did the organization propertion contingent on the net earnings of  | pay or accrue any                      |     |    |
| а  | a The organization?  | 6a                                     |     | Νo |
| b  | Any related organization?  | 6Ь                                     |     | No |
|    | If "Yes," to line 6a or 6b, describe in Part III   |  |     |    |
| 7  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization payments not described in lines 5 and 6? If "Yes," describe in Part III                 | provide any non-fixed                  | Yes |    |
| 8  | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a   |  |     |    |
|    | subject to the initial contract exception described in Regs section 53 4958-4(a) in Part III   |  |     | İ  |
|    |  | 8                                      | +   | No |
| 9  | If "Yes" to line 8, did the organization also follow the rebuttable presumption proc<br>section 53 4958-6(c)?  | edure described in Regulations         |     |    |

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

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

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

| (A) Name                    |             | (B) Breakdown of         | W-2 and/or 1099-MI                        | SC compensation                           | (C) Retirement and             | ( <b>D</b> ) Nontaxable | (E) Total of columns | (F) Compensation                                |
|-----------------------------|-------------|--------------------------|---|---|--------------------------------|-------------------------|----------------------|---|
|                             |             | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits                | (B)(ı)-(D)           | reported in prior<br>Form 990 or<br>Form 990-EZ |
| (1) BEVERLY DANIEL<br>TATUM | (ı)<br>(ıı) | 338,785<br>0             | 0   | 16,500<br>0                               | 58,508<br>0                    | 38,096<br>0             | 451,889<br>0         |   |
| (2) ROBERT D<br>FLANIGAN JR | (ı)<br>(ıı) | 290,818<br>0             | 0   | 0   | 14,700<br>0                    | 9,034<br>0              | 314,552<br>0         |   |
| (3) JOHNNELLA<br>BUTLER     | (ı)<br>(ıı) | 219,690<br>0             | 0   | 0   | 13,501<br>0                    | 8,343<br>0              | 241,534<br>0         |   |
| (4) ARLENE CASH             | (ı)<br>(ıı) | 162,033<br>0             | 0   | 0   | 1,036<br>0                     | 7,956<br>0              | 171,025<br>0         |   |
| (5) ELOISE ALEXIS           | (ı)<br>(ıı) | 152,971<br>0             | 0   | 0   | 9,400                          | 7,566<br>0              | 169,937<br>0         |   |
| (6) KASSANDRA<br>JOLLEY     | (ı)<br>(ıı) | 181,394<br>0             | 0   | 0   | 11,235<br>0                    | 7,749<br>0              | 200,378              |   |
| (7) DELORES BARTON          | (ı)<br>(ıı) | 137,020<br>0             | 0   | 0   | 5,827<br>0                     | 7,864<br>0              | 150,711              |   |
| (8) GLORIA WADE-<br>GAYLES  | (ı)<br>(ıı) | 137,028<br>0             | 0   | 0   | 8,314<br>0                     | 7,056<br>0              | 152,398<br>0         |   |
| (9) MYRA BURNETT            | (ı)<br>(ıı) | 134,687<br>0             | 0   | 0   | 8,427<br>0                     | 7,232<br>0              | 150,346<br>0         |   |
| (10) RHONDA<br>HONEGAN      | (ı)<br>(ıı) | 138,654<br>0             | 0   | 0   | 8,739<br>0                     | 7,239<br>0              | 154,632<br>0         |   |
| (11) DARNITA<br>KILLIAN     | (ı)<br>(ıı) | 162,095<br>0             | 0<br>0                                    | 0   | 9,938<br>0                     | 7,949<br>0              | 179,982<br>0         |   |
|                             |             |                          |   |   |                                |                         |                      |   |
|                             |             |                          |   |   |                                |                         |                      |   |
|                             |             |                          |   |   |                                |                         |                      |   |
|                             |             |                          |   |   |                                |                         |                      |   |

## 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<br>Reference               | Explanation  |
|-------------------------------------|-----------------------------------|--|
| QUESTION                            | 1                                 | SOCIAL CLUB DUES WERE PAID FOR TATUM AND BUTLER IN THE AMOUNT OF \$2,292 AND \$3,082, RESPECTIVELY THE VALUE OF THESE DUES WAS NOT TREATED AS TAXABLE COMPENSATION \$3,114 WAS PROVIDED IN SPOUSAL TRAVEL BENEFITS FOR TATUM THE VALUE OF THE TRAVEL WAS NOT TREATED AS TAXABLE COMPENSATION |
|                                     | SCHEDULE J,<br>PART I, LINE<br>1A | HOUSING VALUED AT \$29,035 WAS PROVIDED TO TATUM THE VALUE OF THE HOUSING WAS NOT TREATED AS TAXABLE COMPENSATION  |
| OTHER<br>REPORTABLE<br>COMPENSATION | · '                               | BEVERLY DANIEL TATUM'S OTHER REPORTABLE COMPENSATION IS COMPOSED OF \$16,500, WHICH IS DEFERRED COMPENSATION PAYABLE IN ACCORDANCE WITH HER EMPLOYMENT CONTRACT  |

Schedule J (Form 990) 2011

DLN: 93493134002713 OMB No 1545-0047

Open to Public

**Inspection** 

**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 O (Form 990). ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

**Schedule K** (Form 990)

Employer identification number

58-0566243

| Name of the | organızatıon |
|-------------|--------------|
| SPELMAN     | COLLEGE      |

