Form	990-T	Ex	empt Organization		siness Incòme 7 der section 6033(e		rn	OMB No 1545-0687
		For calo	ndar year 2017 or other tax year begin			• •	018	୬ଲ17
Danast	ment of the Treasury	FOI Cale	► Go to www irs.gov/Form990					
	Revenije Service	<b>▶</b> Do	not enter SSN numbers on this form a			1 / \	1)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if	, ,	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		me changed and see instructions	<del></del>	D Empl	oyer identification number
_	address changed						(Emple	oyees' trust, see instructions )
B Exe	mpt under section	1	SPELMAN COLLEGE					
X	501( C <b>)(</b> 3_)	Print	Number, street, and room or suite no	a P O	box, see instructions		58-0	566243
	408(e) 220(e)	or Type						lated business activity codes
	408A530(a)	1,460	350 SPELMAN LANE, S	. W .			(566 !!	nstructions )
	529(a)		City or lown, state or province, country	, and Z	IP or foreign postal code			
	k value of all assets nd of year		ATLANTA, GA 30314				9000	99
ate	nd or year		up exemption number (See instructi		<del></del>			
	5,801,515.	G Che	eck organization type 🕨   X   501	(c) co	rporation 501(c)	trust	401(a)	trust Other trust
			rimary unrelated business activity					
			corporation a subsidiary in an affili	_	• •	ontrolled group?		▶ Yes X No
			identifying number of the parent cor				4 270	F072
_			ROBERT D. FLANIGAN, JE	· .		e number ► 40	•	
	_		or Business Income		(A) Income	(B) Exper	ises	(C) Net
	Gross receipts or							
	Less returns and allows		c Balance ▶	1c		7		1
2	-	•	ule A, line 7)	3				<u>'</u>
3			2 from line 1c					
4a			attach Schedule D)	4a 4b		<del></del>		
b			Part II, line 17) (attach Form 4797)	46 4c		···		
с 5			trusts	5				
6				6				<del> </del>
7			ncome (Schedale E)	7				
8			nts from controlled organizations (Schedule F)	8				
9	•		1(c)(7), (9), or (1Z) organization (Schedule G)	9				
10			ncome (Schedule I)	10				
11	•	-	dule J)	11				
12	Other income (Se	ee instruc	ctions, attach schedule)	12	33,529.	ATCH 1		33,529.
13	Total. Combine li	nes 3 thr	ough 12	13	33,529.	-		33,529.
Par	t II Deductio	ns Not	Taken Elsewhere (See instr	uctio	ons for limitations on d	eductions.) (	Except :	for contributions,
	deduction	is must	be directly connected with t	he ur	related business inco	me)		,
14	Compensation of	officers,	directors, and trustees (Schedule K)				14	
15	Salaries and wage	es					15	
16	Repairs and main	tenance				· · · · · · · · ·	16	
17								
18	•	•					18	
19							19	0.004
20		•	See instructions for limitation rules)		1 1		20	2,204.
21			4562)		1 1			
22	•		on Schedule A and elsewhere on re				22b	
23	Depletion		compensation plans s Schedule I).				23	
24 25			compensation plans				25	
26	Employee benefit		Schedule I)	VE			26	
	Excess exempt ex		schedule ()		<b>S.</b> /		27	
27 28		,	4.4	חוֹת ל	/ 0 /			
29	Total deductions	Add line	es 14 through 28 G	/-	· //ダ/· · · · · · · · · · · · · · · · ·		29	2 221
30	Unrelated husing	ss taxah	es 14 through 28	loss	deduction Subtract line	29 from line	<u>23</u> 13   30	22 245
31			ion (limited to the amount on line 36				31	10.500
32			e income before specific deduction		ract line 31 from line 30		` ` <del> </del>	20 555
33			ally \$1,000, but see line 33 instruc					
34	•	•	ble income Subtract line 33 fr				· · /	
		•	line 32				(1) 3A	19,555.
For D			Votice see instructions				- 7	Form 990-T (2017)

