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DLN: 93493134015726

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

 \blacktriangleright Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the	2014 cal	endar year, or tax year begin	ning 07-01-2014 $$, and ending 0	6-30-2015				
B Ch	eck ıf a	pplicable	C Name of organization SPELMAN COLLEGE SPECIAL VEN	TURES FUND INC			D Emple	yer iden	tification number
☐ Ad	tress ch	nange					58-1	561343	
Г№	me cha	inge	% ROBERT D FLANIGAN JR Doing business as				-		
┌ Inr	ıal retu	ırn							
Fir	al			ıf mail is not delivered to street address	s) Room/suite	!	- E Teleph	one numb	per
ret	urn/ten	mınated	350 SPELMAN LANE SW				(404	681-3	643
☐ Am	ended	return		country, and ZIP or foreign postal code	_		1		
Гар	olication	n pending	ATLANTA, GA 30314				G Gross	receipts \$	89,962,826
			F Name and address of	principal officer		H(a) Is t	Ll his a droill	return	for
			ROBERT D FLANIGAN J	·			ordinates?		┌ Yes ┌ No
			350 SPELMAN LANE SW ATLANTA, GA 30314						
						H(b) Are	all subord uded?	ınates	Γ Y es Γ No
I Ta	x-exen	npt status	▼ 501(c)(3)	◀ (insert no)	527			nalıst ((see instructions)
1 W	oheita	e: ► N/A	1					.	. la b a
						H(c) Gro	up exemp	tion num	nber F
			Corporation Trust Associ	ation Cther 🕨		L Year of f	ormation 1	982 M :	State of legal domicile GA
Pa	rt I	Sum	mary						
	1	,	3	ssion or most significant activitie	es				
		CHARIT	ABLE AND EDUCATIONAL						
<u>နို</u>									
<u> </u>	.								
Governance	2	Check th	his box 🛏 if the organization	discontinued its operations or c	disposed of	more than	25% of its	net ass	sets
	_							1 - 1	
25				erning body (Part VI, line 1a) .				3	4
Activities &				rs of the governing body (Part V				4	2
\$				ın calendar year 2014 (Part V, I				5	0
ã			·	if necessary)				6	2
	1			n Part VIII, column (C), line 12				7a	-917,350
	Ь	Net unre	elated business taxable incom	ne from Form 990-T, line 34 .		T T		7b 	-972,418
						Pri	or Year	0	Current Year
ā			butions and grants (Part VIII					0	0
Revenue	9			I, line 2g)			21,810	<u> </u>	41,189,576
歪	10 11		•	A), lines 5, 6d, 8c, 9c, 10c, and			21,810	0	41,189,376
	12			11 (must equal Part VIII, colum	· ·			- 	
	12						21,810	173	41,189,576
	13	Grants	s and sımılar amounts paıd (P	art IX, column (A), lines 1–3)			12,022	265	15,113,097
	14	Benefi	ts paid to or for members (Pa	rt IX, column (A), line 4)				0	0
	15			oyee benefits (Part IX, column (A), lines			o	0
Expenses	16-	5-10)	•	TV lune (A) lune (4 -)				0	
র্	16a			IX, column (A), line 11e)				- 0	0
五	b	Total fu	ındraısıng expenses (Part IX, columr	n (D), line 25) ▶ -0					
	17	Other	expenses (Part IX, column (A	A), lines 11a-11d, 11f-24e) .				0	4,000,074
	18		·	must equal Part IX, column (A),	-		12,022	265	19,113,171
	19	Reven	ue less expenses Subtract li	ne 18 from line 12			9,787	908	22,076,405
\$ 8 8 8 8						1	ng of Curre	ent	End of Year
Not Assets or Fund Balances	20	Total	accate (Part V line 16)				Year 253,788,	617	252,010,748
AB								.000	252,010,748
5 E	21			act line 21 from line 20			253,763		251,985,748
	22 11 III	_	nature Block	actime 21 nom me 20			253,763	017	231,983,748
		_		examined this return, including a	accompany.	na cchodu	lac and ct	stomont	c and to the best of
				complete Declaration of prepare					
			nowledge ,			•			
		****				I.	2016 05 ::		
S:~-		I B	ature of officer				2016-05-11 Date		
Sigr Her],	ERT FLANIGAN VP BUSINESS & FINA	NCE					
•			e or print name and title	NCL					
			Print/Type preparer's name	Preparer's signature	Dat	e Cr	neck 🗀 ıf	PTIN	
Paid	Ŀ	⊢	ALLISON H FRANKLIN	ALLISON H FRANKLIN		se	lf-employed	P00448	540
	a pare		Firm's name 🕨 KPMG LLP			Fii	m's EIN 🟲		
		•							
	On	lv F	Firm's address 🟲 300 North Greene S	Street Suite 400		Ph	one no (33	5) 275-33	94

