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

Department of the

Treasury

DLN: 93493132008477

Return of Organization Exempt From Income Tax

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

▶ 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>

| Intern | al Re | venue | Servic | ee | | | | | Inspection |
|-----------------------------|---------------|--------------|---------------|---|--|---------------|-------------------------------|-----------|-----------------------------|
| A F | or tl | ne 20 | 15 ca | lendar year, or tax year beginni | ng 07-01-2015 , and ending 06-30-2 | 016 | | | |
| B Ch | eck II | fapplio | able | C Name of organization SPELMAN COLLEGE | | | D Empl | oyer ide | entification number |
| _ | | s chan | - | % ROBERT D FLANIGAN JR | | | 58-0 | 56624 | -3 |
| <u> </u> | | change | 9 | Doing business as | | | | | |
| F | | return | | | | | E Telep | hone nun | nber |
| | | nınated | ı | Number and street (or P O box if r 350 SPELMAN LANE SW | nail is not delivered to street address) Room, | /suite | | | |
| <u>:</u> | | ed retu | | | ntry, and ZIP or foreign postal code | | (404 |) 681- | 3643 |
| Ap | риса | tion pe | naing | ATLANTA, GA 30314 | nity, and ZIP of foreign postal code | | G Gross | receipts | \$ 242,009,611 |
| | | | ŀ | F Name and address of princi | pal officer | H(a) | Is this a grou | n retur | n for |
| | | | | MARY SCHMIDT CAMPBELL | | 1 | subordinates | • | ∏ Yes 🗸 |
| | | | | 350 SPELMAN LANE SW ATLANTA,GA 30314 | | | No | | · |
| I Ta | ıx-ex | empt s | status | √ 501(c)(3) | (insert no) 4947(a)(1) or 527 | | Are all subor included? | dinates | □Yes □ No |
| 1 14 | lobe | it ou 🏲 | 14/14/ | W SPELMAN EDU | (115010110) 1517(4)(1) 61 527 | ⊣ 1 | If "No," attac | h a lıst | (see instructions) |
| | EDS | ite. P | VV VV | W SPECMAN EDO | | H(c) | Group exemp | tion nu | mber > |
| K For | m of | organı | zatıon | ✓ Corporation Trust Associ | ation | L Year | r of formation | .881 N | 1 State of legal domicile G |
| Pa | | | 2 | mary | | | | | |
| FG | $\overline{}$ | | | ilial y scribe the organization's mission | n or most significant activities | | | | |
| | | | | | BLACK COLLEGE AND GLOBAL LEA | ADER IN T | HE EDUCAT | IONOF | - WOMEN OF |
| | | <u>A FRI</u> | CAN | DESCENT, IS DEDICATED TO | THE ACADEMIC EXCELLENCE OF | ITS STUD | ENTS | | |
| Σe | | | | | | | | | |
| Ē | | | | | | | | | |
| Ver | , | Che | ck th | is how - I if the organization d | iscontinued its operations or dispose | d of more t | han 25% of i | tc net a | ecete |
| Governance | - | CIIC | CK III | 13 DOX P If the organization a | iscontinued its operations of dispose | u or more c | Hall 23 /0 011 | ts net a | 33013 |
| | 3 | Nun | nberd | of voting members of the govern | ing body (Part VI, line 1a) | | | 3 | 26 |
| iles | 4 | Nun | nberd | of independent voting members | of the governing body (Part VI, line 1 | b) | | 4 | 23 |
| Activities & | 5 | Tota | al nun | nber of individuals employed in | calendar year 2015 (Part V, line 2a) | | | 5 | 1,533 |
| Ac | 6 | Tota | al nun | nber of volunteers (estimate if r | ecessary) | | | 6 | 688 |
| | 7a | Tota | alunr | elated business revenue from P | art VIII, column (C), line 12 | | | 7a | 0 |
| | ь | Netu | ınrela | ited business taxable income fr | om Form 990-T, line 34 | | | 7b | (|
| | | | | | | | Prior Year | | Current Year |
| | 8 | C | ontri | butions and grants (Part VIII, I | ıne 1 h) | | 20,391 | ,174 | 25,405,859 |
| Ē | 9 Program s | | | ım service revenue (Part VIII, I | ıne 2g) | | 71,787 | ,867 | 75,034,569 |
| en uë ve | 10 | I | nvest | ment income (Part VIII, colum | n (A), lines 3, 4, and 7d) | | 44,273 | ,434 | 15,443,764 |
| Œ | 11 | C | ther | revenue (Part VIII, column (A) | , lines 5, 6d, 8c, 9c, 10c, and 11e) | | 1,066 | ,804 | 1,193,796 |
| | 12 | | | revenue—add lines 8 through 11 | . (must equal Part VIII, column (A), l | ıne | 137,519 | ,279 | 117,077,988 |
| | 13 | | 2) | and cimilar amounts haid (Pari | t IX, column (A), lines 1-3) | | 17,811 | 181 | 17,592,015 |
| | 14 | | | | IX, column (A), line 4) | | 1,,011 | 0 | 17,7532,7515 |
| | 15 | _ | | | ee benefits (Part IX, column (A), line | | 48,348 | 063 | 50,467,612 |
| Expenses | | 5 | -10) | | | | • | - | |
| 8 | 16 | | | • • | , column (A), line 11e) | • | 50 | ,984 | 54,267 |
| 五 | 6 | | | ndraising expenses (Part IX, column (E | | - | | | |
| | 17 | | | , | lines 11a-11d, 11f-24e) | | 45,281 | | 45,332,411 |
| | 18 | | | ' | ist equal Part IX, column (A), line 25 | ′ | 111,492 | | 113,446,305 |
| _ <u>(p</u> | 19 | К | even | ue less expenses. Subtract line | 18 from line 12 | • | 26,026 | ,/56 | 3,631,683 |
| Net Assets or Fund Balances | | | | | | Beginn | ning of Current | t Year | End of Year |
| SS e | 20 | Т | otala | assets (Part X, line 16) | | | 565,729 | ,276 | 546,957,215 |
| 절절 | 21 | Т | otal l | iabilities (Part X, line 26) . | | | 106,504 | ,889 | 99,333,541 |
| žī. | 22 | N | et as | sets or fund balances Subtract | line 21 from line 20 | | 459,224 | ,387 | 447,623,674 |
| Pa | | | | ature Block | | | | | |
| | | | | | amined this return, including accomp | | | | |
| | | _ | | nowledge | mplete Declaration of preparer (other | than office | er) is based o | n an mi | offilation of which |
| | | Ι, | • | | | | | | |
| | | | **** Sign= | | | | 2017-05-10 | | |
| Sign | | | ыgna | ature of officer | | | Date | | |
| Her | e | | | ERT D FLANIGAN JR VP BUSINESS&FIN | ANCE | | | | |
| | | | | or print name and title | Propagate constant | Dato | 1 | PTIN | |
| De! | ~ | | | nnt/Type preparer's name LLISON H FRANKLIN | Preparer's signature ALLISON H FRANKLIN | Date | Check I if | P0044 | 8640 |
| Pai | | | F | ırm's name | I | <u> </u> | self-employed Firm's EIN ► | ' | |
| Pre | - | | ⊢ | ırm's address ▶ 300 North Greene Stre | et Suite 400 | | Phone no (33 | 36) 275-3 | 3394 |
| Use | O | nly | | | | | 1 | | |

Greensboro, NC 27401

4.435.754

86.531.601

20,469,787 including grants of \$

including grants of \$

RESEARCH SPELMAN COLLEGE PERFORMS RESEARCH, TRAINING AND OTHER SIMILAR SERVICES UNDER GRANTS WITH GOVERNMENTAL AGENCIES OR

) (Revenue \$

1,193,796)

Form 990 (2015)

248,613) (Revenue \$

(Code

(Expenses \$

SPONSORING ORGANIZATIONS See Additional Data

Total program service expenses ▶

4c

4d

) (Expenses \$

Other program services (Describe in Schedule O)

Page 2

| Form | 990 (2015) | | | Page 3 |
|------|--|-------------|-----|---------------|
| Par | t IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 📆 | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | Yes | |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🙎 | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | Yes | |
| | 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 2 | 11c | | No |
| | 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 2 | 11 d | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Yes | <u></u> |
| 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 | 11 f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12 a | | 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 | Yes | |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b | Yes | |
| 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | 17 | Yes | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Form | 990 (2015) | | | Page 4 |
|------|---|-------------|-----|---------------|
| 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 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24 c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3), 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, Pait 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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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*Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 19?

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

instructions for applicable filing thresholds, conditions, and exceptions)

29

31

No No

38 Yes Form **990** (2015)

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

Yes

Yes

Yes

Νo

Nο

Nο

Nο

Nο

Nο

Νo

Νo

Νo

| Pai | rt V | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this | | V | | | _ |
|----------|------------------|--|----------|-----------------------------------|------------|-----|-----|
| | | effect if seffective of contains a response of flote to any fine in this | i di c | <u> </u> | • | Yes | No |
| 1a | Enter | the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a | 4,615 | | | |
| | | the number of Forms W-2G included in line 1a Enter -0 - if not applicable | 1b | 0 | | | |
| _ | Did th | L ie organization comply with backup withholding rules for reportable payments to | Venc | fore and reportable | | | |
| ٠ | | ig (gambling) winnings to prize winners? | | · · · · · · | 1 c | Yes | |
| 2a | Enter | the number of employees reported on Form W-3, Transmittal of Wage and | | | | | |
| | | tatements, filed for the calendar year ending with or within the year covered | 2a | 1,533 | | | |
| . | • | s return | | | 2b | Yes | |
| U | | If the sum of lines 1a and 2a is greater than 250, you may be required to e-file | | | | | |
| 3a | Did th | e organization have unrelated business gross income of \$1,000 or more during | g the y | year ⁷ | 3a | Yes | |
| b | If "Ye | s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i> | on in S | Schedule O | 3b | Yes | |
| 4a | | y time during the calendar year, did the organization have an interest in, or a si | | | | | |
| | | a financial account in a foreign country (such as a bank account, securities acc int)? | count, | or other financial | 4a | | No |
| b | | , | | | | | 110 |
| _ | | s," enter the name of the foreign country ▶ | and I | Emancial Accounts | | | |
| | (FBAF | | · ana i | maneral Accounts | | | |
| 5a | Was t | he organization a party to a prohibited tax shelter transaction at any time durin | g the | tax year? | 5a | | No |
| b | Did ar | ny taxable party notify the organization that it was or is a party to a prohibited t | ax sh | elter transaction? | 5b | | Νo |
| С | If"Ye | s," to line 5a or 5b, did the organization file Form 8886-T? | | | | | |
| | | • | | | 5с | | |
| 6a | | the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont | | | 6a | | No |
| b | | s," did the organization include with every solicitation an express statement th not tax deductible? | at suc | ch contributions or gifts | 6b | | |
| 7 | Organ | izations that may receive deductible contributions under section 170(c). | | | | | |
| а | | e organization receive a payment in excess of \$75 made partly as a contributi | | d partly for goods and • • • • | 7a | | No |
| b | If"Ye | s," did the organization notify the donor of the value of the goods or services p | rovide | ed? | 7 b | | |
| C | | e organization sell, exchange, or otherwise dispose of tangible personal proper irm 8282? | ty for | which it was required to | 7 c | | No |
| d | If"Ye | s," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| е | Dıd th | e organization receive any funds, directly or indirectly, to pay premiums on a p | erson | al benefit contract? | 7e | | No |
| f | Did th | ie organization, during the year, pay premiums, directly or indirectly, on a perso | nal be | enefit contract? | 7f | | No |
| g | | organization received a contribution of qualified intellectual property, did the o | rganız | ation file Form 8899 as | | | |
| | requir | | | the every vertical file o | 7 g | | |
| | Form | organization received a contribution of cars, boats, airplanes, or other vehicles | •, aia i | · · · · · · | 7h | | |
| 8 | Did a | oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bug the year? | siness | s holdings at any time | 8 | | |
| 9a | Did th | e sponsoring organization make any taxable distributions under section 4966 | | | 9a | | |
| | | ie sponsoring organization make a distribution to a donor, donor advisor, or rela | | erson ⁷ | 9b | | |
| 10 | | on 501(c)(7) organizations. Enter | · | | | | |
| а | Initiat | tion fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross facilit | receipts, included on Form 990, Part VIII, line 12, for public use of club es | 10b | | | | |
| 11 | | on 501(c)(12) organizations. Enter | | | | | |
| а | Gross | income from members or shareholders | 11a | | | | |
| b | | nncome from other sources (Do not net amounts due or paid to other sources st amounts due or received from them) | 11b | | | | |
| 122 | Section | ت o n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 | ın lıe | u of Form 10412 | 12a | | |
| | | s," enter the amount of tax-exempt interest received or accrued during the | | | | | |
| - | year | | 12b | | | | |
| 13 | Section | on 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| а | | organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O | ote. S | ee the instructions for | 13a | | |
| b | | the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans | 13b | | | | |
| С | | the amount of reserves on hand | 13c | | | | |
| | | Lie organization receive any payments for indoor tanning services during the tax | | ? | 14a | | No |
| | | s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i> | • | | 14b | | |
| | | | | | | | |

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax **1**a 26 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 Enter the number of voting members included in line 1a, above, who are ındependent 1b 23 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo 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 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | | Yes | No |
|-----|--|-------------|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | 10 a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12 a | 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? <i>If "Yes," describe in Schedule O how this was done</i> | 12 c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16 a | | 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 | | |
| Se | ction C. Disclosure | | | |

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O)

State the name, address, and telephone number of the person who possesses the organization's books and records

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

▶ROBERT D FLANIGAN JR 350 SPELMAN LANE SW ATLANTA, GA 30314 (404) 270-5072

GA, NY

List the States with which a copy of this Form 990 is required to be filed▶

interest policy, and financial statements available to the public during the tax year