|     |   |                |             |                 |                 |       |                          |                | 8-056  | 6243    |  |     |               |
|-----|---|----------------|-------------|-----------------|-----------------|-------|--------------------------|----------------|--------|---------|--|-----|---------------|
| P   | art I Bond Issues                         |                |             |                 |                 |       |                          |                |        |         |  |     |               |
|     | (a) Issuer Name                           | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f)   | ) Description of Purpose | ( <b>g)</b> De | feased | Beh     | On<br>alf of<br>suer                             |     | Pool<br>ncing |
|     |   |                |             |                 |                 |       |                          |                | No     | Yes     | No   | Yes | No            |
| A   | DEVELOPMENT AUTHORITY<br>OF FULTON COUNTY | 58-1506878     | 359900TAS   | 03-21-2007      | 67,041,214      | SEE   | EE SCHEDULE O            |                | x      |         | Х  |     | Х             |
| В   | DEVELOPMENT AUTHORITY<br>OF FULTON COUNTY | 58-1506878     |             | 09-01-2009      | 1,500,000       | SEE   | SEE SCHEDULE O           |                | Х      |         | х  |     | х             |
| c   | DEVELOPMENT AUTHORITY<br>OF FULTON COUNTY | 58-1506878     |             | 09-01-2009      | 6,100,000       | SEE   | SEE SCHEDULE O           |                | х      |         | х  |     | х             |
| D D | DEVELOPMENT AUTHORITY<br>OF FULTON COUNTY | 58-1506878     | 3599002LO   | 04-09-2012      | 28,349,973      | SEE   | SEE SCHEDULE O           |                | x      |         | х  |     | Х             |
| Pa  | art III Proceeds                          |                |             |                 |                 |       |                          |                |        |         |  |     |               |
|     |   |                |             |                 | A               |       | В                        |                | С      |         |  | D   |               |
| 1   | A mount of bonds retired                  |                |             |                 | 5,905           | ,000  | 600,000                  |                | 1,1    | .00,000 |  |     | 545,000       |
| 2   | A mount of bonds defeased                 |                |             |                 |                 | 0     | 0                        |                |        | (       |  |     | 0             |
| 3   | Total proceeds of issue                   |                |             |                 | 68,883          | ,486  | 1,500,000                |                | 6,1    | .00,000 |  | 28, | 349,973       |
| 4   | Gross proceeds in reserve fund            | ds             |             |                 |                 | 0     | 0                        |                |        | (       |  |     | 0             |
| 5   | Capitalized interest from proce           | eds            |             |                 | 3,777           | 7,739 | 0                        |                |        | (       |  |     | 0             |
| 6   | Proceeds in refunding escrow              |                |             |                 | ,               | . 0   | 0                        |                |        |         | <del>                                     </del> | 18. | 272,757       |
| 7   |   |                |             | 754             | 1,073           | 0     |                          |                |        | 460,658 |  |     |               |
| 8   | Credit enhancement from proceeds          |                |             |                 |                 | , · · | 0                        |                |        | (       | 0 0  |     |               |
|     | Working capital expenditures f            |                |             |                 |                 |       |                          |                |        |         | <del>.</del>                                     |     |               |

| 3  | lotal proceeds of issue  |     | 68,883,486 |     | 1,500,000 |     | 6,100,000 |     | 28,349,97 |
|----|--|-----|------------|-----|-----------|-----|-----------|-----|-----------|
| 4  | Gross proceeds in reserve funds  |     | 0          |     | 0         |     | 0         |     | (         |
| 5  | Capitalized interest from proceeds   |     | 3,777,739  |     | 0         |     | 0         |     | (         |
| 6  | Proceeds in refunding escrow   |     | 0          |     | 0         |     | 0         |     | 18,272,75 |
| 7  | Issuance costs from proceeds   |     | 754,073    |     | 0         |     | 0         |     | 460,65    |
| 8  | Credit enhancement from proceeds   |     | 0          |     | 0         |     | 0         |     | ı         |
| 9  | Working capital expenditures from proceeds   |     | 0          |     | 0         |     | 0         |     | ı         |
| 10 | Capital expenditures from proceeds   |     | 54,773,104 |     | 0         |     | 0         |     | ı         |
| 11 | Other spent proceeds   |     | 9,578,570  |     | 1,500,000 |     | 6,100,000 |     | 9,616,55  |
| 12 | Other unspent proceeds   |     | 0          |     | 0         |     | 0         |     | I         |
| 13 | Year of substantial completion   | 20  | 09         | 19  | 999       | 20  | 004       | 20  | 012       |
| -  |  | Yes | No         | Yes | No        | Yes | No        | Yes | No        |
| 14 | Were the bonds issued as part of a current refunding issue?  | ×   |            | X   |           | X   |           | X   |           |
| 15 | Were the bonds issued as part of an advance refunding issue?   |     | Х          |     | Х         |     | Х         | х   |           |
| 16 | Has the final allocation of proceeds been made?  |     | Х          | Х   |           | Х   |           |     |           |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | х   |            | Х   |           | х   |           | х   |           |

Part IIII Private Business Use

|   |  |     | \  | I   | В  |     | С  |     | )  |
|---|--|-----|----|-----|----|-----|----|-----|----|
|   |  | Yes | No | Yes | No | Yes | No | 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? |     | X  |     | X  |     | ×  |     | X  |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property?                        | Х   |    |     | х  |     | х  |     | Х  |

Part III Private Business Use (Continued)

|    |  |     | Α       |     | В       |     | C   |     | D   |
|----|--|-----|---------|-----|---------|-----|-----|-----|-----|
|    |  | Yes | No      | Yes | No      | Yes | No  | Yes | No  |
|    | ,  | res | NO      | res | NO      | res | NO  | res | NO  |
| 3a | Are there any management or service contracts that may result in private business use?   | X   |         | Х   |         |     | x   | x   |     |
| ь  | If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?   | X   |         | Х   |         |     |     | x   |     |
| С  | Are there any research agreements that may result in private business use of bond-<br>financed property?   |     | х       | ×   |         |     | х   |     | ×   |
| d  | If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?   |     |         | 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  |     | 0 420 % |     | 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   |     | 0 420 % |     | 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   |     |

Part IV Arbitrage

| 1201 | telv Arbitrage   |                        |     |     |    |     |    |     |    |
|------|--|------------------------|-----|-----|----|-----|----|-----|----|
|      |  | Α                      |     | В   |    | С   |    | D   |    |
|      |  | 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  |
| 3a   | Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?                                     |                        | x   |     | х  |     | х  |     | х  |
|      |  |                        |     |     |    |     |    |     |    |
| ь    | Name of provider   | 0                      |     | 0   |    | 0   |    |     |    |
| С    | Term of hedge  |                        |     |     |    |     |    |     |    |
| d    | Was the hedge superintegrated?   |                        |     |     |    |     |    |     |    |
| e    | Was a hedge terminated?  |                        |     |     |    |     |    |     |    |
| 4a   | Were gross proceeds invested in a GIC?   | х                      |     |     | Х  |     | Х  |     |    |
| ь    | Name of provider   | HYPO PUBLIC<br>FINANCE |     | О   |    | 0   |    | О   |    |
| С    | Term of GIC  |                        | 2 2 |     |    |     |    |     |    |
| d    | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  | 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   |    |     |    |