V 17-7.10

Par	t iii	Tax Computation			
35	Organi	zations Taxable as Corporations. See instructions for tax computation Controlled group			
	member	rs (sections 1561 and 1563) check here $\blacktriangleright X$ See instructions and			
а	Enter y	our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)			
	(1) \$	(2) \$ (3) \$	`		
b	Enter or	rganization's share of (1) Additional 5% tax (not more than \$11,750) \$			
	(2) Addı	tional 3% tax (not more than \$100,000)	_		
c	Income	tax on the amount on line 34	35c	3,	516.
36	Trusts	Taxable at Trust Rates. See instructions for tax computation income tax on			
	the amo	ount on line 34 from Tax rate schedule or Schedule D (Form 1041)	36	•	
37		ax. See instructions	37		•
38	-	tive minimum tax	38		
39		Non-Compliant Facility Income See instructions	39		
40		dd lines 37, 38 and 39 to line 35c or 36, whichever applies	40	3,	516.
Pai		Tax and Payments			
		tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a			
		redits (see instructions)			
		business credit Attach Form 3800 (see instructions)			
q	Credit f	or prior year minimum tax (attach Form 8801 or 8827)	1		
-	Total cr	redits Add lines 41a through 41d	41e		
42		t line 41e from line 40	42	3,	516.
43	Other la	xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	43		
44		x. Add lines 42 and 43	14	3,	516.
		nts A 2016 overpayment credited to 2017			
+ou h	2017 6	stimated tax payments	1		
c	Tay den	posited with Form 8868			
d	Foreign	organizations Tax paid or withheld at source (see instructions)	1		
e	Backun	withholding (see instructions)			
f		or small employer health insurance premiums (Attach Form 8941)			
		redits and payments Form 2439			
J		orm 4136 Other Total ▶ 45g	11	•	
46	_	ayments. Add lines 45a through 45g	46	28,	000.
47	Estimat	ed tax penalty (see instructions) Check if Form 2220 is attached	47		109.
48	Tax due	e. If line 46 is less than the total of lines 44 and 47, enter amount owed	48		
49	Overpa	yment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	24,	375.
50	Enter the	e amount of line 49 you want Credited to 2018 estimated tax ▶24,375. Refunded ▶	50		
Par		Statements Regarding Certain Activities and Other Information (see instructions			
51		time during the 2017 calendar year, did the organization have an interest in or a signature or			No
	over a	financial account (bank, securities, or other) in a foreign country? If YES, the organization ma	y have to	file	
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the	foreign cou	ıntry	-
	here ⊳				X
52	During t	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	gn trust?	• • • ├──	X
		see instructions for other forms the organization may have to file			
<u>53</u>	Enter th	ne amount of tax-exempt interest received or accrued during the tax year > \$	ant of mu kon	wlodge and he	alact at a
٠.	l tn	nder penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bive, correct, pand complete Declaration of preparer (other than laxpayer) is based on all information of which preparer has any knowledge	est of my know	medge and be	eirei, it is
Sig	n 👞	KALLY A VID DUG C DIN APPAIRS Ma	y the IRS o		
Her		<u> </u>	h the prepa einstructions)?		
	S			X Yes	No
Paic	1	Check	٠١ " ا		47
	- oarer		mployed 1 EIN ▶13 - 5	P012266	<del></del>
-	Only	Firm's name ► KPMG LLP Firm's address ► 300 NORTH GREENE STREET, SUITE 400, GREENSBORO, NC 2740 Phone		-275-33	94
	-	Film's address > 300 No.CIII GREBRID GIRBLI, BOITE 400, GREBRIDBORG, NC 2,40 Phone		orm 990-T	
				UUV I	(2017)

	SPELMAI	1 COLLEG	SE .			58-0	566243		
Form 990-T (2017)								F	age 3
Schedule A - Cost of Go	ods Sold. En	ter method	of inventory valuation	<b></b>					
<ol> <li>Inventory at beginning of y</li> <li>Purchases</li> <li>Cost of labor</li> <li>Additional section 263A co</li> </ol>	3		7 Cost of 6 from	goods so line 5 En	ar				
(attach schedule) b Other costs (attach schedu 5 Total Add lines 1 through	4a 4b 4b 5		8 Do the property to the orga	rules of produced anization?	section 263A (voice or acquired fo	r resale	apply	Yes	No X
Schedule C - Rent Income (see instructions)	(From Real P	roperty a	nd Personal Property	Leased V	Vith Real Prope	erty)			
1 Description of property					,				
(1)		_,,,				_			
(2)		- <u>-</u>							
(3)						, -,			
(4)	•								
	2 Rent receiv	ed or accrue	ed						
for personal property is more than 10% but not percent			rom real and personal properly age of rent for personal properly of the rent is based on profit or	y exceeds	eds in columns 2(a) and 2(b) (attach schedule)			me	
(1)									
(2)									
(3)									
(4)									
Total		Total	··		(b) Total deducti				
(c) Total income Add totals of cohere and on page 1, Part I, line 6					Enter here and o Part I, line 6, colu	n page 1,	•		
Schedule E - Unrelated De	ebt-Financed lı	ncome (se	e instructions)						
1 Description of deb	at-financed property		2 Gross income from or allocable to debt-financed			ced proper	ty		
·			property		ht line depreciation ich schedule)	(b) Other deductions (attach schedule)			
(1)		•							
(2)									
(3)		-							
(4)									
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	5 Average adjus of or allocal debt-financed (attach sche	ole to property	6 Column 4 divided by column 5		income reportable n 2 x column 6)		Allocable ded nn 6 x total c 3(a) and 3(l	of colum	
(1)			%						
(2)			%						
(3)			%						
(4)			%						
					re and on page 1, ne 7, column (A)		here and o I, line 7, col		