Part TV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? 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? <i>If "Yes," complete Schedule D, Part 1</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\bullet}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[4]{3}$	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, line 10? If "Yes," complete Schedule D, Part VI	11a		No
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	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 hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
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 11b and 19?	38	Yes	

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
F-	(FBAR)			No
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		1	
0-		8		No
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter	30		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check it Schedule O contains a response or note to any line in this Part VI	if Schedule O contains a response or note to any line in this Part VI
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Se	ction A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
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, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶GA
- 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 V Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►ROBERT D FLANIGAN JR

350 SPELMAN LANE SW

ATLANTA, GA 30314 (404) 270-5072

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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	checl (, unle n office ustee	ss er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee		Ke) employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) THEODORE R ARONSON PRESIDENT	10	х		х				0	0	0
(2) ROBERT D FLANIGAN JR TREASURER	15 0 35 0	Х		х				0	318,747	25,361
(3) PAMELA JOSEPH SECRETARY	10	Х		х				0	0	0
(4) BEVERLY DANIEL TATUM EX-OFFICIO TRUSTEE	1 0 35 0	Х						0	386,577	113,940

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	han d n is l	ne l both	box, an d	officer	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	۲			
С	Total from continuation sheets to Part VII, Section A	٠			
d	Total (add lines 1b and 1c)	٠	0	705,324	139,301

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

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

Castin	 Tools	 t Contr	

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address E,	(B) Description of services	(C) Compensation
	Description of services	
		<u> </u>

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

		ule O contains a respo		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>ب</u> ع ا	Federated camp	paigns 1a					
and Other Similar Amounts	Membership du	es 1b					
Ĕ c	Fundraising eve	ents 1c					
a la	Related organiz	ations 1d					
Ë e	Government grants	s (contributions) 1e					
<u>ة</u> جَ	All other contribution	ons, gifts, grants, and 1f					
ᇐᅵ	sımılar amounts no	ot included above					
<u>ნ</u> ფ	1a-1f \$	ons included in lines					
a an	Total. Add lines	s 1a-1f		0			
			Business Code				
2a							
Ь							
C							
d							
2a b c d e f	A.U						
· f	All other progra	im service revenue					
g	Total. Add lines	s 2a-2f		0			
3		ome (including dividen ar amounts)		2,393,667		-917,350	3,311,01
4		tment of tax-exempt bond		0			
5	Royalties		🕨	0			
		(ı) Real	(II) Personal				
	Gross rents						
b	Less rental expenses						
c	Rental income or (loss)	0	0				
d	Net rental incor	me or (loss)		0			
7a	Gross amount	(ı) Securities	(II) Other				
74	from sales of assets other than inventory		87,569,159				
b	Less cost or other basis and		48,773,250				
c	sales expenses Gaın or (loss)		38,795,909				
d		s)		38,795,909			38,795,90
8a	Gross income fi events (not incl	rom fundraising					
	\$ of contributions See Part IV, lin	reported on line 1c)					
		a					
b		penses b (loss) from fundraising	events	o			
		rom gaming activities	. P				
		a penses b					
	Net income or (Gross sales of i returns and allo		vities	0			
ь	Less cost of go	a pods sold b					
С		loss) from sales of inv	entory	0			
	Miscellaneous	Revenue	Business Code				
11a							
Ь							
C	A 11 1						
d	All other revenu		L				
e		s 11a-11d		0			
12	Total revenue.	See Instructions .		41,189,576		-917,350	42,1