## Part V Procedures To Undertake Corrective Action

#### Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

| Ident if ier      | Ret urn<br>Ref erence | Explanation |
|-------------------|-----------------------|-------------|
| SEE<br>SCHEDULE O | 0                     |             |

DLN: 93493134002713

Schedule K (Form 990)

# **Supplemental Information on Tax Exempt Bonds**

2011

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

Open to Public Inspection

Internal Revenue Service
Name of the organization
SPELMAN COLLEGE

Department of the Treasury

Employer identification number

|      | e of the organization                                  |                     |                    |                 |                |        |                        |            | E       | mployer      | dentific | cation num | er      |               |
|------|--|---------------------|--------------------|-----------------|----------------|--------|------------------------|------------|---------|--------------|----------|------------|---------|---------------|
| 3F L | LMAN COLLEGE   |                     |                    |                 |                |        |                        |            | 5       | 8-056        | 6243     |            |         |               |
| Pa   | art I Bond Issues                                      | 1                   | T                  | 1               |                |        |                        |            |         |              |          |            |         |               |
|      | (a) Issuer Name  | (b) Issuer EIN      | (c) CUSIP #        | (d) Date Issued | (e) Issue Pric | a (1   | <b>(f)</b> Description | of Purpose | (g) Def | (g) Defeased |          |            |         | Pool<br>ncing |
|      |  |                     |                    |                 |                |        |                        |            | Yes     | No           | Yes      | No         | Yes     | No            |
| A    | PRIVATE COLLEGES & UNIVERSITIES AUTHORITY              | 58-1407790          | 74265LQB7          | 01-30-2003      | 30,800,6       | 74 SEF | SCHEDULE O             |            |         | Х            |          | х          |         | х             |
| Pa   | Tt III Proceeds  | 1                   |                    | 1               |                |        |                        |            |         |              |          |            |         |               |
|      |  |                     |                    |                 | Α              |        | В                      | 1          |         | С            |          |            | D       |               |
| 1    | A mount of bonds retired                               |                     |                    |                 | 7,2            | 20,000 | 0                      |            |         |              |          |            |         |               |
| 2    | A mount of bonds defeased                              |                     | 17,0               | 10,000          | 0              |        |                        |            |         |              |          |            |         |               |
| 3    | Total proceeds of issue                                |                     |                    | 31,5            | 40,044         | 4      |                        |            |         |              |          |            |         |               |
| 4    | Gross proceeds in reserve fund                         |                     |                    |                 | C              | 0      |                        |            |         |              |          |            |         |               |
| 5    | Capitalized interest from proce                        |                     | 1,1                | 74,857          | 7              |        |                        |            |         |              |          |            |         |               |
| 6    | Proceeds in refunding escrow                           |                     |                    |                 |                | C      | 0                      |            |         |              |          |            |         |               |
| 7    | Issuance costs from proceeds                           |                     |                    |                 | 4              | 91,087 | 7                      |            |         |              |          |            |         |               |
| 8    | Credit enhancement from proc                           | eeds                |                    |                 |                | C      | 0                      |            |         |              |          |            |         |               |
| 9    | Working capital expenditures f                         | rom proceeds        |                    |                 |                | 0      |                        |            |         |              |          |            |         |               |
| 10   | Capital expenditures from proc                         | eeds                |                    |                 | 23,654,880     |        |                        |            |         |              |          |            |         |               |
| 11   | Other spent proceeds                                   |                     |                    |                 | 6,219,220      |        |                        |            |         |              |          |            |         |               |
| 12   | Other unspent proceeds                                 |                     |                    |                 |                | C      | 0                      |            |         |              |          |            |         |               |
| 13   | Year of substantial completion                         | 1                   |                    |                 | 2007           |        |                        | •          |         |              |          | •          |         |               |
|      |  |                     |                    |                 | Yes            | No     | Yes                    | No         | Yes     |              | No       | Yes        | $\perp$ | No            |
| 14   | Were the bonds issued as part                          | of a current refund | ng issue?          |                 |                | Χ      |                        |            |         |              |          |            |         |               |
| 15   | Were the bonds issued as part                          | of an advance refu  | ndıng ıssue?       |                 | х              |        |                        |            |         |              |          |            |         |               |
| 16   | 16 Has the final allocation of proceeds been made?     |                     |                    |                 |                |        |                        |            |         |              |          |            |         |               |
| 17   | Does the organization maintain allocation of proceeds? |                     | nd records to supp | ort the final   | х              |        |                        |            |         |              |          |            |         |               |
| Pai  | rt IIII Private Business U                             | se                  |                    |                 |                |        |                        |            |         |              |          |            |         |               |
|      |  |                     |                    |                 | A              |        | B                      |            |         | C            |          | <b></b>    | D       |               |
|      | Mara II a sana manakana manakana                       |                     |                    | C               | Yes            | No     | Yes                    | No         | Yes     |              | No       | Yes        | +       | No            |

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

| Sche | edule K (Form 990) 2011  |            |          |     |     |    |          |    |       | Page <b>2</b> |
|------|--|------------|----------|-----|-----|----|----------|----|-------|---------------|
| Par  | t III Private Business Use (Continued)   |            |          |     |     |    |          |    |       |               |
|      |  |            | A        |     |     | В  |          | С  |       | D             |
| 3a   | Are there any management or service contracts that may result in private use?  | business   | Yes<br>X | No  | Yes | No | Yes      | No | Yes   | No            |
| b    | If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?   |            | Х        |     |     |    |          |    |       |               |
| С    | Are there any research agreements that may result in private business use financed property?   | e of bond- |          | х   |     |    |          |    |       |               |
| d    | If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper  |            |          |     |     |    |          |    |       |               |
| 4    | Enter the percentage of financed property used in a private business use bother than a section 501(c)(3) organization or a state or local government   |            | •        | 0 % |     | 1  |          | 1  |       |               |
| 5    | Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government |            |          | 0 % |     |    |          |    |       |               |
| 6    | Total of lines 4 and 5   |            |          | 0 % |     |    |          |    |       |               |
| 7    | Has the organization adopted management practices and procedures to en<br>post-issuance compliance of its tax-exempt bond liabilities?   | sure the   | Х        |     |     |    |          |    |       |               |
| Par  | rt IV Arbitrage  |            |          |     |     |    |          |    |       |               |
|      |  | Yes        | No       | Yes | B   |    | C<br>(es | No | Yes D | 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          |          |     |     |    |          |    |       |               |
| 2    | Is the bond issue a variable rate issue?   |            | X        |     |     |    |          |    |       |               |
| 3a   | Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?   |            | х        |     |     |    |          |    |       |               |
| ь    | Name of provider   | 0          |          |     |     |    |          |    |       |               |
| С    | Term of hedge  |            |          |     |     |    |          |    |       |               |
| d    | Was the hedge superintegrated?   |            |          |     |     |    |          |    |       |               |
| e    | Was a hedge terminated?  |            |          |     |     |    |          |    |       |               |
| 4a   | Were gross proceeds invested in a GIC?   |            | X        |     |     |    |          |    |       |               |
| ь    | Name of provider   | 0          |          |     | ı   |    | l        |    |       | 1             |
| c    | Term of GIC  |            |          |     |     |    |          |    |       |               |
| d    | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  |            |          |     |     |    |          |    |       |               |
| 5    | Were any gross proceeds invested beyond an available temporary   |            |          |     |     |    |          |    |       |               |