Form **990-T** (2017)

Schedule F - Interest, Annu	inies, Royanies	<del></del>		ntrolled Org			<u> </u>	113 (300	ilistractio	1137		
1 Name of controlled organization	2 Employer identification number	<b>₹</b> ( }	3 Net unrelated inco		4 Total of spec		pecified included in		column 4 that is in the controlling on's gross income		6 Deductions directly connected with income in column 5	
(1)												
(2)												
(3)							_		-			
(4)					L							
Nonexempt Controlled Organia	zations								<del></del>			
7 Taxable Income	8 Net unrelated in (loss) (see instructi			otal of specific syments made		inc	lude	of column I in the cor tron's gross	ntrolling		Deductions directly inected with income in column 10	
(1)												
(2)												
(3)												
(4)												
Totals					▶ ) Orga	En Pa	iter he art 1, 1	olumns 5 a ere and on ine 8, colur	page 1, nn (A)	En: Pa	dd columns 6 and 11 ler here and on page 1, rt I, line 8, column (B)	
Solicadio S. Investino II.			1	3 Deduc	tions				t-asides		5 Total deductions	
1 Description of income	2 Amount of	ıncome		directly cor (attach sch					schedule)		and set-asides (col 3 plus col 4)	
<u>(1)</u> (2)								· · · · · · · · · · · · · · · · · · ·				
(3)			<del>                                     </del>									
(4)	·											
	Enter here and o Part I, line 9, co		<del> </del>								Enter here and on page 1 Part I, line 9, column (B)	
Totals ▶ Schedule I - Exploited Exe	mnt Activity Inc	come Othe	ar Th	an Adverti	sina In	come	100	ae instru	ctions)	L	<del></del>	
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business inc	es with i of d	4 Net inconfrom unrelated or business 2 minus colling a gain, colling 5 three	ne (loss) ed trade (column umn 3) ompute	5 G from	Pross action	oss income activity that t unrelated ess income os income		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)												
(2)								`	į			
(3)												
(4)			-									
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rt I,								Enter here and on page 1, Part II, line 26	
Schedule J - Advertising In	come (see instri	ictions)		l.,								
Part I Income From Per			nsoli	dated Bas							-	
Part Income Front Fer				4 Adver	tising		-				7 Excess readership costs (column 6	
1 Name of periodical	l advertising l		B Direct gain or (loss) (c rtising costs 2 minus col 3) a gain, comput cols 5 through		ol 3) If mpute	5 Circulation income		6 Readership costs		minus column 5, but not more than column 4)		
(1)												
(2)				١,								
(3)												
(4)					,							
Totals (carry to Part II, line (5))							<del></del>				Form <b>990-T</b> (2017	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			-			
(2)					}	,
(3)						
(4)						
Totals from Part I			2	•	•	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (R)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶		•				l
Schedule K - Compensatio	n of Officers, D	irectors, and Ti	rustees (see instr	uctions)		
		•		3 Percent of	4.0	

4 Compensation attributable to 2 Title time devoted to 1 Name

		2 1100	business	unrelated business
(1)	•		%	
\ (2)			%	
(3)			%	
(4)			%	
Total. Enter h	ere and on page 1, Part II, line 14			

Form **990-T** (2017)

58807

## Form 4626

Department of the Treasury

Internal Revenue Service

**Alternative Minimum Tax - Corporations** 

► Attach to the corporation's tax return.

► Go to www irs gov/Form4626 for instructions and the latest information.