	990 (2014)				Page 10			
	Statement of Functional Expenses	other erestimate	one much error	loto column (A)				
ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX								
D a ==			(B)	(c)	<u> </u> (D)			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	15,113,097	15,113,097					
2	Grants and other assistance to domestic individuals See Part IV, line 22	0						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0						
4	Benefits paid to or for members	0						
5	Compensation of current officers, directors, trustees, and key employees	0						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0						
7	Other salaries and wages	0						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0						
9	Other employee benefits	0						
10	Payroll taxes	0						
11	Fees for services (non-employees)							
а	Management	0						
b	Legal	0						
С	Accounting	0						
d	Lobbying	0						
е	Professional fundraising services See Part IV, line 17	0						
f	Investment management fees	0						
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0						
12	Advertising and promotion	0						
13	Office expenses	0						
14	Information technology	0						
15	Royalties	0						
L6	Occupancy	0						
17	Travel	0						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0						
19	Conferences, conventions, and meetings	0						
20	Interest	0						
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization	0						
23	Insurance	0						
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)							
а	ADMINISTRATIVE EXPENSE	4,000,074	4,000,074					
b								
c								
d								
e	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	19,113,171	19,113,171	0	0			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)							

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this	Part X			
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		4,210,436	1	9,311,716
s	2	Savings and temporary cash investments	0	2	0	
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	308,632
	5	Loans and other receivables from current and former officers, dire key employees, and highest compensated employees Complete F Schedule L	0	_		
	6	Loans and other receivables from other disqualified persons (as d section 4958(f)(1)), persons described in section 4958(c)(3)(B), employers and sponsoring organizations of section 501(c)(9) volue employees' beneficiary organizations (see instructions) Complete Schedule L	and contributing untary		3	0
Assets				0		0
⋖	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		1	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b	О	10 c	
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11	249,578,180	12	242,390,400	
	13	Investments—program-related See Part IV, line 11	0	13	0	
	14	Intangible assets	0	14	0	
	15	Other assets See Part IV, line 11	0	15	0	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		253,788,617	16	252,010,748
	17	Accounts payable and accrued expenses		25,000	17	25,000
	18	Grants payable	0	18	0	
	19	Deferred revenue	0	19	0	
	20	Tax-exempt bond liabilities		0	20	0
(6	21	Escrow or custodial account liability Complete Part IV of Schedu	0	21	0	
Liabilities	22	Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualified				
æ		persons Complete Part II of Schedule L		О	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties .		0	24	0
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part >	(of Schedule			
		D		0	25	0
	26	Total liabilities. Add lines 17 through 25		25,000	26	25,000
yn do		Organizations that follow SFAS 117 (ASC 958), check here ► 7	and complete			
Š	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			27	
<u>ଟ</u>	27					
Fund Balance	28	Temporarily restricted net assets		28 29		
Ĭ	29	,	 b. [7 and		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	: P V and			
s o.	30	Capital stock or trust principal, or current funds		0	30	0
Assets	31	Paid-in or capital surplus, or land, building or equipment fund.		0	31	0
\$ S	32	Retained earnings, endowment, accumulated income, or other fund		253,763,617	32	251,985,748
Net #	33	Total net assets or fund balances		253,763,617	33	251,985,748
ž	34	Total liabilities and net assets/fund balances		253,788,617	34	252,010,748
	<u>. </u>	. I I I I I I I I I I I I I I I I I I I		200,700,017	5 -7	202,310,740