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 | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | i | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |
|------------------------------|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | for related organizations below dotted line) | indradual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | 2/1099-MISC) | (W- 2/1099- MISC) | organization and related organizations |
| See Additional Data Table | | | | | | | | | | |
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| (A) Name and Title | (B) A verage hours per week (list any hours | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | for related organizations below dotted line) | individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | 2/1099-1415C) | _,,, | organization and related organizations |
| See Additional Data Table | | | | | | ┢ | | | | |
| | | | | | | | | | | |
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| | | | | • | | . • | | | | |
| c Total from continuation she d Total (add lines 1b and 1c) | | | | ٠. | ٠. | | | 3,238,761 | 0 | 598,441 |

| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee | | | |
|---|--|---|------|-----|
| | on line 1a? If "Yes," complete Schedule J for such individual | 3 | | No |
| | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Yes | |
| | 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 J for such person | | 1 03 | No. |

Section B. Independent Contractors

 $Complete \ this \ table \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ solution \ for \ the \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ for \ your \ five \ highest \ compensated \ for \ your \ for \ for \ your \ five \ highest \ for \ your \ for \ for \ your \ for \ your \ five \ highest \ for \ your \ for \ yo$

| compensation from the organization. Report compensation for the calen | dar year ending with or within the organizatioi | n's tax year |
|---|---|---------------------|
| (A) Name and business address | (B) Description of services | (C) Compensation |
| ARAMARK DINING SERVICES, CAMPUS BOX 1109 350 SPELMAN LANE SW ATLANTA, GA 303144395 | FACILITY SERVICES | 3,626,661 |
| ARAMARK FACILITY SERVICES, CAMPUS BOX 1109 350 SPELMAN LANE SW ATLANTA, GA 303144395 | FACILITY SERVICES | 1,285,453 |
| CHESAPEAKE ASSET MANAGEMENT LLC, ONE ROCKEFELLER PLAZA SUITE 2321 NEW YORK, NY 10020 | INVESTMENT MANAGERS | 1,038,995 |
| MARSH USA INC, 116 AVENUE OF THE AMERICAS NEW YORK, NY 100362708 | INSURANCE SERVICES | 995,606 |
| MANN MECHANICAL COMPANY INC, 100 PINE STREET AVONDALE ESTATES, GA 300021015 | MECH CONTRACTORS | 982,563 |
| 2 Total number of independent contractors (including but not limited to tho \$100,000 of compensation from the organization ▶ 26 | se listed above) who received more than | |

| Form 99 | | | | | | | | Page 9 |
|---|--------|---|--|------------------------|---|--|---|--|
| Part V | 1111 | Statement o | | | | | | _ |
| | | Check If Sched | ule O contains a respor | nse or note to any lin | e in this Part VIII (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| s | 1a | Federated cam | paigns 1a | | | | | |
| anta | ь | Membership du | es 1b | | | | | |
| | С | Fundraising eve | ents 1c | | | | | |
| ifts. ar A | d | Related organiz | rations 1d | 2,154,000 | | | | |
| ⊒ | e | Government grants | s (contributions) 1e | 7,094,964 | | | | |
| ons Si | f | All other contribution | ons, gifts, grants, and 1f | 16,156,895 | | | | |
| iributions, Gifts, Grants Other Similar Amounts | • | sımılar amounts no | ot included above | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | 1a-1f \$ | ons included in lines | 8,913 | | | | |
| Contand | h | Total. Add lines | s 1a-1f | | 25,405,859 | | | |
| <u> </u> | | | | Business Code | | | | |
| Ven | 2a | TUITION AND FEES | | 900099 | 53,822,412 | 53,822,412 | | |
| å | b | AUXILARY ENTERP | RISES | 900099 | 21,212,157 | 21,212,157 | | |
| MC. | C | | | | | | | |
| Š | d e | _ | | | | | | |
| ram | f | All other progra | am service revenue | | | | | |
| Program Service Revenue | | | | | | | | |
| | | | s 2a-2f ome (including dividen | | 75,034,569 | | | |
| | | and other simila | ar amounts) | | 2,676,875 | | | 2,676,875 |
| | 4 | | stment of tax-exempt bond | proceeds > | 0 | | | |
| | 5 | Royalties | (ı) Real | (II) Personal | - | | | |
| | 6a | Gross rents | () | | | | | |
| | ь | Less rental | | | | | | |
| | _ | expenses Rental income | 0 | 0 | | | | |
| | d | or (loss) | me or (loss) | | 0 | | | |
| | " | Net lental med | (i) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 137,698,512 | | | | | |
| | b | Less cost or other basis and | 124,931,623 | | | | | |
| | | sales expenses Gain or (loss) | 12,766,889 | | | | | |
| | c d | | (S) | | 12,766,889 | | | 12,766,889 |
| enne | 8a | Gross income f events (not inc | rom fundraising | , | | | | |
| Other Revenue | | See Part IV, lin | а | | | | | |
| Off | b c | | penses b (loss) from fundraising | events | 0 | | | |
| | | | rom gaming activities | | | | | |
| | | See Part IV, lin | ne 19 | | | | | |
| | | | (loss) from gaming acti | vities | 0 | | | |
| | 10a | Gross sales of | inventory less | • | | | | |
| | | returns and allo | owances . | | | | | |
| | | _ | oods sold b (loss) from sales of inv | entory ▶ | 0 | | | |
| | | Miscellaneous | | Business Code | | | | |
| | 11a | OTHER MISCE | LLANEOUS | 900099 | 1,193,796 | 1,193,796 | | |
| | b | | | | | | | |
| | с | | | | | | | |
| | d e | All other revenue Total. Add lines | | • | | | | |
| | 12 | | | | 1,193,796 | | | |
| | | rocarrevenue. | See Instructions . | • • • • | 117,077,988 | 76,228,365 | | 15,443,764 |

Part IX Statement of Functional Expenses

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

| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----------|---|-----------------------|---|--|--------------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 248,613 | 248,613 | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 17,343,402 | 17,343,402 | | |
| 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 | 2,712,443 | 886,240 | 1,304,319 | 521,884 |
| 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 | 36,847,317 | 28,773,048 | 6,422,695 | 1,651,574 |
| 8 | Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions) | 1,958,195 | 1,539,161 | 299,781 | 119,253 |
| 9 | Other employee benefits | 6,155,396 | 4,838,203 | 942,333 | 374,860 |
| 10 | Payroll taxes | 2 | | | |
| | | 2,794,261 | 2,196,317 | 427,775 | 170,169 |
| 11 | Fees for services (non-employees) | 0 | | | - |
| a b | Management | 391,517 | | 201 E17 | |
| c | Legal | 243,288 | | 391,517 243,288 | |
| d | Lobbying | 55,992 | | 55,992 | |
| e | Professional fundraising services See Part IV, line 17 | 54,267 | | 33,332 | 54,267 |
| f | Investment management fees | 1,665,980 | | 1,665,980 | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 6,887,529 | 5,160,487 | 1,482,700 | 244,342 |
| 12 | Advertising and promotion | 0 | | | |
| 13 | Office expenses | 3,729,312 | 2,648,999 | 899,780 | 180,533 |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 3,562,752 | 3,041,646 | 521,106 | |
| 17 | Travel | 2,093,545 | 1,617,375 | 301,251 | 174,919 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 0 | | | |
| 20 | Interest | 2,798,588 | 1,630,261 | 1,168,327 | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 5,096,175 | 3,652,646 | 1,443,529 | |
| 23 | Insurance | 1,538,394 | 1,359,909 | 178,485 | |
| 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 | CLEANING EXPENSES | 1,217,260 | 1,003,943 | 213,317 | |
| b | AUC LIBRARY | 2,841,743 | 2,502,500 | 339,243 | |
| c | REPAIRS AND MAINTENANCE | 3,388,544 | 2,360,161 | 1,023,071 | 5,312 |
| d | SPECIAL PROJECTS | 3,366,776 | 2,083,564 | 970,192 | 313,020 |
| e Se | All other expenses | 6,455,016 | 3,645,126 | 2,741,720 | 68,170 |
| 25 | Total functional expenses. Add lines 1 through 24e | 113,446,305 | 86,531,601 | 23,036,401 | 3,878,303 |
| 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) | | | | |

(B)

End of year

22,461,440

8,444,408

1,913,614

0

0

0

164,439,620

31,505,476

315,475,696

1,471,839

1,245,122

546,957,215

10,896,101

1,090,161

85,530,131

n

213,610

1,603,538

99,333,541

138,422,740

186,485,605

122,715,329

447,623,674

546,957,215 Form 990 (2015)

1

2

3

4

5

0

0

168,340,746

45,426,242

317,560,163

1,483,478

1,324,172

565,729,276

12,666,832

1,518,885

90,302,364

7 0

8 0

9

10c

11

12

13

14

15

16

17

18

19

20

21

22

24

25

26

27

28

29

30 31

32

33

34

n 23

427,220

1.589.588

106,504,889

140,787,597

198,622,874

119,813,916

459.224.387

565,729,276

(A)

Beginning of year

270,703,453

106,263,833

21.031.644

9.041.776

1,521,055

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X

1

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10a

b

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Net Assets or Fund Balances

Form 990 (2015)

10a

10b

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Cash-non-interest-bearing

Savings and temporary cash investments

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

Total liabilities.Add lines 17 through 25 .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use .

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

Pledges and grants receivable, net .

Accounts receivable, net . .

Schedule L . . .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Total revenue (must equal Part VIII, column (A), line 12)

| | | i |
|---|---|---|
| Total expenses (must equal Part IX, column (A), line 25) | 2 | |
| Revenue less expenses Subtract line 2 from line 1 | 3 | |
| Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | |
| Net unrealized gains (losses) on investments | 5 | |
| Donated services and use of facilities | 6 | |
| Investment expenses | 7 | |
| | | i |

| 6 | Donated services and use of facilities . |
|---|--|
| 7 | Investment expenses |
| 8 | Prior period adjustments |

column (B))

vestment expenses . nor period adjustments

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Other changes in net assets or fund balances (explain in Schedule O) .

Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990 Cash Accrual Other

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis

b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

Schedule O

basis, consolidated basis, or both Separate basis

✓ Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

Both consolidated and separate basis

Both consolidated and separate basis

Page **12**

117,077,988

113,446,305

459,224,387

-15,218,069

-14,327

No

Νo

447,623,674

Yes

Yes

Yes

Yes

2a

2b

2c

3a

3b

8

9

10

3,631,683

Additional Data

(Code

ACADEMIC SUPPORT

Software ID: Software Version:

EIN: 58-0566243

including grants of \$

Name: SPELMAN COLLEGE

) (Revenue \$

| Form 990, Part III - 4 Program S | ervice Accomplishments | (See the Instructions) |
|----------------------------------|------------------------|------------------------|
| | | |

| (Code |) (Expenses \$ | 267,379 | including grants of \$ |) (Revenue \$ |
|----------------|----------------|---------|------------------------|---------------|
| DUBLIC CEDVICE | | | | |

7,726,859

) (Expenses \$

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code)(Expenses \$ 12.475.549 including grants of \$ 248.613) (Revenue \$

STUDENT SERVICES

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

| Compensated Employees, and Inde | pendent Co | IILFac | LOT | 5 | | | | ı | ı | ı |
|---------------------------------|--|-----------------------------------|-----------------------|--------------------|---------------------------|------------------------------|--------|---|--|--|
| (A) Name and Title | (B) Average hours per week (list any hours for related | unles | ore t ss pe | han erso cer | not one n is and | | | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and related organizations |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | | MISC) | |
| WALTER R ALLEN | 2 0 | х | | | | | | 0 | 0 | 0 |
| TRUSTEE | 0 0 | | | | | | | | | |
| CLAIRE ARNOLD TRUSTEE | 2 0 | x | | | | | | 0 | 0 | o |
| THEODORE R ARONSON | 0 0 | | | | H | | | | | |
| TRUSTEE | 1 0 | x | | | | | | 0 | 0 | o |
| ROSALIND G BREWER | 2 0 | | | | H | | | | | |
| CHAIR | 0 0 | X | | × | | | | 0 | 0 | (|
| MARY BROCK TRUSTEE | 2 0 | х | | | | | | 0 | 0 | C |
| JANINE BROWN TRUSTEE | 2 0 | х | | | | | | 0 | 0 | (|
| THOMAS H CASTRO | 2 0 | Х | | | | | | 0 | 0 | (|
| TRUSTEE | 0 0 | | | | | | | | | |
| DONALD A COLEMAN | 2 0 | | | | | | | | | |

0 0 20

0 0

Χ

DONALD A COLEMAN

KIMBERLY B DAVIS

MARY LYNNE DIGGS ALUMNA TRUSTEE

TRUSTEE

TRUSTEE

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

128,655

393,705

| compensated Employees, and Inde | pendent co. | ,,,,,,,,,, | , | , | | | | I | I | I |
|---------------------------------|---|---|-----------------------|---------|--------------|------------------------------|--------|-------|--|--|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | Average Position (do not check more than one box, veek (list unless person is both an officer and a director/trustee) | | | | | | | (E) Reportable compensation from related organizations (W- 2/1099- | Estimated amount of other compensation from the organization |
| | organizations below dotted line) | individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | MISC) | MISC) | and related organizations |
| CYNTHIA E JACKSON | 2 0 | | [' | | | | | _ | _ | |
| TRUSTEE | 0 0 | Х | | | | | | 0 | 0 | 0 |
| RICHARD D LEGON | 2 0 | | [' | | | | | | | |
| TRUSTEE | 0 0 | X | | | | | | 0 | 0 | 0 |
| GWENDOLYN ADAMS NORTON | 2 0 | [] | [| | | | | | | |
| TRUSTEE | 0 0 | X | | | | | | 0 | 0 | |
| LOVETTE T RUSSELL | 2 0 | | | | | | | | | |
| TRUSTEE | 0 0 | X | | | | | | 0 | 0 | |
| SUZANNE F SHANK | 2 0 | | | | | | | | | |
| TRUSTEE | 0 0 | X | | | | | | 0 | 0 | C |
| ESTHER SILVER-PARKER | 2 0 | | | | | | | | | |
| TRUSTEE | 0 0 | X | ! | | | | | 0 | 0 | |
| RONDA E STRYKER | 2 0 | | | | | | | | | |
| VICE CHAIR | 0 0 | Х | ! | Х | | | | 0 | 0 | |
| BEVERLY DANIEL TATUM | 35 0 | | | | | | | | | |