## Procedures To Undertake Corrective Action

Did the bond issue qualify for an exception to rebate?

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## Part VI Supplemental Information

period?

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

| Ident if ier      | Ret urn<br>Ref erence | Explanation |
|-------------------|-----------------------|-------------|
| SEE<br>SCHEDULE O | 0                     |             |

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# Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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 the organization<br>SPELMAN COLLEGE      |               |                    |                        |             |                                  |                         |                     |                      |            | ntion numbe  | er        |
|--|---------------|--------------------|------------------------|-------------|----------------------------------|-------------------------|---------------------|----------------------|------------|--------------|-----------|
| Part I Excess Benefit Trai                       | isacti        | inns (s            | ection 501             | (c)(3) a    | and section 501                  | (c)(4)                  |                     | 8-05662<br>zations ( |            |              |           |
| Complete if the organizat                        |               |                    |                        |             |                                  |                         |                     |                      |            | ıne 40b      |           |
| <b>1</b> (a) Name of disq                        | ualıfıed      | person             |                        |             | (h) Desc                         | cription of transaction |                     |                      |            | (c) C        | orrected? |
|  |               |                    |                        |             | ( <b>b)</b> Desc                 | ZIIPLIOII               |                     |                      |            | Yes          | No        |
|  |               |                    |                        |             |                                  |                         |                     |                      |            |              |           |
|  |               |                    |                        |             |                                  |                         |                     |                      |            |              |           |
|  |               |                    |                        |             |                                  |                         |                     |                      |            |              |           |
|  |               |                    |                        |             |                                  |                         |                     |                      |            |              |           |
|  |               |                    |                        |             |                                  |                         |                     |                      |            |              |           |
|  |               |                    |                        |             |                                  |                         |                     |                      |            |              |           |
|  |               |                    |                        |             |                                  |                         |                     |                      |            |              |           |
|  |               |                    |                        |             |                                  |                         |                     |                      |            |              |           |
|  |               |                    |                        |             |                                  |                         |                     |                      |            |              |           |
| 2 Enter the amount of tax impos                  | ed on t       | he organ           | nization man           | agers o     |                                  |                         |                     | /ear undei           |            |              |           |
| section 4958                                     |               |                    |                        |             |                                  |                         |                     |                      | ·          |              |           |
| 3 Enter the amount of tax, If any                | , on lin      | e ∠, abo           | ve, reimburs           | ed by tr    | ie organization .                |                         |                     |                      | * —        |              |           |
| Part II Loans to and/or I                        |               |                    |                        |             |                                  |                         |                     |                      |            |              |           |
| Complete if the organiz                          | zation a<br>T | ans we re          | d "Yes" on F<br>I      | orm 990     | ), Part IV, line 26              | <i>,</i> or Fori        | n 990-E             |                      | , line 38  | <u>a</u>     |           |
|  |               | oan to             |                        |             |                                  | (e) 1                   | (f) (e) In Approved |                      | (g)Written |              |           |
| (a) Name of interested person and purpose        |               | om the<br>ization? | (c)Orig<br>principal a |             | (d)Balance due                   | default?                |                     | by board or          |            | agreeme      | nt?       |
| purpose  |               | 1                  | i prinicipar a         | mount       |                                  | L.,                     | 1                   | committee?           |            | +, -, -      |           |
|  | То            | From               |                        |             |                                  | Yes                     | No                  | Yes                  | No         | Yes          | No        |
|  |               |                    |                        |             |                                  |                         | 1                   |                      |            |              |           |
|  |               |                    |                        |             |                                  |                         |                     |                      |            |              |           |
|  |               |                    |                        |             |                                  |                         |                     |                      |            |              |           |
|  |               |                    |                        |             |                                  |                         |                     |                      |            |              |           |
|  |               |                    |                        |             |                                  |                         |                     |                      |            |              |           |
| Total  |               |                    |                        | <b>▶</b> \$ |                                  |                         |                     |                      |            |              |           |
| Part III Grants or Assistar Complete if the orga |               |                    |                        |             |                                  | /, line 2               | 27.                 |                      |            |              |           |
| (a) Name of interested pers                      | on            | (                  | <b>b)</b> Relationsh   | nip betwe   | een interested per<br>ganization | rson                    | <b>(c)</b> A m      | nount of g           | rant or ty | ype of assis | stance    |
|  |               |                    | - an                   | id the or   | gamzation                        |                         |                     |                      |            |              |           |
|  |               |                    |                        |             |                                  | +                       |                     |                      |            |              |           |
|  |               |                    |                        |             |                                  |                         |                     |                      |            |              |           |
|  |               |                    |                        |             |                                  |                         |                     |                      |            |              |           |
|  |               |                    |                        |             |                                  |                         |                     |                      |            |              |           |

| Part IV | Business | Transactions | Involvina | Interested | Persons |
|---------|----------|--------------|-----------|------------|---------|
|         | _ ~ ~    |              |           |            |         |

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| Complete if the organization  | ii diiswered Tes Oii                                     | roini 550, raic IV, iii                             | 10 200, 200, 01 200. |         |                               |
|-------------------------------|--|---|----------------------|---------|-------------------------------|
| (a) Name of Interested person | (b) Relationship<br>between interested<br>person and the | ested (c) A mount of (d) Description of transaction |                      | organiz | aring of<br>zation's<br>nues? |
|                               | organization   |   |                      | Yes     | No                            |
| • •                           | FORMER TRUSTEE IS<br>OWNER                               | 938,850   | ENDOWMENT ADVISOR    |         | Νο                            |
|                               |  |   |                      |         |                               |
|                               |  |   |                      |         |                               |
|                               |  |   |                      |         |                               |
|                               |  |   |                      |         |                               |
|                               |  |   |                      |         |                               |

## Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Ident if ier | Return Reference | <b>Explanation</b> |
|--------------|------------------|--------------------|
|--------------|------------------|--------------------|

Schedule L (Form 990 or 990-EZ) 2011

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**21** Taxidermy . . . . . Historical artifacts . . . .