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		41 -	189,576
2	Total expenses (must equal Part IX, column (A), line 25)	-		41,.	189,576
2	Total expenses (must equal Fart 17, column (A), me 25)	2		19,	113,171
3	Revenue less expenses Subtract line 2 from line 1				
_		3		22,0	076,405
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		253,7	763,617
5	Net unrealized gains (losses) on investments				
		5		-23,8	354,274
6	Donated services and use of facilities	6			
7	Investment expenses				
•	Threstment expenses	7			
8	Prior period adjustments				
_	Other share as an astronomy design of histories (sources of contents of the date of the da	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		251,9	985,748
Par	t XII Financial Statements and Reporting				,
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	ור		
	Separate basis Consolidated basis Both consolidated and separate basis			i	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
За	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?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits and to required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total 1

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		e organization					Employer identifica	tion number			
SPELM	IAN COL	LEGE SPECIAL VENTURES I	FUND INC				50 1561242				
Do	L T	Dancon for Dub	lia Chauitu. Cta	/ All avasavest		anlaka khia ne	58-1561343				
	rt I	zation is not a private		atus (All organizati			•	115.			
_	organi.	·		· ·	= -	•	•				
1	<u> </u>			association of churche		section 170(b))(1)(A)(I).				
2	<u> </u>			1)(A)(ii). (Attach Scl							
3		A hospital or a coope	erative hospital se	ervice organization de	scribed in sect	ion 170(b)(1)(A)(iii).				
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
5	Γ	An organization oper	ated for the benef	fit of a college or unive	ersity owned or	operated by a	governmental unit de	escribed in			
		section 170(b)(1)(A)(iv). (Complete I	Part II)							
6	Г	A federal, state, or lo	cal government o	or governmental unit d	lescribed in sec	tion 170(b)(1)	(A)(v).				
7	Γ	An organization that described in section	•	s a substantial part of (Complete Part II)	its support fro	m a governmer	ntal unit or from the g	eneral public			
8	Г			on 170(b)(1)(A)(vi) (Complete Part	II)					
9				s (1) more than 331/3			utions, membership f	ees, and gross			
	·			exempt functions—sub							
				ome and unrelated bus							
								businesses			
40	_			e 30, 1975 See secti							
10	 		•	ed exclusively to test	•	•					
11	>	one or more publicly the box in lines 11a	supported organi through 11d that	ed exclusively for the zations described in s describes the type of	ection 509(a)(supporting org	1) or section 5 anization and c	09(a)(2) See sectio omplete lines 11e, 1	n 509(a)(3). Check 1f, and 11g			
а	 ~	supported organization	on(s) the power to	rated, supervised, or or regularly appoint or IV, Sections A and B.	elect a majority						
b	Γ	Type II. A supporting management of the s	g organization sup upporting organiz	pervised or controlled ation vested in the sa	in connection v	• •					
_	_	must complete Part			anaratad in sa	nnoction with	and functionally into	rated with its			
C	ı			pporting organization tions) You must com				rated with, its			
d	Г			A supporting organiza				anization(s) that is			
	·			zation generally must							
	_			Part IV, Sections A							
e	Г			eived a written determ			a Type I, Type II, Ty	pe III functionally			
_				ly integrated supporti				_			
f				ations				_1			
g		Provide the following	information abou	t the supported organ	ızatıon(s)						
	(i)Na	me of supported	(ii) EIN	(iii) Type of	(iv) Is the or	ganızatıon	(v) A mount of	(vi) A mount of			
	c	organization		organızatıon	listed in your		monetary support	other support (see			
			(described on lines document?		cument? (see instructions) instruct		instructions)				
				1- 9 above or IRC							
				section (see instructions))							
				macraetions))	Yes	No					
(A) S	PELMAN	N COLLEGE	580566243		Yes		15,113,097	C			

15,113,097

Sch	edule A (Form 990 or 990-EZ) 2014						Page 2
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto					<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		 	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	33 1/3% support test—2014. If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and stop here. The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	-2014. If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	▶ ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		▶ ┌
18	Private foundation. If the organizations	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• ▶ □