10 2 0

0 0

PRESIDENT EMERITA

CELESTE WATKINS-HAYES

KATHY N WALLER TRUSTEE

TRUSTEE

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

18,504

52,000

44,405

15,394

| Compensated Employees, and Inde | pendent co | ntrac | .tor | 5 | | | | | | , |
|------------------------------------|--|-----------------------------------|-------------------------------------|--------------------------------|--------------------------------------|----------------|----------|---|--|--|
| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations below dotted line) | unles d | nore tl ss pe offic direct | than ersoi icer tor/t | not none on is and trust | tee) | , an | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | , | Individual trustee or director | Institutional Trust⊬e | | employee | st compensated | <u> </u> | | | |
| Pamela Joseph TRUSTEE | 2 0 | x | | | | | | 0 | 0 | 0 |
| Gena Hudgins Ashe TRUSTEE | 2 0 | х | | | | | | 0 | 0 | 0 |
| Kaye Foster-Cheek TRUSTEE | 2 0 | x | | | | | | 0 | 0 | 0 |
| Mya Havard STUDENT TRUSTEE | 5 0 0 0 | x | | | | | | 2,121 | . 0 | 0 |
| MARK LEE FACULTY TRUSTEE | 35 0 | x | | | | | | 95,483 | 0 | 17,061 |
| D'RITA MELINDA ROBINSON TRUSTEE | 2 0 | х | | | | | | 0 | 0 | С |

10 35 0

150 35 0

0 0

Х

Х

Х

175,101

350,387

232,495

161,623

MARY SCHMIDT CAMPBELL

ROBERT D FLANIGAN JR

JOHNNELLA BUTLER

VP BUSINESS&FINANCE/TREASURER

VP COLLEGE RELATIONS THRU 7/31

PRESIDENT

PROVOST

ELOISE ALEXIS

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

28,325

10,772

26,297

25,770

| Compensated Employees, and Independent Contractors | | | | | | | | | | |
|--|---|-------|---|---|--|--|--|---|--|--|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | unles | Position (do not check more than one box, an officer and a compensated employee for check more than one box and a complex and a | | | | | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| KASSANDRA JOLLEY VP FOR DEVELOPMENT | 35 0 | | | × | | | | 235,438 | 0 | 42,490 |
| DELORES BARTON VP & CHIEF INFORMATION OFFICER | 35 0 | | | х | | | | 165,153 | 0 | 29,477 |
| MYRA BURNETT INTERIM PROVOST | 35 0 | | | x | | | | 202,033 | 0 | 41,262 |
| DARNITA KILLIAN VP FOR STUDENT AFFAIRS | 35 0 | | | × | | | | 170,403 | 0 | 36,908 |
| INGRID HAYES VP FOR ENROLLMENT MANAGEMENT | 35 0 | | | × | | | | 155,262 | 0 | 33,875 |
| JANE SMITH VP FOR COLLEGE RELATIONS | 35 0 | | | × | | | | 142,761 | 0 | 24,878 |

35 0

0 0

Χ

Χ

Χ

151,429

172,890

148,639

140,961

RHONDA HONEGAN

TOMIKA DEPRIEST

BERNADETTE COHEN

HELGA GREENFIELD

DIR OF INVESTMENTS

DIR OF COMMUNICATIONS

DIR OF HUMAN RESOURCES

ASSOC DIR OF GOV'T RELATIONS

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

| Compensated Employees, and Inde | pendent Co | ntrac | ctor | S | | | | 1 | |
|---------------------------------|--|-------------------|---------------------------------|-------------------------------------|------------------------------------|--------|---|--|--|
| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations below dotted line) | Pos m unle: | ition ore t ss pe offi | (do han ersor cer tor/t | not cone bear is bear and a cruste | oth an | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| GLORIA WADE - GAYLES | 35 0 | | | | | x | 142,877 | 0 | 22,368 |
| PROFESSOR | 0.0 | | | | | ^ | 142,877 | | 22,300 |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE A

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.

OMB No 1545-004 Open to Public

Treasury Internal Revenue Service Name of the organization SPELMAN COLLEGE

(Form 990 or

990EZ)

1

Total

Department of the

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.

Inspection Employer identification number 58-0566243

DLN: 93493132008477

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) ✓ 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public

described in section 170(b)(1)(A)(vi). (Complete Part II)

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

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of

one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting

organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement

(see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally

integrated, or Type III non-functionally integrated supporting organization

Enter the number of supported organizations

Provide the following information about the supported organization(s)

(i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No

must complete Part IV, Sections A and C.

18

instructions

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| S | ection A. Public Support | | | | | | | | |
|-----|--|------------------------------|---------------------|-----------------------|----------------------|-----------------|---------------|---|--|
| | Calendar year | (a)2011 | (b) 2012 | (c)2013 | (d)2014 | (e) 2015 | | (f) Total | |
| • | fiscal year beginning in) 🟲 | (4)2011 | (6)2012 | (6)2013 | (4)2011 | (0)2013 | \rightarrow | | |
| 1 | Gifts, grants, contributions, and | 34,477,104 | 22.251.065 | 26 120 012 | 20 201 174 | 25,405 | 0E0 | 129,654,915 | |
| | membership fees received (Do not include any unusual grants) | 34,477,104 | 23,251,965 | 26,128,813 | 20,391,174 | 25,405 | ,839 | 129,654,915 | |
| 2 | Tax revenues levied for the | | | | | | + | | |
| | organization's benefit and either | | | | | | | 0 | |
| | paid to or expended on its behalf | | | | | | | | |
| 3 | The value of services or | | | | | | | | |
| | facilities furnished by a | | | | | | | 0 | |
| | governmental unit to the | | | | | | | O | |
| | organization without charge | | | | | | \dashv | | |
| 4 | Total. Add lines 1 through 3 | 34,477,104 | 23,251,965 | 26,128,813 | 20,391,174 | 25,405 | ,859 | 129,654,915 | |
| 5 | The portion of total contributions | | | | | | | | |
| | by each person (other than a | | | | | | | | |
| | governmental unit or publicly | | | | | | | 16 112 226 | |
| | supported organization) included | | | | | | | 16,143,236 | |
| | on line 1 that exceeds 2% of the | | | | | | | | |
| | amount shown on line 11, column (f) | | | | | | | | |
| 6 | Public support. Subtract line 5 | | | | | | - | | |
| ٠ | from line 4 | | | | | | | 113,511,679 | |
| S | ection B. Total Support | I . | l l | | | | | | |
| | Calendar year | | | | | | \neg | | |
| (or | fiscal year beginning in) | (a) 2011 | (b) 2012 | (c)2013 | (d) 2014 | (e) 2015 | | (f) Total | |
| 7 | Amounts from line 4 | 34,477,104 | 23,251,965 | 26,128,813 | 20,391,174 | 25,405, | ,859 | 129,654,915 | |
| 8 | Gross income from interest, | , , | , , | , , | , , | | + | | |
| | dividends, payments received | | | | | | | | |
| | on securities loans, rents, | 3,747,562 | 7,071,657 | 3,646,988 | 3,704,229 | 2,676, | ,875 | 20,847,311 | |
| | royalties and income from | | | | | | | | |
| | sımılar sources | | | | | | \bot | | |
| 9 | Net income from unrelated | | | | | | | | |
| | business activities, whether or | | | | | | | 0 | |
| | not the business is regularly | | | | | | | | |
| 40 | Carried on Other income Do not include | | | | | | + | | |
| 10 | gain or loss from the sale of | | | | | | | | |
| | capital assets (Explain in Part | 1,035,806 | 1,096,591 | 964,918 | 1,066,804 | 1,193, | ,796 | 5,357,915 | |
| | VI) | | | | | | | | |
| 11 | Total support. Add lines 7 | | | | | | \top | 155.000.141 | |
| | through 10 | | | | | | | 155,860,141 | |
| 12 | Gross receipts from related activi | ities, etc (see ins | tructions) | | | 12 | | 347,676,427 | |
| 13 | First five years.If the Form 990 is | s for the organizat | ion's first, second | , third, fourth, or f | ifth tax vear as a s | section 501 | (c)(3) | organization. | |
| | check this box and stop here | | | | | | | · · · · g · · · · · · · · · · · · · · · | |
| S | ection C. Computation of Pu | ublic Support | Percentage | | | | | | |
| 14 | Public support percentage for 20: | | | 11 column (f)) | | 1.4 | | 72.020.00 | |
| | | • | | : 11, column (1)) | | 14 | | 72 829 % | |
| 15 | Public support percentage for 201 | 14 Schedule A , Pa | art II, line 14 | | | 15 | | 71 180 % | |
| 16a | 33 1/3% support test—2015. If th | e organızatıon dıd | not check the box | k on line 13, and l | ine 14 is 33 1/3% | or more, che | eck th | nis box | |
| | and stop here. The organization q | ualifies as a publi | cly supported orga | anızatıon | | | | ▶ 🗸 | |
| b | 33 1/3% support test-2014.If th | e organization did | I not check a box o | on line 13 or 16a, | and line 15 is 33 | 1/3% or mor | e, ch | eck this | |
| | box and stop here. The organizati | on qualifies as a p | oublicly supported | organization | | | | ▶□ | |
| 17a | 10%-facts-and-circumstances tes | st — 2015. If the org | anızatıon dıd not o | check a box on lin | e 13, 16a, or 16b | , and line 14 | | • | |
| | is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain | | | | | | | | |
| | in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported | | | | | | | | |
| | organization | | | | | | | ▶ □ | |
| b | 10%-facts-and-circumstances tes | | | | | | | | |
| | 15 is $10%$ or more, and if the organization meets the "facts-and-circumstances" test, check this box and $f stop$ here. | | | | | | | | |
| | Explain in Part VI how the organiz | zation meets the " | facts-and-circum | stances" test Th | e organızatıon qua | lifies as a pi | hplich | • | |
| | supported organization | | | 46 461 47 | 471 1 1 1 1 | | | ▶┌ | |

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III 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.)

| Se | ction A. Public Support | | | | | | |
|-------|--|--------------------------|-------------------|---------------------|--------------------------|-----------------|-------------------|
| | Calendar year | (a)2011 | (b) 2012 | (c)2013 | (d)2014 | (e) 2015 | (f) ⊤otal |
| • | iscal year beginning in) ▶ | (-) | (-) | (0)_00 | (-) | (-) | (1) |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| _ | merchandise sold or services | | | | | | |
| | performed, or facilities furnished | | | | | | |
| | in any activity that is related to | | | | | | |
| | the organization's tax-exempt | | | | | | |
| _ | purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or | | | | | | |
| | business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| - | organization's benefit and either | | | | | | |
| | paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit | | | | | | |
| | to the organization without charge Total. Add lines 1 through 5 | | | | | | |
| 6 | Amounts included on lines 1, 2, | | | | | | |
| /a | and 3 received from disqualified | | | | | | |
| | persons | | | | | | |
| b | Amounts included on lines 2 and | | | | | | |
| | 3 received from other than | | | | | | |
| | disqualified persons that exceed | | | | | | |
| | the greater of \$5,000 or 1% of | | | | | | |
| _ | the amount on line 13 for the year Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c | | | | | | |
| ٥ | from line 6) | | | | | | |
| Se | ction B. Total Support | | • | • | • | | • |
| | Calendar year | | | | | | 7.5. |
| (or f | iscal year beginning in) ▶ | (a)2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 0a | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| b | and income from similar sources Unrelated business taxable | | | | | | |
| U | income (less section 511 taxes) | | | | | | |
| | from businesses acquired after | | | | | | |
| | June 30, 1975 | | | | | | |
| C | Add lines 10a and 10b | | | | | | |
| L1 | Net income from unrelated | | | | | | |
| | business activities not included | | | | | | |
| | in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include | | | | | | |
| | gain or loss from the sale of | | | | | | |
| | capital assets (Explain in Part | | | | | | |
| | VI) | | | | | | |
| L3 | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| L4 | First five years.If the Form 990 is | cor the organizati | n's first, second | , third, fourth, or | I fifth tax vear as a | section 501(c |)(3) organization |
| | check this box and stop here | | , | ,,, | , | | ▶ □ |
| Se | ction C. Computation of Pub | lic Support P | ercentage | | | | - |
| 15 | Public support percentage for 2015 | | | 13 column (f)) | | 45 | |
| | | • | | 15, column (1)) | | 15 | |
| L6 | Public support percentage from 20 | | <u> </u> | | | 16 | |
| Se | ction D. Computation of Inv | estment Inco | me Percenta | ge | | | |
| L7 | Investment income percentage for | 2015 (line 10c, c | olumn (f) dıvıded | by line 13, colun | nn (f)) | 17 | |
| 18 | Investment income percentage from | n 2014 Schedule | A, Part III, line | 17 | | 18 | |
| L9a | 33 1/3% support tests—2015.If the | | | | l line 15 is more t | | nd line 17 is not |
| - | more than 33 1/3%, check this box | = | | | | | ▶ □ |
| b | 33 1/3% support tests—2014.If the | • | | | | - | • |
| _ | 18 is not more than 33 1/3%, check | - | | | | | |
| 20 | Private foundation If the organizat | | | | | | |