23 Scientific specimens . .

Other ► (SEE PART II)

O ther **►**( \_\_\_\_\_

27 Other ►( \_\_\_

26

Archeological artifacts . . .

**SCHEDULE M** 

(Form 990)

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

**NonCash Contributions** 

Open to Public Inspection

|             | ne of the organization<br>MAN COLLEGE  |                                  |  |   | Employer identification number                       |
|-------------|--|----------------------------------|--|---|--|
| )r LL       | MAN COLLEGE  |                                  |  |   | 58-0566243   |
| Pā          | art I Types of Property  |                                  |  |   |  |
|             |  | (a)<br>Check<br>If<br>applicable | (b)<br>Number of Contributions<br>or items contributed | (c)<br>Contribution amounts<br>reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>contribution amounts |
| 1<br>2<br>3 | Art—Works of art Art—Historical treasures Art—Fractional interests             | X                                | 1  | 70,650  | APPRAISAL  |
| 4           | Books and publications   |                                  |  |   |  |
| 5           | Clothing and household goods   |                                  |  |   |  |
| 5<br>7      | Cars and other vehicles Boats and planes                                       |                                  |  |   |  |
| 3           | Intellectual property  |                                  |  |   |  |
| •           | Securities—Publicly traded .   | X                                | 4  | 147,967   | FMV  |
| L           | Securities—Closely held stock. Securities—Partnership, LLC, or trust interests |                                  |  |   |  |
| 2           | Securities—Miscellaneous   |                                  |  |   |  |
| .3          | Qualified conservation contribution—Historic structures                        |                                  |  |   |  |
| 4           | Q ualified conservation contribution—Other                                     |                                  |  |   |  |
| 5           | Real estate—Residential .  |                                  |  |   |  |
| 5           | Real estate—Commercial   |                                  |  |   |  |
| 7           | Real estate—Other  |                                  |  |   |  |
| 8           | Collectibles   |                                  |  |   |  |
| 9           | Food inventory   |                                  |  |   |  |
| 0           | Drugs and medical supplies .   |                                  |  |   |  |

28 Other ► ( Number of Forms 8283 received by the organization during the tax year for contributions 29 1 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . .

Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . . . . 30a No **b** If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash **32a** | Yes **b** If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

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95,534 FMV

#### 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  | Ret urn Reference                | Explanation   |
|---------------|----------------------------------|---|
|               | 25-27                            | DONATIONS OF VARIOUS ITEMS BEVERAGES,<br>PROMOTIONAL ITEMS, AND MISCELLANEOUS FAIR<br>MARKET VALUED AT \$95,534 |
| THIRD PARTIES | SCHEDULE M, PART I, QUESTION 32A | SPELMAN COLLEGE USES THIRD PARTY STOCK BROKERS TO PROCESS NON-CASH CONTRIBUTIONS                                |

Schedule M (Form 990) 2011

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DLN: 93493134002713

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

| Name of the organization SPELMAN COLLEGE | Employer identifi | cation number |
|--|-------------------|---------------|
|  | 58-0566243        |               |

| ldentifier                    | Return Reference | Explanation   |
|-------------------------------|------------------|---|
| FORM 990<br>REVIEW<br>PROCESS | SECTION B,       | FORM 990 IS DISTRIBUTED TO THE FINANCE AND BUDGET COMMITTEE PRIOR TO THE COMMITTEE MEETING FOR THEIR REVIEW INDEPENDENT TAX ACCOUNTANTS WILL REVIEW WITH 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<br>Reference                                | Explanation   |
|-----------------------------------|--|---|
| CONFLICT<br>OF INTEREST<br>POLICY | FORM 990,<br>PART VI,<br>SECTION B,<br>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<br>Reference   | Explanation  |
|--|---|--|
| PROCESS FOR<br>DETERMINING<br>COMPENSATION | FORM 990,<br>PART VI,<br>SECTION B,<br>QUESTIONS<br>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 COLLEGES AND 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 THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF TRUSTEES 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<br>AVAILABLE TO THE<br>PUBLIC | FORM 990, PART VI,<br>SECTION C, QUESTION<br>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   |
|--------------------------------|------------------------------|---|
| OTHER CHANGES IN NET<br>ASSETS | FORM 990, PART XI,<br>LINE 5 | UNREALIZED LOSSES (22,853,385) CHANGE IN VALUE OF SPLIT INTEREST TRUSTS (11,861) TOTAL (22,865,246) |

| ldentifier | Return<br>Reference                | Explanation   |
|------------|------------------------------------|---|
| OF PURPOSE | SCHEDULE<br>K, PART I,<br>COLUMN F | DEVELOPMENT AUTHORITY OF FULTON COUNTY A-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 B- 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 C- REISSUANCE OF DEVELOPMENT AUTHORITY OF FULTON COUNTY ADJUSTABLE ROLE DEMAND REVENUE BONDS (SPELMAN COLLEGE PROJECT), SERIES 1999 (TREATED AS CURRENT REFUNDING), ISSUE DATE NOVEMBER 19, 1999 D- 1 ADVANCE REFUNDING OF A PORTION OF PRIVATE COLLEGES AND UNIVERSITIES REVENUE BONDS (SPELMAN COLLEGE PROJECT) SERIES 2003, ISSUE DATE JANUARY 30, 2003, PROCEEDS USED \$18,272,757 2 CURRENT REFUNDING OF PROMISSORY NOTE ISSUED OCTOVER 29, 2008, 2012 PROCEEDS USED \$6,440,526 3 CURRENT REFUNDING OF PROMISSORY NOTE, ISSUE DATE FEBRUARY 28, 2010, 2012 PROCEEDS USED \$3,192,547 PRIVATE COLLEGES & UNIVERSITY AUTHORITY 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 |