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 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 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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a 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 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 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 section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Castian	_	AII	Supporting	0	1:
Section	Α.	AII	Supporting	Organiza	TIONS

Se	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?		163	110
_	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		No
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		No
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		Νo
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		No
Ŀ	• Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		No
Ŀ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		No
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		No
Ŀ	DID DID THE ORGANIZATION HAVE ANY EXCESS BUSINESS HOLDINGS IN THE TAX YEAR? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?	TOD		
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
_	the governing body of a supported organization?	11a		No
Ŀ	A family member of a person described in (a) above?	11b		No
	: A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Νo

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		No
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
	ation E. Tuna III Functionally Integrated Comparting Organizations			
	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ь	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec			
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions			
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93493134015726

OMB No 1545-0047

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

	me of the organization ELMAN COLLEGE SPECIAL VENTURES FUND INC		Employer identification number
Pa	ITTI Organizations Maintaining Donor Ac		58-1561343 Funds or Accounts. Complete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year	(a) Donor advised funds	(b) Fullds and other accounts
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advis	eore in writing that the accete held in do	nnor advised
	funds are the organization's property, subject to the o	organization's exclusive legal control?	☐ Yes ☐ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben- conferring impermissible private benefit?		
a	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes"	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreation of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held	n or education) Preservation of a	an historically important land area a certified historic structure n the form of a conservation
	easement on the last day of the tax year		
	Total number of conservation easements		Held at the End of the Year
a b	Total acreage restricted by conservation easements		2a 2b
c	Number of conservation easements on a certified his		2c
d	Number of conservation easements included in (c) achistoric structure listed in the National Register	• •	2d
	Number of conservation easements modified, transfe	rred, released, extinguished, or termina	ted by the organization during
	the tax year -	, , , , , , , , , , , , , , , , , , ,	
	Number of states where property subject to conserva		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ndling of violations, and Yes No
	Staff and volunteer hours devoted to monitoring, insp	ecting, and enforcing conservation ease	ements during the year
	-		
	Amount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easemer	nts during the year
	▶ \$		
	Does each conservation easement reported on line 2 and section $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i)
	In Part XIII, 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 financi	
ar	t III Organizations Maintaining Collectio Complete if the organization answered "		, or Other Similar Assets.
а	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide, in Part XIII, the text of the footnote	sets held for public exhibition, education	n, or research in furtherance of public
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide the following amounts relating to the	116 (ASC 958), to report in its revenue sets held for public exhibition, education	e statement and balance sheet
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$
	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		for financial gain, provide the
а	Revenue included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		
	7133663 Meladed III I Olli 330, I die A		F #