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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

| | I, complete Sections A and D, and complete Part V) | | | |
|----|--|-------------|-----|----------|
| Se | ction A. All Supporting Organizations | | | |
| | Averally of the community of community of community of community of the community of community o | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section | 2 | | |
| | 509(a)(1) or (2) | | | <u> </u> |
| 3а | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below | 3a | | |
| b | 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? | 3 c | | |
| 4a | If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")? | | | l |
| | If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? | 4b | | |
| | 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 | | | |
| 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) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported | 4c | | |
| | organization was used exclusively for section 170(c)(2)(B) purposes | | | l |
| 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 | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in | 5b | | |
| c | the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | J. | | |
| | 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 | | |
| 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 | | |
| 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 | | |
| 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 | | |
| b | 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 | | |
| 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 . | 9 c | | |
| 0a | 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 | | |
| b | 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) | 10 b | | |
| 1 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | 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? | 11 a | | |
| | A family member of a person described in (a) above? | 11b | | |
| c | 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 | 11 c | | |

| Part IV | Supporting | Organizations | (continued |
|---------|------------|---------------|------------|

| I GIC IV | | аррог | 9 | Oi guilleu | LIOIIS | (continue | ч, |
|----------|-----|-------|------|------------|--------|-----------|----|
| Section | n R | Tyne | T Si | innorting | Orga | nization | _ |

| | | | 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 | | |
| 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 | | |

| Section C. Type II Supporting Organization | Section | C. | Type | II | Supporting | Organization | s |
|--|---------|----|------|----|------------|--------------|---|
|--|---------|----|------|----|------------|--------------|---|

| | | | 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 contiol or management of the supporting organization was vested in the same persons | | | |
| | that controlled or managed the supported organization(s) | 1 | | |

| | | | 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 | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satis | fy the Integral Part Test during the year (see instructions) |
|---|--|--|
| | | |

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

| С | | i ne orga instructi | nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons) | эe |
|---|-----------------|------------------------|--|----|
| 2 | <u>A ctivit</u> | ies Test | _Answer (a) and (b) below. | Y |
| а | | | all of the organization's activities during the tax year directly further the exempt purposes of the | |

| а | 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 | | | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** 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

| | Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S | | | ructions. All other |
|--------|--|----------|-----------------------|--------------------------------|
| | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| | Net short-term capital gain | 1 | | |
| | Recoveries of prior-year distributions | 2 | | |
| | Other gross income (see instructions) | 3 | | |
| | Add lines 1 through 3 | 4 | | |
| | Depreciation and depletion | 5 | | |
| i | 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 | | |
| , | Other expenses (see instructions) | 7 | | |
| ; | 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) |
| | Aggregate fair market value of all non-exempt-use assets (see | 1 | | |
| _ | instructions for short tax year or assets held for part of year) | — | | |
| a L | A verage monthly value of securities | 1a 1b | | |
| b | A verage monthly cash balances | | | |
| C | Fair market value of other non-exempt-use assets | 1c 1d | | + |
| d | Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors | La | | |
| e | (explain in detail in Part VI) | | | |
| | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| | Subtract line 2 from line 1d | 3 | | |
| | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| | Multiply line 5 by 035 | 6 | | |
| | Recoveries of prior-year distributions | 7 | | |
| | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | | | | |
| | Section C - Distributable Amount | | | Current Year |
| | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| | Enter 85% of line 1 | 2 | | |
| | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| | Enter greater of line 2 or line 3 | 4 | | |
| | Income tax imposed in prior year | 5 | | |
| | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| | Check here if the current year is the organization's first as a non-functionally-instructions) | ntegrate | d Type III supporting | organization (see |

| Part V Type III Non-Functionally Integra | ated 509(a)(3) Suppo | rting Organizations (c | ontinued) |
|---|-------------------------------|--|---|
| Section D - Distributions | | | Current Year |
| 1 Amounts paid to supported organizations to accomp | olish exempt purposes | | |
| 2 Amounts paid to perform activity that directly furthe excess of income from activity | ers exempt purposes of supp | oorted 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 | uured) | | |
| 6 Other distributions (describe in Part VI) See instru | | | |
| · | ic tions | | |
| 7 Total annual distributions. Add lines 1 through 6 | | | |
| 8 Distributions to attentive supported organizations t details in Part VI) See instructions | o which the organization is r | esponsive (provide | |
| 9 Distributable amount for 2015 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-2015 | (iii) Distributable Amount for 2015 |
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | |
| a . | | | |
| b c | | | |
| d From 2013 | | | |
| e From 2014 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2015 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | - |
| b Applied to 2015 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2016. Add lines 31 and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a | | | |
| b | | | |
| c Excess from 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |
| | | Schodulo A | /Form 990 or 990-F7) /2015 |

DLN: 93493132008477

Employer identification number

58-0566243

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Political expenditures

Volunteer hours

SPELMAN COLLEGE

1

2

3

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

Service

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

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

| Par | t I-B Complete if the or | ganization is exempt under | section 501(| c)(3). | |
|-------|--|--|--------------------|--|---|
| 1 | Enter the amount of any excise | e tax incurred by the organization un | der section 4955 | * | \$ |
| 2 | Enter the amount of any excise | e tax incurred by organization manag | jers under sectior | ı 4955 ▶ | \$ |
| 3 | If the organization incurred a s | ection 4955 tax, did it file Form 472 | 20 for this year? | | ☐ Yes ☐ No |
| 4a | Was a correction made? | | | | ⊤Yes |
| b | If "Yes," describe in Part IV | | | | |
| Par | t I-C Complete if the or | ganization is exempt under | section 501(| c), except section 50 | 1(c)(3). |
| 1 | Enter the amount directly expe | ended by the filing organization for se | ection 527 exemp | ot function activities 🕨 | \$ |
| 2 | Enter the amount of the filing of exempt function activities | organization's funds contributed to of | ther organizations | for section 527 | \$ |
| 3 | Total exempt function expendi | tures Add lines 1 and 2 Enter here | and on Form 112 | 0-POL, line 17b ► | \$ |
| 4 | Did the filing organization file F | orm 1120-POL for this year? | | | Yes No |
| 5 | Enter the names, addresses at organization made payments l amount of political contribution separate segregated fund or a | funds Also enter the anization, such as a | | | |
| | (a) Name | (b) Address | (c) EIN | (d) A mount paid from filing organization's funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| For P | Paperwork Reduction Act Notice, se | ee the instructions for Form 990 or 990 |)- EZ. | Cat No 50084S Schedule C (| (Form 990 or 990-EZ) 2015 |

Subtract line 1g from line 1a $\,$ If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

| 10 | nedule (| , (F | orm 990 or 990-E2) 2015 | | | Page 2 |
|----|----------|-------------|---|-------|--|--------------------------------|
| P | art II- | Α | Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$. | file | ed Form 5768 | (election |
| ١. | Check | > | If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures) | l gro | up member's nar | ne, address, EIN |
| 3 | Check | • | If the filing organization checked box A and "limited control" provisions apply | | | |
| | | | Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a | lobby | ng) | oying expenditures to influence public opinion (grass roots | | | |

| | Limits on Lobl (The term "expenditures") | organization's totals | group totals | | | | | |
|---|--|---|--------------|---|--|--|--|--|
| a | Total lobbying expenditures to influence public lobbying) | | | • | | | | |
| b | Total lobbying expenditures to influence a legi | slative body (direct lobbying) | | | | | | |
| c | Total lobbying expenditures (add lines $1a$ and | 1b) | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | |
| e | Total exempt purpose expenditures (add lines | | | | | | | |
| f | Lobbying nontaxable amount Enter the amount from the following table in both columns | | | | | | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | |
| | Not over \$500,000 | 20% of the amount on line 1e | | | | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | |
| | Over \$17,000,000 | \$1,000,000 | | | | | | |

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

| 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) | | | | | | | |
|---|---|---|---|---|---|--|--|
| Lobbying Expe | nditures During | 4-Year Avera | ging Period | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total | | |
| Lobbying nontaxable amount | | | | | | | |
| Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | | |
| Total lobbying expenditures | | | | | | | |
| Grassroots nontaxable amount | | | | | | | |
| Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | | |
| Grassroots lobbying expenditures | | | | | | | |
| | Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) | Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) | Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) | Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e)) Grassroots lobbying expenditures | Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e)) | | |

SCHEDULE C, PART II-B,

QUESTION 1I

| che | edule C (Form 990 or 990-EZ) 2015 | | | | P | age 3 |
|----------|--|---------------|--------|-------|---------|--------------|
| Pa | rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)). | ТОИ | | | | |
| or e | each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying | (| a) | , | (b) | |
| ectivity | | | | | A mount | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, | Yes | | | | |
| | through the use of | | | | | |
| а | Volunteers? | | No | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | Νo | | | |
| c | Media advertisements? | | No | | | |
| d | Mailings to members, legislators, or the public? | | Νo | | | |
| е | Publications, or published or broadcast statements? | | Νo | | | |
| f | Grants to other organizations for lobbying purposes? | | Νo | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | Νo | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | Νo | | | |
| i | Other activities? | Yes | | | | 65,324 |
| j | Total Add lines 1c through 1i | | | | | 65,324 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | Νo | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| Pa | rt III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$. | 501 (c |)(5), | or s | ectio | n |
| | | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | 3 | | |
| | rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." | No" (| | | | |
| 1 | Dues, assessments and similar amounts from members | 1 | | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | |
| а | , | 2a | | | | |
| b | | 2b | | | | |
| C | | 2c | | | | |
| 3 | Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues | 3 | | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | | | | |
| | art IV Supplemental Information | | | | | |
| | • | 1 15 | | T | | |
| | ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou (see instructions), and Part II-B, line 1 Also, complete this part for any additional information | ıp IIst) | Part I | ı-A,l | ines 1 | and |
| | Return Reference Explanation | | | | | |

OTHER ACTIVITIES SPELMAN COLLEGE RETAINS A CONSULTANT, PREVIOUSLY, POLSINELLI

SHUGHART PC, NOW THE ESTELL GROUP, TO PROMOTE LEGISLATION WHICH WOULD PROVIDE SPELMAN COLLEGE WITH FEDERAL FUNDS FOR USE ON VARIOUS COLLEGE PROJECTS AND PROGRAMS THE ESTELL GROUP WAS PAID \$65,324 FOR THEIR SERVICES efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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.

OMB No 1545-0047

DLN: 93493132008477

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Employer identification number Name of the organization SPELMAN COLLEGE 58-0566243 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
 - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenue included on Form 990, Part VIII, line 1
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

| Sche | edule D (Form 990) 2015 | | | | | | | Page 2 |
|------------|--|-------------------------------|--------------|----------|----------------|----------------|--------------------------|--------------------------------|
| Par | t IIII Organizations Maintaining (continued) | Collections of | Art, His | toric | al Trea | sures, or | Other Similar A | ssets |
| 3 | Using the organization's acquisition, accollection items (check all that apply) | ession, and other re | ecords, ch | eck ar | y of the | following that | are a significant us | e of its |
| а | ▼ Public exhibition | | d | √ | Loan or | exchange pro | grams | |
| b | ✓ Scholarly research | | e | √ | Other (| Curriculum en | hancement & devel | ор |
| c | ✓ Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization Part XIII | | xplaın how | they | further tl | ne organizatio | on's exempt purpose | e in |
| 5 | During the year, did the organization sol assets to be sold to raise funds rather t | | | | | | | s No |
| Pai | rt IV Escrow and Custodial Arr. Complete if the organization Part X, line 21. | | n Form 9 | 990, F | art IV, | line 9, or re | eported an amour | nt on Form 990, |
| 1 a | Is the organization an agent, trustee, cu included on Form 990, Part X? | stodian or other inte | ermediary | for co | ntrıbutıo | ns or other as | sets not | s No |
| ь | If "Yes," explain the arrangement in F | art XIII and comple | ete the foll | owing | table | | Am | nount |
| c | Beginning balance | · | | | | 1 | с | |
| d | Additions during the year | | | | | 1 | d | |
| e | Distributions during the year | | | | | 1 | | |
| f | Ending balance | | | | | 1 | | |
| 2 a | Did the organization include an amount | on Form 990, Part X | , line 21, f | oresc | row or c | ustodial acco | unt liability? Ye | s No |
| b | If "Yes," explain the arrangement in Par | t XIII Check here if | f the expla | inatior | has bee | en provided in | Part XIII | 🗆 |
| Pa | rt V Endowment Funds. Compl | | | | | | | |
| | | (a)Current year | (b)Pnor | • | + | wo years back | (d)Three years back | (e)Four years back |
| 1a | Beginning of year balance | 365,029,335 | 368 | 3,648,47 | 73 | 328,779,797 | 310,081,185 | 332,285,750 |
| b | Contributions | 2,951,117 | į | 3,027,28 | 32 | 2,010,658 | 3,526,371 | 1,607,182 |
| c | Net investment earnings, gains, and losses | 187,050 | 17 | 7,084,6 | | 56,724,046 | 34,925,196 | -2,990,194 |
| d | Grants or scholarships | 0 | | | 0 | 0 | 0 | 0 |
| е | Other expenditures for facilities and programs | 19,759,108 | 23 | 3,731,0 | 54 | 18,866,028 | 19,752,955 | 20,821,553 |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | 348,408,394 | 365 | 5,029,3 | 35 | 368,648,473 | 328,779,797 | 310,081,185 |
| 2 | Provide the estimated percentage of the | current year end ba | lance (lin | e 1g, c | olumn (a | a)) held as | | |
| а | Board designated or quasi-endowment | 16 740 % | | | | | | |
| b | Permanent endowment ► 35 220 % | | | | | | | |
| c | Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2d | 48 040 % should equal 100% | o | | | | | |
| 3а | Are there endowment funds not in the poorganization by | ssession of the orga | anızatıon t | hat ar | e held ar | nd administer | | Yes No |
| ь 4 | (i) unrelated organizations (ii) related organizations If "Yes" on 3a(II), are the related organic Describe in Part XIII the intended uses | | | | | | 38 | a(i) No a(ii) Yes 3b Yes |
| | rt VI Land, Buildings, and Equi | oment. | | | | | | |
| | Complete if the organization Description of property | answered 'Yes' to | | (a |) her basıs | Cost or othe | er Accumulated | (, line 10. (d)Book value |
| 1 a | Land | | | • | 4,687,722 | | | 14,687,722 |
| b | Buildings | | | 20: | 2,743,441 | | 66,221,534 | 136,521,907 |
| c | Leasehold improvements | | . [| | | | | |
| d | Equipment | | . | 29 | 9,165,424 | 1 | 26,646,855 | 2,518,569 |