| ldentifier                    | Return<br>Reference            | Explanation  |
|-------------------------------|--------------------------------|--|
| TOTAL<br>PROCEEDS OF<br>ISSUE | SCHEDULE K,<br>PART II, LINE 3 | DEVELOPMENT AUTHORITY OF FULTON COUNTY B - THIS WAS A REISSUANCE OF THE SERIES 1996 BONDS AND NO CASH PROCEEDS WERE GENERATED THE REISSUANCE WAS TREATED AS A CURRENT REFUNDING C - 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<br>Reference | Explanation  |
|--------------------------------|---------------------|--|
| SCHEDULE K,<br>PART II, LINE 9 |                     | PRIVATE COLLEGES & UNIVERSITY AUTHORITY 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<br>Reference | Explanation  |
|-------------------------------------|---------------------|--|
| SCHEDULE K,<br>PART III, LINE<br>3C |                     | DEVELOPMENT AUTHORITY OF FULTON COUNTY 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, 2007) PRIVATE COLLEGES & UNIVERSITIES AUTHORITY A 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, 2007) |

| ldentifier              | Return<br>Reference            | Explanation  |
|-------------------------|--------------------------------|--|
| EXPLANATION OF VARIANCE | SCHEDULE K,<br>PART II, LINE 3 | The Part I, Column (e) issue price does not agree with the Part II, line 3 Total proceeds of issue for certain bonds due to the inclusion of interest and other investment earnings on the proceeds accounts |

| ldentifier                              | Return Reference  | Explanation                                |
|---|-------------------|--|
| HOURS DEVIOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME VICKIR PALMER TITLE SECRETARY HOURS 1 |

| ldentifier                              | Return<br>Reference | Explanation  |
|---|---------------------|--|
| HOURS DEVIOTED FOR RELATED ORGANIZATION | FORM 990 PART VII   | NAME BEVERLY DANIEL TATUM TITLE COLLEGE PRESIDENT<br>HOURS 1 |

| ldentifier                              | Return Reference  | Explanation  |
|---|-------------------|--|
| HOURS DEVIOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME DR BRADLEY T SHEARES TITLE VICE CHAIR HOURS 1 |

| ldentifier                              | Return<br>Reference  | Explanation  |
|---|----------------------|--|
| HOURS DEVIOTED FOR RELATED ORGANIZATION | FORM 990 PART<br>VII | NAME ROBERT D FLANIGAN JR TITLE VP BUSINESS &FINANCE/TREASURER<br>HOURS 15 |

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**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

# **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.

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization SPELMAN COLLEGE 58-0566243 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (a)
Name, address, and EIN of disregarded entity (d) Legal domicile (state End-of-year assets Primary activity Total income Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) **(g)** 512(b)(13) (d) (h) /fì (a)

| (a) Name, address, and EIN of related organization   | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity |           | 12(b)(13<br>rolled<br>uzation |
|--|----------------------|---|----------------------------|--|-------------------------------|-----------|-------------------------------|
|  |                      |   |                            |  |                               | Yes       | No                            |
| (1) COLLEGIATE PROPERTY DEVELOPMENT COMPANY 350 SPELMAN LANE SW ATLANTA, GA 30314 31-1636865 | ACQUIRE PROP         | GA  | 501(C)(2)                  | N/A  | NA                            | Yes       |                               |
| (2) SPELMAN COLLEGE SPECIAL VENTURES FUND  |                      |   |                            |  |                               |           |                               |
| 350 SPELMAN LANE SW<br>ATLANTA, GA 30314<br>85-1561434                                       | INVESTMENTS          | GA  | 501(C)(3)                  | 11   | NA                            | Yes       |                               |
|  |                      |   |                            |  |                               |           |                               |
|  |                      |   |                            |  |                               |           |                               |
|  |                      |   |                            |  |                               |           |                               |
|  |                      |   |                            |  |                               |           |                               |
|  |                      |   |                            |  |                               |           |                               |
| For Privacy Act and Paperwork Reduction Act Notice, see the Instruc                          | tions for Form 990.  | Cat No 50                                     | )135Y                      |  | Schedule R (                  | Form 990) | 2011                          |

| Part III | Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 |
|----------|---|
|          | because it had one or more related organizations treated as a partnership during the tax year.)   |

| (a)<br>Name, address, and EIN<br>of<br>related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | , · | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | <b>(f)</b><br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h<br>Disprop<br>allocat | rtionate | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j<br>Gene<br>mana<br>part | ral or<br>iging | <b>(k)</b><br>Percentage<br>ownership |
|---|--------------------------------|--|-----|--|--|---|--------------------------|----------|---|----------------------------|-----------------|---------------------------------------|
|   |                                |  |     |  |  |   | Yes                      | No       |   | Yes                        | No              |                                       |
|   |                                |  |     |  |  |   |                          |          |   |                            |                 |                                       |
|   |                                |  |     |  |  |   |                          |          |   |                            |                 |                                       |
|   |                                |  |     |  |  |   |                          |          |   |                            |                 |                                       |
|   |                                |  |     |  |  |   |                          |          |   |                            |                 |                                       |
|   |                                |  |     |  |  |   |                          |          |   |                            |                 |                                       |
|   |                                |  |     |  |  |   |                          |          |   |                            |                 |                                       |
|   |                                |  |     |  |  |   |                          |          |   |                            |                 |                                       |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

|   | (a)<br>Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity | <b>(c)</b> Legal domicile (state or foreign country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | <b>(f)</b><br>Share of total<br>Income | (g)<br>Share of<br>end-of-year<br>assets | <b>(h)</b><br>Percentage<br>ownership |
|---|---|--------------------------------|--|-------------------------------------|--|--|--|---------------------------------------|
|   |   |                                |  |                                     |  |  |  |                                       |
|   |   |                                |  |                                     |  |  |  |                                       |
|   |   |                                |  |                                     |  |  |  |                                       |
|   |   |                                |  |                                     |  |  |  |                                       |
|   |   |                                |  |                                     |  |  |  |                                       |
|   |   |                                |  |                                     |  |  |  |                                       |
|   |   |                                |  |                                     |  |  |  |                                       |
| _ |   |                                | <u> </u>   |                                     |  |  |  | <u> </u>                              |