Par	t III Organizations Maintaining Co	llections of Ar	t, His	torical T	reasur	es, or O	ther	Similar As	ssets (c	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, ch	neck any of	the follo	wing that a	re a s	significant us	e of its	
а	Public exhibition		d	┌ Loan	or excha	nge progr	ams			
b	Scholarly research		e	┌ Othe	r					
С	Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and expl	aın hov	w they furth	er the or	ganızatıon	's exe	empt purpose	ın	
5	During the year, did the organization solicit assets to be sold to raise funds rather than							lar	┌ Yes	┌ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					answered	d "Ye	s" to Form	990,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interm	ediary	for contrib	utions or	other ass	ets n	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follov	ving table		Γ		Aı	mount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, Iır	ne 21,	for escrow	orcustod	 Iial accour	nt liab	oility?	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if th	e exnl:	anation has	heen nro	ovided in P	art X	III		Γ
Pa	rt V Endowment Funds. Complete									
		(a)Current year		Prior year				ree years back		years back
1a	Beginning of year balance	368,648,473		328,779,797	;	310,081,185		332,285,750	3	304,160,522
b	Contributions	3,027,282		2,010,658		3,526,371		1,607,182		1,281,477
С	Net investment earnings, gains, and losses	17,084,644		56,724,046		34,925,196		-2,990,194		47,000,450
d	Grants or scholarships	0		0		0		0		0
e	Other expenditures for facilities and programs	23,731,064		18,866,028		19,752,955		20,821,553		20,156,699
f	Administrative expenses									
g	End of year balance	365,029,335		368,648,473	;	328,779,797		310,081,185	3	332,285,750
2	Provide the estimated percentage of the cur	rent year end balar	nce (lın	ie 1g, colun	nn (a)) he	eld as				
а	Board designated or quasi-endowment 🕨	17 000 %								
b	Permanent endowment ► 50 180 %									
c	Temporarily restricted endowment > 32 The percentages in lines 2a, 2b, and 2c sho	820 % uld equal 100%								
За	Are there endowment funds not in the posse organization by	ssion of the organiz	zation	that are hel	d and ad	mınıstered	l for t	he 	Yes	No
	(i) unrelated organizations								(i)	No
	(ii) related organizations							3a		No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second of the second or the seco	•					•	3	b	<u> </u>
	t VI Land, Buildings, and Equipme				กลกรพศ	ered 'Yes	' to F	orm 990 P	art IV	ıne
F.C.	11a. See Form 990, Part X, line		tile 0	rgariizatio	ii aliswe	rieu ies	ιο ι	01111 990, F	aitiv, i	IIIC
	Description of property			(a) Cost basıs (ınv		(b)Cost or basis (oth		(c) Accumula depreciation		Book value
1a	Land			1						
b	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
Tota	J. Add lines 1a through 1e (Column (d) must e			ımn (B) line	10(c))	•		I -		

See Form 990, Part X, line 12.		enswered 'Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
(3)Other		
(A) PARTNERSHIP INVESTMENTS	242,390,400	F
((-),	242,390,400	answered West to Form 000 Part IV line 11c
Part VIII Investments—Program Related. Co See Form 990, Part X, line 13.	implete if the organization	answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	a answered 'Ves' to Form 990	Part IV line 11d See Form 990 Part V line 15
(a) Descri		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1:		
Part X Other Liabilities. Complete if the orga		
	nization answered 'Yes' to	
Part X Other Liabilities. Complete if the organization of part X, line 25. (a) Description of liability		
Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25.	(b) Book value	
Part X Other Liabilities. Complete if the organization of part X, line 25. (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organization of part X, line 25. (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organization of part X, line 25. (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organization of part X, line 25. (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organization of part X, line 25. (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organization of part X, line 25. (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organization of part X, line 25. (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organization of part X, line 25. (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organization of part X, line 25. (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organization of part X, line 25. (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organization of part X, line 25. (a) Description of liability	(b) Book value	
Part X Other Liabilities. Complete if the organization of part X, line 25. (a) Description of liability	(b) Book value	