24,106,867

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

10,711,422

164,439,620

13,395,445

| Part VII Investments—Other Securities. Com | nplete if the orga | anızatıon answered 'Yes | on Form 990, Part IV, line 11b. |
|---|-----------------------------|--|--|
| See Form 990, Part X, line 12. (a) Description of security or category (including name of security) | | (b)Book value | (c)Method of valuation Cost or end-of-year market value |
| (1)Financial derivatives | | | Cost of the of year market value |
| (2)Closely-held equity interests (3)O ther | | | |
| (A) SHORT-TERM INVESTMENTS | | 9,098,847 | F |
| (B) FIXED INCOME | | 23,214,841 | F |
| (C) NON U S EQUITY | | 41,801,808 | F |
| (D) MARKETABLE ALTERNATIVES | | 83,255,750 | F |
| (E) REAL ASSETS | | 24,094,421 | F |
| (F) PRIVATE EQUITY | | 134,010,029 | F |
| | | | |
| | | | |
| | | 245 475 606 | |
| Part VIII Investments—Program Related. | • | 315,475,696 | |
| Complete if the organization answered (a) Description of investment | 'Yes' on Form 9' | 90, Part IV, line 11c. _{Se} (b) Book value | e Form 990, Part X, line 13. (c) Method of valuation Cost or end-of-year market value |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | ▶ Description of the second | n Form OOO Bart IV line 1 | 1 d Coo Forms 000 Port V line 15 |
| Part IX Other Assets. Complete if the organization (a) Descri | | n Form 990, Part IV, line 1 | (b) Book value |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 | | | |
| Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25. | nızatıon answer | ed 'Yes' on Form 990, F | Part IV, line 11e or 11f. |
| 1. (a) Description of liability | (b) Book val | ue | |
| Federal income taxes | | 0 | |
| ADVANCES FROM FEDERAL GOVERNMENT | 1,603 | 3,538 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 1,603 | 3 5 3 8 | |
| 2. Liability for uncertain tax positions In Part XIII, provide | e the text of the fo | otnote to the organization's | |
| organization's liability for uncertain tax positions under FIN XIII $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | N 48 (ASC 740) (| neck here if the text of the | e rootnote has been provided in Part |

Schedule D (Form 990) 2015

1

2

b

d

е

3

5

84,502,190

-15,218,069

96,102,903

Schedule D (Form 990) 2015

1

2e

2e

3

17,343,402

-15,218,069

| 3 | Subtract line 2e from line 1 | 3 | 99,720,259 |
|------|--|-------|-------------|
| 4 | A mounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIII) | | |
| c | Add lines 4a and 4b | 4c | 17,357,729 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 117,077,988 |
| Part | Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | s pei | Return. |
| 1 | Total expenses and losses per audited financial statements | 1 | 96,102,903 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities 2a | | |
| b | Prior year adjustments | | |

2a

2b

2c

2d

2c

2d

4b

TREASURES, OR OTHER SIMILAR ASSETS HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE THERE IS NO FINANCIAL STATEMENT

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Net unrealized gains (losses) on investments

Donated services and use of facilities .

Recoveries of prior year grants .

Other (Describe in Part XIII)

Add lines 2a through 2d .

Other (Describe in Part XIII) Add lines 4a and 4b . c

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Subtract line 2e from line 1 .

4c 17,343,402 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 113,446,305

Supplemental Information

Part XIII

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

information Return Reference

Explanation SCHEDULE D, PART III, LINE 1A SFAS 116 THE ORGANIZATION ELECTED, AS PERMITTED UNDER SFAS 116, NOT TO REPORT IN ITS REVENUE STATEMENT AND BALANCE SHEET WORKS OF ART, HISTORICAL

FOOTNOTE DISCLOSURE THAT DESCRIBES THESE ITEMS

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE E**

(Form 990 or 990-EZ)

Treasury

As Filed Data -

DLN: 93493132008477

OMB No 1545-0047

Open to Public

Inspection

Schools

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

Department of the

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

Internal Revenue Service Name of the organization **Employer identification number** SPELMAN COLLEGE 58-0566243 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c \mathbf{d} Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

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

SCHEDULE E, LINE 3

SCHEDULE E. LINE 6A

Page 2

Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide

any other additional information (see instructions)

Return Reference

75-50

GOVERNMENT, STATE OF GEORGIA, AND OTHER STATES OTHER

GEORGIA. AND CITY OF ATLANTA

FINANCIAL AID ASSISTANCE FROM GOVERNMENTAL AGENCY THE FINANCIAL AID ASSISTANCE IS RECEIVED FROM THE FEDERAL

ASSISTANCE IS RECEIVED FROM FEDERAL GOVERNMENT, STATE OF

Explanation

RACIALLY NON-DISCRIMINATORY POLICY IS INCLUDED IN ALL BROCHURES AND CATALOGS IN ACCORDANCE WITH THE PROVISIONS OF REV PROC

Schedule E (Form 990 or 990-EZ) (2015)

RACIALLY NONDISCRIMINATORY POLICY A STATEMENT OF THE COLLEGE'S

| efile GRAPHIC print | - DO NOT | PROCESS | As Filed Da | ta - | | DLN: 9 | 3493132008477 |
|--|--------------|--|--|--|---------------------------|---|--|
| SCHEDULE F (Form 990) | Stat | ement of | Activities (| Outside the Un | ited St | ates | OMB No 1545-0047 |
| Department of the Treasury Internal Revenue Service | ▶ Informatio | · | Part IV, line ► Attach t | n answered "Yes" to For 14b, 15, or 16. o Form 990. nd its instructions is at | ŕ | ov/form990. | 2015 Open to Public Inspection |
| Name of the organization SPELMAN COLLEGE | | | | | | Employer identi | ification number |
| | | | | ne United States. orm 990, Part IV, lin | e 14b. | 7 30 0300213 | |
| - | ce, the gra | ntees' eligibil | | s to substantiate the ats or assistance, an | | - | √ Yes No |
| assistance outside | the United | States | | rocedures for monito | | - | s and other |
| 3 Activites per Region | (The follow | ing Part I, line | 3 table can be d | uplicated if additional s | pace is n | eeded) | |
| (a) Region | | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, gran to recipients located in the region) | prograr sp sts serv | ivity listed in (d) is a m service, describe pecific type of rice(s) in region | (f) Total expenditures for and investments in region |
| (1) Central America and Caribbean | the | 0 | 0 | Program Services | STUDY | ABROAD | 27,055 |
| (2) East Asia and the Pa | cıfıc | 0 | 0 | Program Services | STUDY | ABROAD | 49,781 |
| (3) Europe (Including Ico Greenland) | eland and | 0 | 0 | Program Services | STUDY | ABROAD | 220,815 |
| (4) South America | | 0 | 0 | Program Services | STUDY | ABROAD | 16,480 |
| (5) Sub-Saharan Africa | | 0 | 0 | Program Services | STUDY | ABROAD | 24,411 |
| 3a Sub-total b Total from continuati to Part I | on sheets | 0 | 0 | | | | 338,542 |
| c Totals (add lines 3a a | | 0 | 0 | | | | 338,542 |
| For Paperwork Reduction Act | Notice, see | the Instructions | for Form 990. | Ca | t No 500 | 182W Schedi | ıle F (Form 990) 2015 |

Schedule F (Form 990) 2015

| | and EIN (if applicable) | 5 | dıs burs ement | assistance | assistance | (book, FMV, appraisal, other) |
|-----|----------------------------|----------|----------------|------------|------------|-------------------------------|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Page 2

Schedule F (Form 990) 2015

| | duplicated if addit | | | ed States. Complete | ir the organization a | nswered "Yes" to Form | 990, Part IV, line 16. |
|---------------------------------|---------------------|--------------------------|------------------------------|------------------------------------|--|--|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) A mount of cash grant | (e) Manner of cash disbursement | (f) A mount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |

(5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Yes 8621)

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the

organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships Yes

(see Instructions for Form 8865)

Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form Yes 5713, do not file with Form 990) Νo

IJ No

method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Schedule F (Form 990) 2015

| Return Reference | Explanation |
|-------------------------------|--|
| SCHEDULE F, PART I, LINE 2 | STUDENT FINANCIAL AID STUDENT FINANCIAL AID AWARDS ARE AWARDED TO STUDENTS BY THE COLLEGE S OFFICE OF STUDENT FINANCIAL SERVICES AWARDS ARE BASED ON A NUMBER OF FACTORS INCLUDING, BUT NOT LIMITED TO, SCHOLARLY ACHIEVEMENT, DEMONSTRATED FINANCIAL NEED, AND ACADEMIC INTE RESTS FUNDS ARE PROVIDED BY SOURCES SUCH AS FEDERAL AND STATE GOVERNMENTS, PRIVATE DONORS SUCH AS CORPORATIONS, INDIVIDUALS AND FOUNDATIONS, THE COLLEGE'S ENDOWED FINANCIAL AID FU NDS, AND THE COLLEGES OPERATING BUDGET FINANCIAL AID AWARDS ARE MADE UP TO A LIMIT OF THE STUDENT'S FINANCIAL NEED INDIVIDUAL AWARDS ARE MONITORED EXTENSIVELY IN ORDER TO ENSURE THAT STUDENTS ARE MAKING SATISFACTORY ACADEMIC PROGRESS AND THAT THEY DO NOT RECEIVE MORE THAN THEIR DEMONSTRATED NEED ADJUSTMENTS ARE MADE WHEN APPROPRIATE |

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DLN: 93493132008477

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

| | ne of the organization ELMAN COLLEGE | | | | | | Employer iden | tification number |
|------------|---|--|------------------------------------|--|--------------------------------------|------------------|---|---|
| | | | | | | | 58-0566243 | |
| Pā | | ctivities. Complet ers are not require | | | ion answered "Yes" is part. | on Form | 990, Part IV, | line 17. |
| 1 | Indicate whether the orga | anızatıon raısed fund: | s through | any of the | following activities Ch | neck all tl | hat apply | |
| а | ✓ Mail solicitations | | | е | Solicitation of no | n-goverr | nment grants | |
| b | ☐ Internet and email so | olicitations | | f | Solicitation of go | vernmen | t grants | |
| c | | | | g | Special fundrais | ıng event | s | |
| d | 🗸 In-person solicitatio | ns | | | | | | |
| 2 a | Did the organization have or key employees listed i services? | | | | | | | s No |
| b | If "Yes," list the ten high to be compensated at lea | | | | sers) pursuant to agree | ments un | der which the fu | ndrais er is |
| | (i) Name and address of ındıvıdual or entity (fundraiser) | (ii) Activity | fundrai cust cont contrib | Did ser have ody or trol of putions? | (iv) Gross receipts from activity | (or re fundra | nount paid to etained by) iser listed in col (i) | (vi) A mount paid to (or retained by) organization |
| 1 | COX CURRY ASSOCIATES | FUNDRAISING CAMPAIGN | Yes | No No | | | 26,250 | |
| 2 | WASHBURN MCGOLDRICK INC | CAMPAIGN CONSULTANTS | | No | | | 28,017 | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| ot | al | • | | > | | | 54,267 | |

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

registration or licensing

| Pa | rt II Fundraising Events. Complete if the organization fundraising event contribution resources are then #5,000 | ns and gross income | Form 990, Part IV, line on Form 990-EZ, line | 18, or reported mo s 1 and 6b. List ever | re than \$15,000 of nts with gross |
|----------|--|---------------------------|---|---|--|
| | receipts greater than \$5,000 | . (a) Event #1 | (b) Event #2 | (c)O ther events | (d) Total events |
| | | (event type) | (event type) | (total number) | (add col (a) through col (c)) |
| Reverkie | | | | | |
| Seve | 1 Gross receipts | | | | |
| _ | 2 Less Contributions | | | | |
| | Gross income (line 1 minus | | | | |
| | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| Se | 6 Rent/facility costs | | | | |
| Expenses | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| Direct | 9 Other direct expenses | | | | |
| ā | 10 Direct expense summary Add lines 4 | through 9 in column (d | d) | | |
| | 11 Net income summary Subtract line 1 | 0 from line 3, column (| d) | | |
| Pal | Complete if the organization Form 990-EZ, line 6a. | answered "Yes" on | Form 990, Part IV, line | 19, or reported mo | re than \$15,000 on |
| Revenue | | (a)Bıngo | (b)Pull tabs/Instant bingo/progressive bingo | (c)O ther gaming | (d) Total gaming (add col (a) through col (c)) |
| æ | 1 Gross revenue | | | | |
| ses | 2 Cash prizes | | | | |
| Expens | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| Direct | 5 Other direct expenses | | | | |
| | other unect expenses | ┌ Yes % | ├ Yes% | | |
| | 6 Volunteer labor | ☐ No | │ No | ☐ No | |
| | 7 Direct expense summary Add lines 2 | 2 through 5 ın column (| d) | | |
| | 8 Net gaming income summary Subtra | ct line 7 from line 1, co | lumn (d) | | |
| 9 | Enter the state(s) in which the organizat | | | | Yes No |
| a b | Is the organization licensed to conduct If "No," explain | - | | | 165 110 |
| | | | | | |
| 10a | Were any of the organization's gaming li | censes revoked, suspe | nded or terminated during | the tax year? | ───────────────────────────────────── |
| Ь | · · · — | | | | |
| | | | | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Governments

Department of the

Internal Revenue Service

Treasury

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

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

► Attach to Form 990.