| Schedule K (Form 990) 2011  |                                  |                        |                                     | Pa  | ge <b>3</b> |
|---|----------------------------------|------------------------|-------------------------------------|-----|-------------|
| Part V Transactions With Related Organizations (Complete if the organization answered                             | d "Yes" on Form 990, Pa          | art IV, line 34, 35, 3 | 5A, or 36.)                         |     |             |
| Note. Complete line 1 if any entity is listed in Parts II, III or IV  |                                  |                        |                                     | Yes | No          |
| 1 During the tax year, did the orgranization engage in any of the following transactions with one or more related | l organizations listed in Par    | ts II-IV?              |                                     |     |             |
| a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity                       |                                  |                        | 1a                                  |     | No          |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)  |                                  |                        | 1b                                  | Yes |             |
| <b>c</b> Gift, grant, or capital contribution from related organization(s)  |                                  |                        | 1c                                  | Yes |             |
| <b>d</b> Loans or loan guarantees to or for related organization(s)   |                                  |                        | 1d                                  |     | No          |
| e Loans or loan guarantees by related organization(s)   |                                  |                        | 1e                                  |     | No          |
| f Sale of assets to related organization(s)   |                                  |                        | 1f                                  |     | No          |
| g Purchase of assets from related organization(s)   |                                  |                        | <b>1</b> g                          |     | No          |
| h Exchange of assets with related organization(s)   |                                  |                        | 1h                                  |     | No          |
| i Lease of facilities, equipment, or other assets to related organization(s)                                      |                                  |                        | 1i                                  |     | No          |
| j Lease of facilities, equipment, or other assets from related organization(s)                                    |                                  |                        | 1 <u>j</u>                          |     | No          |
| k Performance of services or membership or fundraising solicitations for related organization(s)                  |                                  |                        | 1k                                  |     | No          |
| I Performance of services or membership or fundraising solicitations by related organization(s)                   |                                  |                        | 11                                  |     | No          |
| <b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)            |                                  |                        | 1m                                  | 1   | No          |
| n Sharing of paid employees with related organization(s)  |                                  |                        | 1n                                  |     | No          |
| • Reimbursement paid to related organization(s) for expenses  |                                  |                        | 10                                  |     | No          |
| <b>p</b> Reimbursement paid by related organization(s) for expenses   |                                  |                        | 1р                                  |     | No          |
| <b>q</b> O ther transfer of cash or property to related organization(s)   |                                  |                        | <b>1</b> q                          |     | No          |
| r Other transfer of cash or property from related 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 covered rela     | tionships and transact | ıon thresholds                      |     |             |
| (a)<br>Name of other organization   | <b>(b)</b> Transaction type(a-r) | (c)<br>Amount involved | (d)<br>Method of determi<br>involve |     | ount        |
| (1) SPELMAN COLLEGE SPECIAL VENTURES FUND INC   | В                                | 7,260,000              | COST                                |     |             |

| (a) Name of other organization                | Transaction<br>type(a-r) | (c)<br>Amount involved | Method of determining amount involved |
|---|--------------------------|------------------------|---------------------------------------|
| (1) SPELMAN COLLEGE SPECIAL VENTURES FUND INC | В                        | 7,260,000              | COST                                  |
| (2) SPELMAN COLLEGE SPECIAL VENTURES FUND INC | С                        | 9,221,719              | COST                                  |
| (3)   |                          |                        |                                       |
| (4)   |                          |                        |                                       |
| (5)   |                          |                        |                                       |
| (6)   |                          |                        |                                       |

### 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

| <b>(a)</b><br>Name, address, and EIN of<br>entity | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | 5   | partners Share of end-of-year amount in box section total income assets 20 of Schedule I |  | Disproprtionate allocations? |     | (i)<br>Code V—UBI<br>amount in box<br>20 of Schedule K-1<br>(Form 1065) |  |     | (k)<br>Percentage<br>ownership |  |
|---|--------------------------------|---|---|-----|--|--|------------------------------|-----|---|--|-----|--------------------------------|--|
|   |                                |   | 311)  | Yes | No   |  |                              | Yes | No  |  | Yes | No                             |  |
|   |                                |   |   |     |  |  |                              |     |   |  |     |                                |  |
|   |                                |   |   |     |  |  |                              |     |   |  |     |                                |  |
|   |                                |   |   |     |  |  |                              |     |   |  |     |                                |  |
|   |                                |   |   |     |  |  |                              |     |   |  |     |                                |  |
|   |                                |   |   |     |  |  |                              |     |   |  |     |                                |  |
|   |                                |   |   |     |  |  |                              |     |   |  |     |                                |  |
|   |                                |   |   |     |  |  |                              |     |   |  |     |                                |  |
|   |                                |   |   |     |  |  |                              |     |   |  |     |                                |  |
|   |                                |   |   |     |  |  |                              |     |   |  |     |                                |  |
|   |                                |   |   |     |  |  |                              |     |   |  |     |                                |  |
|   |                                |   |   |     |  |  |                              |     |   |  |     |                                |  |
|   |                                |   |   |     |  |  |                              |     |   |  |     |                                |  |
|   |                                |   |   |     |  |  |                              |     |   |  |     |                                |  |
|   |                                |   |   |     |  |  |                              |     |   |  |     |                                |  |
|   |                                |   |   |     |  |  |                              |     |   |  |     |                                |  |
|   |                                |   |   |     |  |  |                              |     |   |  |     |                                |  |

Schedule R (Form 990) 2011

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Ident if ier | Ret urn Reference | Explanation |      |
|--------------|-------------------|-------------|------|
|              |                   |             | <br> |

Schedule R (Form 990) 2011

## **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 service | es             |           |                        |               |   |
|---------------------------|----------------|-----------|------------------------|---------------|---|
| (Code<br>PUBLIC SERVICE   | ) (Expenses \$ | 488,896   | including grants of \$ | ) (Revenue \$ | ) |
| (Code<br>ACADEMIC SUPPORT | ) (Expenses \$ | 7,631,229 | including grants of \$ | ) (Revenue \$ | ) |

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

| 4d. Other program | n services     |                                  |               |  |
|-------------------|----------------|----------------------------------|---------------|--|
| (Code             | ) (Expenses \$ | 9,988,349 including grants of \$ | ) (Revenue \$ |  |
| STUDENT SERVIO    | CES            |                                  |               |  |