Par	t XI		evenue per Audited Financial Stat vered 'Yes' to Form 990, Part IV, line 1		nts Wit	th Revenue	per R	eturn Complete if
1	Tota		r support per audited financial statements				1	
2	A mo	unts included on line 1 bu	t not on Form 990, Part VIII, line 12					
а	Net	unrealized gains (losses) (on investments	2a	1			
b	Dona	ated services and use of fa	acilities	2b			1	
c	Reco	veries of prior year grants	5	2c			1	
d	Othe	r (Describe in Part XIII)		2d			1	
e	Add	lines 2a through 2d .		_			2e	
3	Subt	ract line 2e from line 1 .					3	
4	A mo	unts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Inve	stment expenses not incli	uded on Form 990, Part VIII, line 7b .	4a				
b	Othe	r (Describe in Part XIII)		4b			1	
С	Add	lines 4a and 4b					4c	
5	Tota	l revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line	12)			5	
Part	: XII		xpenses per Audited Financial Sta			ith Expense	s per	Return. Complete
_	- .		swered 'Yes' to Form 990, Part IV, line				Τ.	Т
1			raudited financial statements	•			1	
2			t not on Form 990, Part IX, line 25	۔ ا	1			
a			acilities	28			_	
b		•		21	-		-	
с				20			-	
d				20			┥.	
e		-		•			2e	+
3							3	
4			0, Part IX, line 25, but not on line 1:	۱ ـ	1			
a		·	uded on Form 990, Part VIII, line 7b	42	_		-	
b				41	<u> </u>		_ ا	
C -							4c	-
5 Dor		Supplemental Info	nd 4c. (This must equal Form 990, Part I, line	e 18 ,		<u> </u>	5	
Prov Part	ıde the	descriptions required for 4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 1a a lines 2d and 4b, and Part XII, lines 2d and					de any additional
	R	eturn Reference	Explanation					
	1 990, STION	SCHEDULE D, PART V, 4	INTENDED USES OF ORGANIZATION'S VENTURES FUND, INC HOLDS ENDOWM IN A MIX OF SECURITIES TO PROVIDE COLLEGE'S OPERATIONS IN ACCORDA EQUITY	IENT SUFF	ASSETS ICIENT	FOR SPELMANINCOME TO SI	N COLL UPPOF	LEGE INVESTMENT RT SPELMAN
SCHE	DULE	D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE The Collegincome tax under Section 501(a) of the Intidescribed in Section 501(c)(3), whereby or (a) of the Code, is subject to federal incombas determined that there are no material under the financial statements at June 30, 2015 and	ernal nly un e tax uncert	Revenue related b The Coll aın tax p	Code (the Cod usiness income ege reviews its	e) as a e, as de tax po	in organization efined by Section 512 ositions annually and

Jenedale 2 (1 31111 33 3) 23 13		r age 3		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

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DLN: 93493134015726

OMB No 1545-0047

Schedule I (Form 990)

2

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

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

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

58-1561343

Dowl T	Compand Ta	-f	- C	and Assistance
Part I	General II	ntormation of	n Grants	and Assistance

SPELMAN COLLEGE SPECIAL VENTURES FUND INC

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SPELMAN COLLEGE 350 SPELMAN LANE SW ATLANTA,GA 30314	58-0566243	501(C)(3)	15,113,097		N/A	N/A	EDUCATION

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

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

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Ir	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
•	PROCEDURES FOR MONITORING THE USE OF GRANTS SPELMAN COLLEGE SPECIAL VENTURES FUND, INC ("SCSVF") IS A SUPPORTING ORGANIZATION TO SPELMAN COLLEGE SCSVF PROVIDES ASSISTANCE TO SPELMAN COLLEGE TO SUPPORT ITS EDUCATIONAL MISSION

Schedule I (Form 990) 2014

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DLN: 93493134015726

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization SPELMAN COLLEGE SPECIAL VENTURES FUND INC

Employer identification number

58-1561343

Pai	rt I Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax idemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)						
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all						
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2					
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III						
	✓ Compensation committee ✓ Written employment contract						
	✓ Independent compensation consultant ✓ Compensation survey or study						
	Form 990 of other organizations Approval by the board or compensation committee						
	,, ,, ,, ,, ,, ,, ,, ,, ,,, ,,, ,,, ,,, ,,, ,,, ,,, ,, ,, ,, ,,,, ,, ,, ,,,,,,,,,,,,,,						
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization						
а	a Receive a severance payment or change-of-control payment?						
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III						
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
_	compensation contingent on the revenues of						
а	The organization?	5a		No			
	Any related organization?	5b		No			
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of						
а	The organization?	6a		No			
b	Any related organization?	6b		No			
_	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed						
	payments not described in lines 5 and 6? If "Yes," describe in Part III						
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was						
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe						
	ın Part III						
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	_					
	section 53 4958-6(c)?	9					

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	'' Incentive I reportable I Cullibelisation I		benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990	
1 ROBERT D FLANIGAN JR, TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	318,747	0	0	15,600	9,761	344,108	0
2 BEVERLY DANIEL TATUM, EX-OFFICIO TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	368,577	0	18,000	74,940	39,000	500,517	0