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

OMB No 1545-0047

2015

DLN: 93493132008477

Open to Public Inspection

| Name of the organization | | | | | | Employer identifie | cation number |
|---|--|---|-------------------------------------|---|--|---|---------------------------------------|
| SPELMAN COLLEGE | | | | | | 58-0566243 | |
| Part I General Informa | ation on Grants | and Assistance | | | | • | |
| Does the organization main the selection criteria used to Describe in Part IV the org. Part II Grants and Other As | to award the grants anızatıon's procedu | or assistance? ires for monitoring the i | | United States | | ssistance, and on Form 990, Part IV, line | ✓ Yes No |
| | | | dditional space is need | | Teation answered Tes | | 21, for any recipient |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | | (h) Purpose of grant or assistance |
| (1) WHOLISTIC STRESS CONTROL INSTITUTE INC 2545 BENJAMIN E MAYS DR SW ATLANTA ATLANTA, GA 30311 | 58-1786170 | 501(C)(3) | 243,933 | | N/A | N/A | SUB-CONTRACT |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
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Schedule I (Form 990) 2015

APPROPRIATE

| _ | | | | | | | |
|---|---|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | | | | | | | |
| Datum Datamana Fundamati | i | | | | | | |

| Part IV Supplemental | Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | | | | | | | | |
|--|---|--|---|--|---|--|--|--|--|
| Return Reference | Explanation | | | | | | | | |
| Schedule I, Part I, LINE 2 AND PART III | SERVICES AWARDS ARE BA DEMONSTRATED FINANCIA GOVERNMENTS, PRIVATE D | SED ON A NUMBER OF FA _ NEED, AND ACADEMIC 1 ONORS SUCH AS CORPOF :GE'S OPERATING BUDGE | CTORS INCLUDING, BU NTERESTS FUNDS ARE RATIONS, INDIVIDUAL T FINANCIAL AID AWA | JT NOT LIMITED TO, SCHOL E PROVIDED BY SOURCES S .S AND FOUNDATIONS, THE ARDS ARE MADE UP TO A LI | UCH AS FEDERAL AND STATE COLLEGE'S ENDOWED FINANCIAL MIT OF THE STUDENT'S FINANCIAL | | | | |

Page **2**

Schedule J (Form 990)

Department of the

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

DLN: 93493132008477 OMB No 1545-0047

Open to Public

| Treas | ury nal Revenue Service | , | | | | insp | ectio | n |
|-------|------------------------------------|---|----------|--|---------------|------------|-------|-----|
| | me of the organiz | • | | Employer | identificatio | n nur | nber | |
| SPE | ELMAN COLLEGE | | | | | | | |
| Da | rt I Questi | ions Regarding Compensation | | 58-0566 | 243 | | | |
| FC | Questi | ions Regarding Compensation | | | | | Yes | No |
| 1a | Check the ann | roplate hov(es) if the organization provid | ed an | y of the following to or for a person listed on F | orm [| | 163 | NO |
| La | | | | de any relevant information regarding these it | | | | |
| | First-clas | ss or charter travel | ~ | Housing allowance or residence for personal | use | | | |
| | Travel for | companions | Ē | Payments for business use of personal resid | lence | | Ì | Ì |
| | Taxidem | nification and gross-up payments | ~ | Health or social club dues or initiation fees | | | Ì | Ì |
| | Discretio | nary spending account | ~ | Personal services (e g , maid, chauffeur, che | ef) | | | Ì |
| | | | | | | | | |
| b | | | | on follow a written policy regarding payment o above? If "No," complete Part III to explain | r | 1 b | Yes | |
| 2 | | zation require substantiation prior to rein | | | _ | | | |
| | directors, trust | tees, officers, including the CEO/Execut | ive Di | rector, regarding the items checked in line 1a | 1' | 2 | Yes | |
| | | | | | | | | |
| 3 | | , if any, of the following the filing organization CEO/Executive Director Check all that | | used to establish the compensation of the Do not check any boxes for methods | | | | |
| | | | | the CEO/Executive Director, but explain in Pa | art III | | | |
| | ✓ Compens | ation committee | ~ | Written employment contract | | | | |
| | ✓ Independ | ent compensation consultant | ~ | Compensation survey or study | | | | |
| | ✓ Form 990 | of other organizations | ~ | Approval by the board or compensation com | mittee | | | |
| | | | | | | | | |
| 4 | During the yea or a related org | | rt VII | , Section A , line 1a with respect to the filing o | organization | | | |
| а | Receive a seve | erance payment or change-of-control pay | ment | 7 | | 4 a | | No |
| b | Participate in, | or receive payment from, a supplementa | I nond | qualified retirement plan? | | 4b | Yes | |
| c | Participate in, | or receive payment from, an equity-base | d cor | npensation arrangement? | | 4c | | No |
| | If "Yes" to any | of lines 4a-c, list the persons and provi | de the | e applicable amounts for each item in Part III | • | | | |
| | | | | | | | | |
| _ | |), 501(c)(4), and 501(c)(29) organization | | • | | | | |
| 5 | • | eted on Form 990, Part VII, Section A, li contingent on the revenues of | пета | , did the organization pay of accrue any | | | | |
| а | The organization | on? | | | | 5a | | No |
| b | Any related ord | | | | - | 5b | | No |
| | | e 5a or 5b, describe in Part III | | | • | | | |
| 6 | For persons lis | ted on Form 990, Part VII, Section A, li | ne 1a | , did the organization pay or accrue any | | | | |
| | compensation | contingent on the net earnings of | | | | | | |
| а | The organization | on? | | | | 6 a | | Νo |
| b | Any related org | - | | | | 6b | | Νo |
| | | e 6a or 6b, describe in Part III | | | | | | |
| 7 | | ted on Form 990, Part VII, Section A, li described in lines 5 and 6? If "Yes," des | | , did the organization provide any non-fixed in Part III | | 7 | | Νo |
| 8 | | unts reported on Form 990, Part VII, pai | | ccured pursuant to a contract that was tions section 53 4958-4(a)(3)? If "Yes," des | cribo | | | |
| | in Part III | iliniai contract exception described in Re | =yuidi | ions section 33 4330-4(d)(3)/ 11 Tes," des | cribe | 8 | | No |
| 9 | If "Yes" on line section 53 495 | | ebutta | ible presumption procedure described in Regu | ılatıons | 9 | | 110 |

| ruge z | | | | | | | | | |
|--|---|--------------------|----------------|----------------------|---------------------|--|--|--|--|
| Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. | | | | | | | | | |
| ınstructions, on row (II) Do not list ar | tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F | ., | - | · | | | | | |
| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in | | | | |

| (A) Name and Title | (B) Breakdown o | f W-2 and/or 1099-MIS | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in |
|--------------------|-----------------------|-----------------------|------------------|--------------------|------------------------|----------------------|----------------------|
| | - | (ii) | (ıiı) | other deferred | benefits | (B)(ı)-(D) | column(B) reported |
| | Base (1) compensation | Bonus & incentive | Other reportable | compensation | | | as deferred on prior |
| | (i) compensation | compensation | compensation | | | | Form 990 |

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

Page 2

| Jenedale 3 (Form 330) 2013 | r age 3 | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|
| Part III Supplemental Info | ormation | | | | | | | | | |
| 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 | | | | | | | | | | |
| Return Reference | Explanation | | | | | | | | | |
| SCHEDULE J, PART I, LINE 1A | HEALTH/SOCIAL CLUB DUES SOCIAL CLUB DUES WERE PAID FOR SCHMIDT-CAMPBELL IN THE AMOUNT OF \$2,987 THE VALUE OF THESE DUES WAS NOT TREATED AS TAXABLE COMPENSATION HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE HOUSING VALUED AT \$16,937 WAS PROVIDED TO BEVERLY DANIEL TATUM HOUSING VALUED AT \$12,098 WAS PROVIDED TO MARY SCHMIDT CAMPBELL THE VALUE OF THE HOUSING WAS NOT TREATED AS OTHER TAXABLE COMPENSATION PERSONAL SERVICES A DRIVER WAS PROVIDED FOR BEVERLY DANIEL TATUM THE VALUE WAS NOT TREATED AS TAXABLE COMPENSATION CHAUFFEUR SERVICES WERE PROVIDED TO MARY SCHMIDT CAMPBELL THE VALUE WAS NOT TREATED AS TAXABLE COMPENSATION | | | | | | | | | |
| SCHEDULE J. PART I. LINE 4B | PRESIDENT'S OTHER REPORTABLE COMPENSATION BEVERLY DANIEL TATUM'S OTHER REPORTABLE COMPENSATION ON PART II. COLUMN | | | | | | | | | |

Page 3

Schedule J (Form 990) 2015

Schedule 1 (Form 990) 2015

B(III) IS COMPOSED OF \$18,000, WHICH IS 457(B) DEFERRED COMPENSATION PAID 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) FORFEITABLE DEFERRED COMPENSATION PAYABLE IN ACCORDANCE WITH HER EMPLOYMENT CONTRACT

Software ID: Software Version:

EIN: 58-0566243

Name: SPELMAN COLLEGE

| Form 990, Schedule J, Part | t II | - Officers, Directo | ors, Trustees, Key | Employees, and | Highest Compens | ated Employees | T | | |
|---|---------|----------------------|----------------------|------------------|--------------------------------|----------------|----------------------|------------------------------------|--|
| (A) Name and Title | | (B) Breakdown o | f W-2 and/or 1099-MI | | (C) Retirement and | | (E) Total of columns | (F) Compensation in | |
| | | (i) | (ii) | (iii) | other deferred compensation | benefits | (B)(ı)-(D) | column (B) reported as deferred | |
| | | Base Compensation | Bonus & Incentive | Other reportable | Compensation | | | on prior Form 990 | |
| | | Compensation | compensation | compensation | | | | ' | |
| 1BEVERLY DANIEL TATUM PRESIDENT EMERITA | (1) | 375,705 | 0 | 18,000 | 76,026 | 52,629 | 522,360 | 0 | |
| | (11) | -0 | - | | - | - | - | - | |
| 1ROBERT D FLANIGAN JR | (1) | 350,387 | 0 | 0 | 16,841 | 35,159 | 402,387 | 0 | |
| VP BUSINESS&FINANCE/TREASURER | (11) | | | | | | | <u>-</u> | |
| | \perp | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2JOHNNELLA BUTLER PROVOST | (1) | 232,495 | 0 | 0 | 15,183 | 29,222 | 276,900 | 0 | |
| | (11) | - 0 | · - 0 | | - 0 | <u>-</u> 0 | | - 0 | |
| 3ELOISE ALEXIS | (1) | 161,623 | 0 | 0 | 5,851 | 9,543 | 177,017 | 0 | |
| VP COLLEGE RELATIONS THRU 7/31 | (11) | | | | | <u>-</u> | | | |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4 KASSANDRA JOLLEY VP FOR DEVELOPMENT | (1) | 235,438 | 0 | 0 | 14,862 | 27,628 | 277,928 | 0 | |
| | (11) | 0 | · 0 | 0 | 0 | _ 0 | o | - 0 | |
| 5DELORES BARTON VP & CHIEF INFORMATION | (1) | 165,153 | 0 | 0 | 10,888 | 18,589 | 194,630 | 0 | |
| OFFICER | (11) | - | - | | | - | | - | |
| 6MYRA BURNETT | (1) | 202,033 | 0 | 0 | 13,395 | 27,867 | 243,295 | 0 | |
| INTERIM PROVOST | (11) | | | | 13,393 | | 243,293 | | |
| | (") | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 7 RHONDA HONEGAN DIR OF INVESTMENTS | (1) | 151,429 | 0 | 0 | 10,299 | 18,026 | 179,754 | 0 | |
| | (11) | - 0 | - 0 | | - 0 | - 0 | | - 0 | |
| 8DARNITA KILLIAN VP FOR STUDENT AFFAIRS | (1) | 170,403 | 0 | 0 | 11,317 | 25,591 | 207,311 | 0 | |
| | (11) | <u>-</u> | | | | - | | - | |
| 9INGRID HAYES | (1) | 155,262 | 0 | 0 | 10,697 | 23,178 | 189,137 | 0 | |
| VP FOR ENROLLMENT MANAGEMENT | (11) | | | | 10,697 | 23,176 | 169,137 | | |
| | (, | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10 JANE SMITH VP FOR COLLEGE RELATIONS | (1) | 142,761 | 0 | 0 | 9,197 | 15,681 | 167,639 | 0 | |
| | (11) | - 0 | | | | -0 | | - 0 | |
| 11TOMIKA DEPRIEST DIR OF COMMUNICATIONS | (1) | 172,890 | 0 | 0 | 3,862 | 6,910 | 183,662 | 0 | |
| | (11) | - | - | | - | - | - | - | |
| 12BERNADETTE COHEN | (1) | 148,639 | 0 | 0 | 9,590 | 16,707 | 174,936 | 0 | |
| DIR OF HUMAN RESOURCES | (11) | | | | | | | | |
| 12HELCA CREFNITITI D | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 13HELGA GREENFIELD ASSOC DIR OF GOV'T RELATIONS | (1) | 140,961 | 0 | 0 | 9,198 | 16,572 | 166,731 | 0 | |
| | (11) | 0 | 0 | · - o | - 0 | 0 | 0 | 0 | |
| 14GLORIA WADE - GAYLES PROFESSOR | (1) | 142,877 | 0 | 0 | 9,410 | 12,958 | 165,245 | 0 | |
| | (11) | <u>-</u> | - | | - | - | - | - 0 | |
| 15MARY SCHMIDT CAMPBELL PRESIDENT | (1) | 175,101 | 0 | 0 | 2,479 | 16,025 | 193,605 | 0 | |
| | (11) | | - | | | | | | |
| | | <u> </u> |] 0 |] 0 | 0 | 0 |] 0 | 0 | |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

OMB No 1545-0047

DLN: 93493132008477

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Schedule K

(Form 990)