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

| Compensated Employees, and Independent Contractors |                                |                                   |                       |         |              |                              |        |  |  |  |  |
|--|--------------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|--|
| (A)<br>Name and Title                              | (B)<br>Average<br>hours<br>per |                                   | (ition<br>that a      |         | y)           |                              |        | ( <b>D)</b> Reportable compensation from the | <b>(E)</b><br>Reportable<br>compensation<br>from related | <b>(F)</b> Estimated amount of other compensation        |  |
|  | week                           | Individual trustee<br>or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W-<br>2/1099-MISC)             | organizations<br>(W- 2/1099-<br>MISC)                    | from the<br>organization and<br>related<br>organizations |  |
| CLAIRE ARNOLD<br>TRUSTEE                           | 2 0                            | ×                                 |                       |         |              |                              |        | 0  | 0  | 0  |  |
| THEODORE R ARONSON<br>TRUSTEE                      | 2 0                            | х                                 |                       |         |              |                              |        | 0  | 0  | 0  |  |
| AMBASSADOR AURELIA E BRAZEAL<br>TRUSTEE            | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0  | 0  |  |
| RO SALIND G BREWER<br>CHAIR                        | 2 0                            | х                                 |                       | x       |              |                              |        | 0  | 0  | 0  |  |
| JANINE BROWN<br>TRUSTEE                            | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0  | 0  |  |
| DONALD COLEMAN<br>TRUSTEE                          | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0  | 0  |  |
| KIMBERLY B DAVIS<br>TRUSTEE                        | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0  | 0  |  |
| JERRI L DEVARD<br>TRUSTEE                          | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0  | 0  |  |
| EVELYNN M HAMMONDS<br>TRUSTEE                      | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0  | 0  |  |
| ROSE HARRIS JOHNSON<br>TRUSTEE                     | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0  | 0  |  |
| TERRY L JONES<br>TRUSTEE                           | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0  | 0  |  |
| RICHARD D LEGON<br>TRUSTEE                         | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0  | 0  |  |
| GWENDOLYN ADAMS NORTON<br>TRUSTEE                  | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0  | 0  |  |
| LAURA J BURTON O DEM<br>TRUSTEE                    | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0  | 0  |  |
| KEMI A OYEWOLE<br>TRUSTEE                          | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0  | 0  |  |
| VICKI R PALMER<br>SECRETARY                        | 2 0                            | Х                                 |                       | х       |              |                              |        | 0  | 0  | 0  |  |
| ANNA ELEANOR ROOSEVELT<br>TRUSTEE                  | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0  | 0  |  |
| LOVETTE T RUSSELL<br>TRUSTEE                       | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0  | 0  |  |
| SUZANNE F SHANK<br>TRUSTEE                         | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0  | 0  |  |
| CYNTHIA NEAL SPENCE<br>FACULTY TRUSTEE             | 35 0                           | Х                                 |                       |         |              |                              |        | 98,863                                       | 0  | 12,388   |  |
| RONDA E STRYKER<br>VICE CHAIR                      | 2 0                            | Х                                 |                       | х       |              |                              |        | 0  | 0  | 0  |  |
| BEVERLY DANIEL TATUM<br>COLLEGE PRESIDENT          | 35 0                           | Х                                 |                       | х       |              |                              |        | 355,285                                      | 0  | 96,604   |  |
| KATHY WALLER<br>TRUSTEE                            | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0  | 0  |  |
| CELESTE WATKINS-HAYES<br>TRUSTEE                   | 2 0                            | Х                                 |                       |         |              |                              |        | 0  | 0  | 0  |  |
| DR BRADLEY T SHEARES<br>VICE CHAIR                 | 2 0                            | x                                 |                       | ×       |              |                              |        | 0  | 0  | 0  |  |

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

| (A)<br>Name and Title                                  | (B)<br>Average<br>hours |                                   | ()<br>tion<br>that a  |         |              | П                            |        | (D)<br>Reportable<br>compensation            | <b>(E)</b><br>Reportable<br>compensation              | <b>(F)</b><br>Estimated<br>amount of other                               |
|--|-------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
|  | per<br>week             | Individual trustee<br>or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the<br>organization (W-<br>2/1099-MISC) | from related<br>organizations<br>(W- 2/1099-<br>MISC) | compensation<br>from the<br>organization and<br>related<br>organizations |
| ESTHER SILVER-PARKER<br>TRUSTEE                        | 2 0                     | Х                                 |                       |         |              |                              |        | 0  | 0   | 0  |
| ROBERT D FLANIGAN JR<br>VP BUSINESS &FINANCE/TREASURER | 35 0                    |                                   |                       | х       |              |                              |        | 290,818                                      | 0   | 23,734   |
| JOHNNELLA BUTLER<br>PROVOST                            | 35 0                    |                                   |                       | х       |              |                              |        | 219,690                                      | 0   | 21,844   |
| ARLENE CASH<br>VP ENROLLMENT MANAGEMENT                | 35 0                    |                                   |                       | х       |              |                              |        | 162,033                                      | 0   | 8,992  |
| ELOISE ALEXIS<br>VP FOR COLLEGE RELATIONS              | 35 0                    |                                   |                       | х       |              |                              |        | 152,971                                      | 0   | 16,966   |
| KASSANDRA JOLLEY<br>VP FOR DEVELOPMENT                 | 35 0                    |                                   |                       | х       |              |                              |        | 181,394                                      | 0   | 18,984   |
| DELORES BARTON VP & CHIEF INFORMATION OFFICER          | 35 0                    |                                   |                       | х       |              |                              |        | 137,020                                      | 0   | 13,691   |
| DARNITA KILLIAN<br>VP FOR STUDENT AFFAIRS              | 35 0                    |                                   |                       | х       |              |                              |        | 162,095                                      | 0   | 17,887   |
| GLORIA WADE-GAYLES<br>FACULTY                          | 35 0                    |                                   |                       |         |              | Х                            |        | 137,028                                      | 0   | 15,370   |
| ANDREW WILLIAMS FACULTY                                | 35 0                    |                                   |                       |         |              | х                            |        | 139,289                                      | 0   | 10,332   |
| MYRA BURNETT<br>ASSOCIATE PROVOST                      | 35 0                    |                                   |                       |         |              | х                            |        | 134,687                                      | 0   | 15,659   |
| DONNA HARPER<br>FACULTY                                | 35 0                    |                                   |                       |         |              | Х                            |        | 129,142                                      | 0   | 14,763   |
| RHONDA HONEGAN<br>DIR OF INVESTMENTS & FIN PLN         | 35 0                    |                                   |                       |         |              | х                            |        | 138,654                                      | 0   | 15,978   |