Schedule J (Form 990) 2014

Part III Supplemental Information

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

Miso complete this pare for any addition	idi mormadon
Return Reference	Explanation
, ,	OTHER REPORTABLE COMPENSATION BEVERLY DANIEL TATUM'S OTHER REPORTABLE COMPENSATION REPORTED ON PART II, COLUMN B (III) IS COMPRISED OF \$18,000, WHICH IS 457(B) DEFERRED COMPENSATION PAYABLE IN ACCORDANCE WITH HER EMPLOYMENT CONTRACT ADDITIONALLY, RETIREMENT AND OTHER DEFERRED COMPENSATION REPORTED ON PART II, COLUMN C IS COMPRISED OF \$59,340 WHICH IS 457(F) FORFFITABLE DEFERRED COMPENSATION PAYABLE IN ACCORDANCE WITH HER EMPLOYMENT CONTRACT

Schedule J (Form 990) 2014

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OMB No 1545-0047

2014

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Department of the Treasury Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
SPELMAN COLLEGE SPECIAL VENTURES FUND INC

58-1561343

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, QUESTION 11	
FORM 990, PART VI, SECTION B, QUESTIONS 12, 13, and 14	CONFLICT OF INTEREST POLICY SPELMAN COLLEGE SPECIAL VENTURES FUND, INC ("SCSVF") DOES NOT HAVE A FORMAL CONFLICT OF INTEREST, WHISTLEBLOWER, OR DOCUMENT RETENTION POLICY SCSVF DO ES NOT HAVE EMPLOYEES SPELMAN COLLEGE EMPLOYEES RUN SCSVF SPELMAN COLLEGE DOES HAVE A CO NFLICT OF INTEREST, WHISTLEBLOWER, AND DOCUMENT RETENTION POLICY THAT WOULD APPLY TO SPELM AN COLLEGE EMPLOYEES THAT MANAGE SCSVF
FORM 990, PART VI, SECTION B, QUESTIONS 15a and 15b	PROCESS FOR DETERMINING COMPENSATION SPELMAN COLLEGE SPECIAL VENTURES FUND, INC DOES NOT COMPENSATE ANY OF ITS OFFICERS OR DIRECTORS
FORM 990, PART VI, SECTION C, QUESTION 19	MAKING DOCUMENTS AVAILABLE TO THE PUBLIC THE ORGANIZATION DOES NOT MAKE GOVERNING DOCUMENT S, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC HOWEVER, DOCUMENTS ARE AVAILABLE UPON REQUEST

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

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493134015726

2014

Open to Public Inspection

Name of the organization SPELMAN COLLEGE SPECIAL VENTURES FUND INC Employer identification number

58-1561343

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.									
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity				
					_				

Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		512(b) introlled
						Yes	No
(1) SPELMAN COLLEGE 350 SPELMAN LANE SW	EDUCATION	GA	501(c)(3)	2	NA		No
ATLANTA, GA 30314 _58-0566243							
(2) COLLEGIATE PROPERTY DEVELOPMENT COMPANY 350 SPELMAN LANE SW	ACQUIRE PROP	GA	501(c)(2)	N/A	NA		No
ATLANTA, GA 30314 31-1636865							

Yes No

Yes

No

(a) Name, address, and EIN of related organization (b) Primary activity I Legal domicile (state or foreign country) (state or foreign countr	Part III	Identification of Related Organizations Taxable a because it had one or more related organizations treated.					atıon ansv	vered "Ye:	s" on Form	990, Part I	V, line 34	4
		Name, address, and EIN of	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income(related, unrelated, excluded from tax under sections 512-		Share of end-of-year	Disproprtionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	managing	(k) Percentage ownership

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

Yes	No No No
	No No No No
Yes	No No No
Yes	No No No
Yes	No No No
	No No
	No
	<u> </u>
	
	No
1	No
	No
Yes	
	No
 	No
	No
Yes	
	No
nvolve	:d
	Yes

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

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	end-of-year			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No	<u> </u>	Yes	No	
									\Box	1			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

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