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

Employer identification number

| | ELMAN COLLEGE | | | | | | | | | | -05662 | | | iibei | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|--|-----------------------|--------------|-----------------|-------------------|---------|----------------------------|---------|--|-----------|----------------------------|-------|----------------------------|----------|---------|--|---------------------|--|---------------|--|------|--|------|--|------|--|------|--|------|--|------|--|------|--|------|--|------|--|------|--|------|--|------|--|------|--|------|--|------|--|--|--|------|--|
| Р | art I Bond Issues | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP# | (d) Date issued | (e) Issue price (| | (e) Issue price (f) Descri | | ued (e) Issue price (f) Description of pui | | (f) Description of purpose | | (f) Description of purpose | | feased | | On alf of uer | | Pool ncing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Yes | No | Yes | No | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | DEVELOPMENT AUTHORITY OF FULTON COUNTY | 58-1506878 | 359900TAS | 03-21-2007 | 64,0 | 41,214 | SEE PART VI | | | × | | × | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| В | DEVELOPMENT AUTHORITY OF FULTON COUNTY | 58-1506878 | | 09-01-2009 | 1,5 | 00,000 | SEE | PART VI | | | Х | | Х | | Х | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| С | DEVELOPMENT AUTHORITY OF FULTON COUNTY | 58-1506878 | | 09-01-2009 | 6,1 | 00,000 | SEE | PART VI | | | х | | Х | | Х | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | DEVELOPMENT AUTHORITY OF FULTON COUNTY | 58-1506878 | 3599002LO | 04-19-2012 | 28,3 | 49,973 | SEE | PART VI | | | Х | | Х | | Х | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pa | art II Proceeds | 1 | ı | | | | | | | | ' | | l | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | A | | E | 3 | | С | | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | A mount of bonds retired | | | | | 62,455 | ,000 | | 1,200,000 | | 2,00 | 0,000 | | 5, | 205,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _2 | A mount of bonds legally defeas | sed | | | | | 0 | | 0 | | | 0 | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Total proceeds of issue | | | | | 68,883 | ,486 | | 1,500,000 | 6,100,000 | | | 28,349,973 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Gross proceeds in reserve fund | | | | | | 0 | | 0 | | | 0 | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Capitalized interest from proce | eds | | | | 3,777 | ,739 | | 0 | | | 0 | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Proceeds in refunding escrows | | | | | | 0 0 | | | 0 | | | | 18, | 272,757 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Issuance costs from proceeds | | | | | 754 | 1,073 0 | | 0 | | | | | 460,658 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Credit enhancement from proc | eeds | | | | | 0 | | 0 | | | 0 | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Working capital expenditures f | rom proceeds | | | | | 0 | | 0 | | | 0 | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Capital expenditures from proc | eeds | | | | 54,773 | ,104 | | 0 | | | 0 | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Other spent proceeds | | | | | 9,578 | ,570 | | 1,500,000 | | 6,10 | 0,000 | | 9, | 616,557 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Other unspent proceeds | | | • | | | 0 | | 0 | | | 0 | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Year of substantial completion | | 2009 1999 | | 2009 | | 2009 | | 1999 | | 1999 | | 1999 | | 1999 | | 1999 | | 1999 | | 1999 | | 1999 | | 2004 | | 2004 | | 2004 | | 2004 | | 2004 | | 2004 | | 2004 | | 2004 | | 2004 | | 2004 | | 2004 | | 2004 | | 2004 | | | | 2012 | |
| | | | | | Yes | No |) | Yes | No | Yes | ı | No. | Yes | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Were the bonds issued as part | of a current refundir | ngıssue? | | х | | | Х | | X | | | Х | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Were the bonds issued as part | of an advance refun | iding issue? | | | Х | | | х | | | x | Х | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Has the final allocation of proc | eeds been made?. | | | | х | | Х | | Х | | | Х | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Does the organization maintain allocation of proceeds? | n adequate books an | | ort the final | × | | | х | | х | | | Х | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pa | rt IIII Private Business U | se | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Yes | A No | + | Vos | | Yes | <u>c</u> | Jo | Yes | D | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | tes | NO | , | Yes | No | res | l r | No o | T es | · [| No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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

Χ

Х

Χ

Х

Х

| | , | | | Α | | В | | С | | D |
|-------------------|--|--------------|-----|---------|-----|---------|-----|-----|-----|-----|
| | | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private of bond-financed property? | business use | Х | | Х | | | Х | х | |
| b prope | If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina erty? | | x | | Х | | | | × | |
| С | Are there any research agreements that may result in private business use financed property? | e of bond- | | × | Х | | | х | | × |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed propert | | | | Х | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | | 0 420 % | | 2 900 % | | 0 ' | % | 0 % |
| 5 | Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government | ersection | | | | | | | | |
| 6 | Total of lines 4 and 5 | | | 0 420 % | | 2 900 % | | | | |
| 7 | Does the bond issue meet the private security or payment test? | | | Х | | Х | | Х | | Х |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. | | | х | | х | | × | | х |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or | disposed of | | • | | • | | • | | • |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | | | х | | х | | Х | | x |
| 9 | Has the organization established written procedures to ensure that all noncombonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2? | | × | | x | | X | | × | |
| Par | t IV Arbitrage | | • | • | | | | • | • | • |
| | | Α. | | | В | | С | | D | |
| | | Yes | No | Yes | No | Ye | 5 | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | × | | Х | | × | | | | X |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | | |
| а | Rebate not due yet? | | | | | | | | Х | |
| b | Exception to rebate? | | | | | | | | | X |
| С | No rebate due? | | | | | | | | | X |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | Х | Х | | Х | | | | X |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | Х | | х | | | Х | | X |
| b | Name of provider | 0 | | 0 | | 0 | | 0 | | |
| С | Term of hedge | | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | | |
| e | Was the hedge terminated? | | | | | | | | | |
| | | | | | | | | | | |

| | · · · · · · · · · · · · · · · · · · · | | | | | | | | <u> </u> | _ |
|-----|---|------------------------|-------|-----|----|-----|----|-----|----------|---|
| Par | t IV Arbitrage (Continued) | | | | | | | | | |
| | | Α | | В | | С | | D | | _ |
| | | Yes | No | Yes | No | Yes | No | Yes | No | |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | Х | | | × | | X | | x | |
| b | Name of provider | HYPE PUBLIC FINANCE | Ĉ | 0 | | 0 | | 0 | | |
| С | Term of GIC | | 220 % | | | | | | | _ |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | x | | | | | | | | |
| 6 | Were any gross proceeds invested beyond an available temporary period? | | Х | | × | | X | | × | |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | × | | X | | × | | × | | |
| | | • | | • | • | | • | • | | - |

Part V Procedures To Undertake Corrective Action

| | Α | | <u> В</u> | | C | | D | |
|---|-----|----|-----------|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | | х | | x | | х | | × |

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|------------------------|--|
| DESCRIPTION OF PURPOSE | SCHEDULE K, PART I, COLUMN F DEVELOPMENT AUTHORITY OF FULTON COUNTY A-1 CONSTRUCTION OF IMPROVEMENTS TO COLLEGE FACILITIES, INCLUDING A NEW DORMITORY AND CAMPUS INFRASTRUCTURE, 2007 PROCEEDS USED \$54,773,104 2 CURRENT REFUNDING OF A PORTION OF PRIVATE COLLEGES AND UNIVERSITIES AUTHORITY REVENUE BONDS (SPELMAN COLLEGE PROJECT), SERIES 1994, ISSUANCE DATE JULY 21, 1994, PROCEEDS USED \$5,085,377 3 CURRENT REFUNDING OF PROMISSORY NOTE, ISSUED NOVEMBER 17, 2004, 2007 PROCEEDS USED \$4,493,194 B- REISSUANCE OF DEVELOPMENT AUTHORITY OF FULTON COUNTY ADJUSTABLE RATE DEMAND REVENUE BONDS (SPELMAN COLLEGE PROJECT), SERIES 1996 (TREATED AS CURRENT REFUNDING), ISSUE DATE DECEMBER 1, 1996 C- REISSUANCE OF DEVELOPMENT AUTHORITY OF FULTON COUNTY ADJUSTABLE RATE DEMAND REVENUE BONDS (SPELMAN COLLEGE PROJECT), SERIES 1999 (TREATED AS CURRENT REFUNDING), ISSUE DATE NOVEMBER 19, 1999 D-1 ADVANCE REFUNDING OF A PORTION OF PRIVATE COLLEGES AND UNIVERSITIES REVENUE BONDS (SPELMAN COLLEGE PROJECT) SERIES 2003, ISSUE DATE JANUARY 30, 2003, PROCEEDS USED \$18,272,757 2 CURRENT REFUNDING OF PROMISSORY NOTE ISSUED OCTOBER 29, 2008, 2012 PROCEEDS USED \$6,440,526 3 CURRENT REFUNDING OF PROMISSORY NOTE, ISSUE DATE FEBRUARY 28, 2010, 2012 PROCEEDS USED \$3,192,547 PRIVATE COLLEGES & UNIVERSITY AUTHORITY A-1 CONSTRUCTION, RENOVATIONS AND EQUIPPING OF COLLEGE FACILITIES, 2003 PROCEEDS USED \$23,660,980 2 ADVANCE REFUNDING OF A PORTION OF PRIVATE COLLEGE AND UNIVERSITIES REVENUE BONDS (SPELMAN COLLEGE PROJECT), SERIES 1994, ISSUANCE DATE JULY 21, 1994, 2003 PROCEEDS USED \$6,213,020 |

| Return Reference | Explanation |
|-------------------------------|--|
| TOTAL PROCEEDS OF ISSUE | SCHEDULE K, PART II, LINE 3 DEVELOPMENT AUTHORITY OF FULTON COUNTY B - THIS WAS A REISSUANCE OF THE SERIES 1996 BONDS AND NO CASH PROCEEDS WERE GENERATED THE REISSUANCE WAS TREATED AS A CURRENT REFUNDING C - THIS WAS A REISSUANCE OF THE SERIES 1999 BONDS AND NO CASH PROCEEDS WERE GENERATED THE REISSUANCE OF THE SERIES 1999 BONDS AND NO CASH PROCEEDS WERE GENERATED THE REISSUANCE WAS TREATED AS A CURRENT REFUNDING |

| Return Reference | Explanation |
|----------------------------|--|
| EXPLANATION OF VARIANCE | SCHEDULE K, PART II, LINE 3 The Part I, Column (e) Issue price does not agree with the Part II, line 3 Total proceeds of Issue for certain bonds due to the Inclusion of Interest and other Investment earnings on the proceeds accounts |

ı

| Return Reference | Explanation |
|-----------------------------------|---|
| SCHEDULE K, PART II, LINE 9 | PRIVATE COLLEGES & UNIVERSITY AUTHORITY A - TOTAL CAPITAL EXPENDITURES OF \$24,835,937 INCLUDES CAPITALIZED INTEREST OF \$1,174,957 B - TOTAL CAPITAL EXPENDITURES OF \$58,550,843 INCLUDES CAPITALIZED INTEREST OF \$3,777,739 |

i

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

As Filed Data efile GRAPHIC print - DO NOT PROCESS Schedule K

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990.

2015

DLN: 93493132008477 OMB No 1545-0047

Open to Public

Internal Revenue Service

Department of the Treasury

(Form 990)

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

Name of the organization Employer identification number SPELMAN COLLEGE 58-0566243 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (d) Date issued (a) Issuer name (e) Issue price (f) Description of purpose (g) Defeased (h) O n (i) Pool behalf of financing ıssuer Yes No Yes No Yes No PRIVATE COLLEGES & 58-1407790 74265LQB7 01-30-2003 30,800,673 | SEE PART VI Х Х Х UNIVERSITY AUTHORITY **Proceeds** Part II С D 8,950,000 2 17.010.000 Total proceeds of issue 3 31,540,044 1,174,857 6 Issuance costs from proceeds 487,968 8 0 9 Ω 10 23,664,199 11 6,213,020 12 13 2007 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? . . . Х 14 Were the bonds issued as part of an advance refunding issue? Χ 15 Has the final allocation of proceeds been made? Χ 16 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? Χ **Private Business Use** Part III Α В C D Yes No Yes No Yes No Yes No

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

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

| | | | | 1 | | 3 | | С | | D |
|-------|--|-------------|-----|-----|-----|----|-----|----|-----|----|
| | | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private but of bond-financed property? | usiness use | × | | | | | | | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or o | | | | | | | | | |
| prope | counsel to review any management or service contracts relating to the finanrty? | ced | X | | | | | | | |
| С | Are there any research agreements that may result in private business use financed property? | of bond- | | х | | | | | | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or o counsel to review any research agreements relating to the financed property | | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government . | | | 0 % | | | | | | • |
| 5 | Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government | section | | | | | | | | |
| 6 | Total of lines 4 and 5 | | | | | | | | | |
| 7 | Does the bond issue meet the private security or payment test? | | | Х | | | | | | |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | | х | | | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or di | sposed of | | | | | | • | | |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations so 1 141-12 and 1 145-2? | ections | | × | | | | | | |
| 9 | Has the organization established written procedures to ensure that all nonque bonds of the issue are remediated in accordance with the requirements unde Regulations sections 1 141-12 and 1 145-2? | | х | | | | | | | |
| Par | IV Arbitrage | | | | | | | | | |
| | | А | | | В | | С | | D | |
| | | Yes | No | Yes | No | Ye | s | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | X | | | | | | | | |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | | |
| a | Rebate not due yet? | | | | | | | | | |
| b | Exception to rebate? | | | | | | | | | |
| С | No rebate due? | | | | | | | | | |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | Х | | | | | | | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | Х | | | | | | | |
| b | Name of provider |) | | | | | | | | |
| С | Term of hedge | | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | | |
| e | Was the hedge terminated? | | | | | | | | | |
| | | | | | | | | | | |

Has the organization established written procedures to monitor the requirements of section 148? . . . **Procedures To Undertake Corrective Action** No No No Yes Yes Yes Yes No Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified

and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

As Filed Data efile GRAPHIC print - DO NOT PROCESS Schedule K

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990.

2015

DLN: 93493132008477 OMB No 1545-0047

Open to Public

Internal Revenue Service

(Form 990)

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

Department of the Treasury

Name of the organization Employer identification number SPELMAN COLLEGE 58-0566243 Part I **Bond Issues** (c) CUSIP # (d) Date issued (g) Defeased (a) Issuer name (b) Issuer EIN (e) Issue price (f) Description of purpose (h) O n (i) Pool behalf of financing ıssuer Yes No Yes No Yes No DEVELOPMENT AUTHORITY 58-1506878 3599006W2 04-21-2015 60,338,401 | SEE PART VI Х Х Х OF FULTON COUNTY **Proceeds** Part II С D Ω 2 Total proceeds of issue 3 60,338,401 6 655,536 8 0 9 Ω 10 11 59,682,865 12 13 2017 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? . . . Х 14 Were the bonds issued as part of an advance refunding issue? Χ 15 Has the final allocation of proceeds been made? 16 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? **Private Business Use** Part III Α В C D Yes No Yes No Yes No Yes No

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

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

| | | | | ١ | | В | C | | | D |
|-------|--|--------------|-----|-----|-----|----|-----|----|-----|----|
| | | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private of bond-financed property? | business use | | x | | | | | | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina | | | | | | | | | |
| prope | , | | | | | | | | | |
| С | Are there any research agreements that may result in private business use financed property? | e of bond- | | × | | | | | | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed propert | | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government | | | 0 % | | | | • | | |
| 5 | Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government | ersection | | | | | | | | |
| 6 | Total of lines 4 and 5 | | | | | | | | | |
| 7 | Does the bond issue meet the private security or payment test? | | | Х | | | | | | |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | | х | | | | | | |
| b | | | | | | | | | | |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-27 | | | × | | | | | | |
| 9 | Has the organization established written procedures to ensure that all noncombonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2? | • | × | | | | | | | |
| Par | t IV Arbitrage | | | | | | | | | |
| | | Α. | | | В | | С | | D | |
| | | Yes | No | Yes | No | Υe | es | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | × | | | | | | | |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | | |
| а | Rebate not due yet? | Х | | | | | | | | |
| b | Exception to rebate? | | х | | | | | | | |
| С | No rebate due? | | Х | | | | | | | |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | Х | | | | | | | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | х | | | | | | | |
| b | Name of provider | 0 | | | • | | • | | - | |
| С | Term of hedge | | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | | |
| е | Was the hedge terminated? | | | | | | | | | |
| | | | | | | | | | | |

Procedures To Undertake Corrective Action No No No Yes Yes Yes Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified

and corrected through the voluntary closing agreement program if

self-remediation is not available under applicable regulations?

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Yes

No

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE M

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

(Form 990)

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

DLN: 93493132008477

OMB No 1545-0047 **2015**

| reas | rtment of the sury nal Revenue Service | | | | | • | Insp | ectio | n |
|---|--|---------------------|----------------------------------|---|--|--------------------------------|---------|---------|------------------|
| lam | ne of the organiza MAN COLLEGE | tion | | | | Employer identifica | tion nu | ımber | |
| ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | TAN COLLEGE | | | | | 58-0566243 | | | |
| Pā | rt I Types | of Property | | | | | | | |
| | | | (a) Check If applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line | Method of c noncash contril | letermi | _ | its |
| 1 | Art—Works of a | rt | | | | | | | |
| 2 | Art—Historical | treasures . | | | | | | | |
| 3 | Art—Fractional | interests | | | | | | | |
| 4 | Books and publi | ications | | | | | | | |
| 5 | Clothing and ho goods | usehold | | | | | | | |
| 6 | Cars and other | vehicles | | | | | | | |
| 7 | Boats and plane | es | | | | | | | |
| 8 | Intellectual pro | perty | | | | | | | |
| | Securities—Pub | • | | | | | | | |
| | | sely held stock . | | | | | | | |
| | Securities—Part or trust interest | ts | | | | | | | |
| | Securities—Mis | | | | | | | | |
| 13 | Qualified conse contribution—H structures . | ıstorıc | | | | | | | |
| 14 | Qualified conse contribution—O | | | | | | | | |
| 15 | Real estate—Re | sidential . | | | | | | | |
| 16 | Real estate—Co | mmercial | | | | | | | |
| 17 | Real estate—Ot | her | | | | | | | |
| | Collectibles . | | | | | | | | |
| | Food inventory | | | | | | | | |
| | Drugs and medi | | | | | | | | |
| | Taxidermy . | | | | | | | | |
| | Historical artifa | | | | | | | | |
| | Scientific speci | | | | | | | | |
| | Archeological a | rtifacts | | _ | 0.045 | LEMY. | | | |
| | Other►(FARTII) | | X | 5 | 8,913 | FMV | | | |
| | Other ▶ (| | | | | | | | |
| | Other ► (| | | | | | | | |
| | Other ► (| | | | | | | | |
| | Number of Form | | | nization during the tax yea 283, Part IV, Donee Ackn | | 29 | | | |
| | | | | . , , | Ü | | | Yes | No |
| 30a | During the year | r, did the organiza | ation receiv | e by contribution any prope | erty reported in Part I, lines | 1 through 28, that | | | |
| | it must hold for | at least three ve | ars from th | e date of the initial contribu | ition, and which is not requ | ired to be used | | | 1 |
| | | · | | period? | | | 30- | | \ _N . |
| | | • | | | | | 30a | | Νo |
| D | ı i res, aescr | ibe the arrangem | entin Part. | 11 | | | | | \ |
| 31 | Does the organ | nization have a gif | ft acceptan | ce policy that requires the | review of any non-standard | contributions? | 31 | Yes | <u> </u> |
| 32a | - | | • | les or related organizations | | | 379 | Yes | |
| | | | | | | | , J20 | 1 1 0 3 | 1 |

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

b If "Yes," describe in Part II

describe in Part II

Schedule M (Form 990) (2015)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990 or Complete to provide information for responses to specific questions on 990-EZ) Form 990 or 990-EZ or to provide any additional information.

2015

OMB No 1545-0047

Open to Public Inspection

DLN: 93493132008477

► 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.

Employer identification number 58-0566243

990 Schedule O, Supplemental Information

Department of the

Internal Revenue

Name of the organization SPELMAN COLLEGE

Treasury

Service

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, QUESTION 11 | FORM 990 REVIEW PROCESS A REPRESENTATIVE OF KPMG WILL PRESENT THE 990 TO THE BUDGET AND FINANCE COMMITTEE OF THE BOARD OF TRUSTEES THE CHAIRMAN OF THE BUDGET AND FINANCE COMMITTEE WILL PRESENT THE DRAFT 990 TO THE FULL BOARD OF TRUSTEES THE FINAL COPY OF THE 990 WILL BE PLACED ON THE TRUSTEES INTRANET FOR THEIR REVIEW PRIOR TO FILING WITH THE IRS |
| FORM 990, PART VI, SECTION B, QUESTION 12C | CONFLICT OF INTEREST POLICY EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSU RE UPON THEIR INITIAL HIRING THE COLLEGE HAS A WRITTEN CONFLICT OF INTEREST POLICY IN ITS EMPLOYEE HANDBOOK IF HUMAN RESOURCES BECOMES AWARE OF A CONFLICT, THE EMPLOYEE IS NOTIFI ED AND REQUIRED TO SUBMIT A CONFLICT OF INTEREST STATEMENT, WHICH IS FILED IN THE EMPLOYEE 'S PERSONNEL FILE ALL TRUSTEES, BOARD REPRESENTATIVES AND SENIOR TEAM MEMBERS MUST COMPLE TE AND SIGN A CONFLICT OF INTEREST FORM ON AN ANNUAL BASIS COMPLIANCE IS MONITORED AND A SUMMARY IS PROVIDED TO THE SECRETARY OF THE BOARD |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, QUESTIONS 15A AND 15B | PROCESS FOR DETERMINING COMPENSATION THE COMPENSATION OF THE COLLEGE'S PRESIDENT IS DETERMINED AS FOLLOWS COMPARABILITY STUDIES ARE PERFORMED BY AN INDEPENDENT THIRD PARTY COMPENSATION CONSULTANT IT IS THE COLLEGE'S GOAL THAT THE PRESIDENT'S COMPENSATION BE IN THE 50TH-75TH PERCENTILE OF THE COLLEGES AND UNIVERSITIES USED IN THE COMPARABILITY SURVEY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THE RECOMMENDATIONS MADE BY THE COMPENSATION CONSULTANT AND MAKES A RECOMMENDATION TO THE FULL BOARD OF TRUSTEES VOTES ON THE PRESIDENT'S COMPENSATION PACKAGE WITH RESPECT TO OTHER OFFICERS AND KEY EMPLOYEES, THE COMPENSATION OF THESE INDIVIDUALS IS DETERMINED BY THE PRESIDENT THE PRESIDENT RECOMMENDS THE COMPENSATION FOR THESE INDIVIDUALS THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS AND APPROVES THE COMPENSATION FOR THESE INDIVIDUALS, COMPENSATION STUDIES ARE PERFORMED BY AN INDEPENDENT THIRD PARTY FIRM OR THE COLLEGE'S HUMAN RESOURCES DEPARTMENT |
| FORM 990, PART VI, SECTION C, QUESTION 19 | MAKING DOCUMENTS AVAILABLE TO THE PUBLIC SPELMAN COLLEGE DOES NOT MAKE GOVERNING DOCUMENTS , CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC HOWEVER, D OCUMENTS ARE AVAILABLE UPON REQUEST |

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990 PART XII OTHER CHANGES IN NET ASSETS CHANGE IN VALUE OF SPLIT INTEREST TRUSTS (14 327)

| LINE 9 | The control of the co |
|--------------------|--|
| FORM 990, PART VII | BOARD MEMBER SERVICE PERIOD BEVERLY DANIEL TATUM SERVED ON THE BOARD FROM JULY 1, 2015 |

THROUGH JULY 31.2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493132008477 OMB No 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2015

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

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

Inspection **Employer identification number**

| | | | | | 58-05662 | 43 | | | |
|--|--------------------------------|--|----------------------------|---------|---|----------|---|--------------------|--|
| Part I Identification of Disregarded Entities Comple | | | | art IV, | (e) | | (6) | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | End-of | -year assets | | (f) Irect controlling entity | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organiz | rations Complete if i | the organization ans | wered "Yes" | on For | -m 990 Par | rt IV lı | ne 34 because it l | had on | |
| or more related tax-exempt organizations during th | ie tax year. | | | | | | | | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (b) Primary activity Legal domicile (state or foreign country) (d) Exempt Code se | | | (e) Public charity : (if section 501(| | | Section (13) co | (g) n 512(b ontrolle ntity? |
| 1)COLLEGIATE PROPERTY DEVELOPMENT COMPANY | ACQUIRE PROP | GA | 501(c)(2) | | N/A | | NA | Yes Yes | No |
| 350 SPELMAN LANE SW ATLANTA, GA 30314 31-1636865 | | | | | | | | | |
| 2)SPELMAN COLLEGE SPECIAL VENTURES FUND 50 SPELMAN LANE SW | INVESTMENTS | GA | 501(C)(3) | | 11 | | NA | Yes | |
| ATLANTA, GA 30314 58-1561343 | | | | | | | | | igsqcup |
| | | | | | | | | | |
| | | | | | | | | | |
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| Part III | Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form | 990, Pa | art IV, I | line 34 |
|----------|--|---------|-----------|---------|
| | because it had one or more related organizations treated as a partnership during the tax year. | | | |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h Disprop alloca |) rtionate tions? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | mana parti | ral or aging | (k) Percentage ownership |
|---|--------------------------------|--|--------|---|---------------------------------|--|-------------------------|-------------------------|--|---------------|-----------------|---------------------------------------|
| | | | |] 3117 | | | Yes | No | 1 | Yes | No | |
| | | | | | | | | | | | | |
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| Part TV Identification of Polated Organizations Taxable a | <u> </u> | | | <u> </u> | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total Income | (g) Share of end- of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|--|--------------------------------|---|-------------------------------------|---|---------------------------------|---|---------------------------------------|--|----|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

No

No

No

Yes

1a

1b

| Part V | Transactions With Related Organization | s Complete if the organization answered | l "Yes" on Form 990, | Part IV, line 34, 35b, or 36. |
|--------|--|---|----------------------|-------------------------------|

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| c Gift, grant, or capital contribution from related organization(s) | | | | 1c Ye | es |
|---|---------------------------------|------------------------|------------------------------|---|------|
| d Loans or loan guarantees to or for related organization(s) | | | | 1d | No |
| e Loans or loan guarantees by related organization(s) | | | | 1e | No |
| f Dividends from related organization(s) | | | | 1f | |
| g Sale of assets to related organization(s) | | | | 1 g | No |
| h Purchase of assets from related organization(s) | | | | 1h | No |
| i Exchange of assets with related organization(s) | | | | 1i | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | No |
| Performance of services or membership or fundraising solicitations for related organization(s) | | | | 1d 1e 1f 1g 1h 1i 1j 1k 1l 1n 1o 1q 1q 1r 1s Ye | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | No |
| ${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | No |
| o Sharing of paid employees with related organization(s) | | | | 10 | No |
| p Reimbursement paid to related organization(s) for expenses | | | | 1p | No |
| q Reimbursement paid by related organization(s) for expenses | | | | 1q | No |
| r Other transfer of cash or property to related organization(s) | | | | 1r | No |
| s Other transfer of cash or property from related organization(s) | | | | 1s Y | es |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must comple | ete this line, including co | overed relationships | and transaction threshol | ds | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining | amount invo | lved |
| 1)SPELMAN COLLEGE SPECIAL VENTURES FUND INC | С | 2,154,000 | COST | | |
| (2)SPELMAN COLLEGE SPECIAL VENTURES FUND INC | S | 14,617,657 | COST | | |
| | | | • | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| Name, actives, and FIN of entity Capt Capt | revenue) that was not a related organization. See instructions i | | | | | | | | | | | | | |
|---|--|-------------------------|----------------------------------|--|-----|-------------------------|-------|-------------|-----|----|---|--------------------------------------|-----|--------------------------------|
| | (a) Name, address, and EIN of entity | (b) Primary activity | domicile (state or foreign | (related, unrelated, excluded from tax under sections 512- | org | 01(c)(3) anizations? | total | end-of-year | | | Code V-UBI amount in box 20 of Schedule K-1 | I General or managing partner? | | (k) Percentage ownership |
| | 9 | | | 314) | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | 1 I | |
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