@@**47** 

2017

OMB No 1545-0123

Name Employer identification number 58-0566243 SPELMAN COLLEGE Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e) 1 31,245 1 Adjustments and preferences: 2 2a 2b 2c C 2d 2e e 2f f 2g g 2h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) . . . . . . . h 2i 2j Passive activities (closely held corporations and personal service corporations only) . . . . . . . . . . 2k 21 2m 2n 20 3 31,245 Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 20 . . . . . . 3 Adjusted current earnings (ACE) adjustment: 31,245 ACE from line 10 of the ACE worksheet in the instructions. . . . . . . . Subtract line 3 from line 4a If line 3 exceeds line 4a, enter the difference 4b 4c Multiply line 4b by 75% (0 75) Enter the result as a positive amount . . . Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments See instructions Note: You must enter an ACE adjustment If line 4b is zero or more, enter the amount from line 4c 4e • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount Combine lines 3 and 4e If zero or less, stop here, the corporation does not owe any AMT..... 5 31,245 5 10,690 6 Alternative tax net operating loss deduction See instructions . . . . . . . . . . . . . . . . . Alternative minimum taxable income. Subtract line 6 from line 5 If the corporation held a residual 7 20,555 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c) Subtract \$150,000 from line 7 If completing this line for a member of a 8a controlled group, see instructions. If zero or less, enter -0- . . . . . . . . Exemption Subtract line 8b from \$40,000 If completing this line for a member of a controlled group, 40,000 8c 9 9 10 10 11 11 12 12 13 13 Alternative minimum tax. Subtract line 13 from line 12 If zero or less, enter -0- Enter here and on 14 Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return . . . . For Paperwork Reduction Act Notice, see separate instructions.

## Keep for Your Records

## Adjusted Current Earnings (ACE) Worksheet

See ACE Worksheet Instructions

1		Pre-adjustment AMTI Enter the amount from line 3 of Form 4626,	1	31,245
2		ACE depreciation adjustment		
-	а	AMT depreciation		
		ACE depreciation	1	
	-	(1) Post-1993 property		
		(2) Post-1989, pre-1994 property		
			1	
		(4) Pre-1990 original ACRS property		
		(5) Property described in sections 168(f)(1) through		
		(4)		
		(6) Other property		
		(7) Total ACE depreciation Add lines 2b(1) through 2b(6)		
	С	ACE depreciation adjustment Subtract line 2b(7) from line 2a	2c	
3		Inclusion in ACE of items included in earnings and profits (E&P)		
		Tax-exempt interest income	- 1	
	b	Death benefits from life insurance contracts	4	
	c	All other distributions from life insurance contracts (including surrenders) 3c		
	d	Inside buildup of undistributed income in life insurance contracts	1 1	
	ę	Other items (see Regulations sections 1 56(g)-1(c)(6)(iii) through (ix) for a partial		
	7	list)		
	f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e	3f	····
4		Disallowance of items not deductible from E&P		
		Certain dividends received	]	
	b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P L 113-295, Div A, section 221(a)(41)(A), Dec 19, 2014, 128 Stat 4043)		
	c	Dividends paid to an ESOP that are deductible under section 404(k)4c	1	
	Ū	, , , , , , , , , , , , , , , , , , ,	1	
	ч	Nonpatronage dividends that are paid and deductible under section 1382(c), 4d		
	u	Tronpationage dividends that are paid and deduction and of section 1002(0),	1	
(		Other items (see Regulations sections 1 56(g)-1(d)(3)(i) and (ii) for a partial list), 4e		
	-	Other items (see Regulations sections 7 30(g)-1(a)(3)(i) and (ii) for a partial list,		
		Total increase to ACE because of disallowance of items not deductible from E&P Add lines 4a through 4e	4f	
5	٠,	Other adjustments based on rules for figuring E&P	<del></del>	
3	_	·		
			1	
			1	
		Organizational expenditures	1	
		LIFO inventory adjustments	+	
		Installment sales	·	
	f	Total other E&P adjustments Combine lines 5a through 5e		
6		Disallowance of loss on exchange of debt pools		· <del>-</del>
7		Acquisition expenses of life insurance companies for qualified foreign contracts	$\overline{}$	
8		Depletion	$\overline{}$	<u></u>
9		Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	9	
10		Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9 Enter the result here and on line 4a of		
		Form 4626	10	31,245

ATTACHMENT	2	

## FORM 990T '- PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UBTI BEFORE CHARITABLE CONTRIBUTION DEDUCTION	33,529.
LESS: NOL CARRYOVER DEDUCTION	10,690.
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10% 2,284.
CHARITABLE CONTRIBUTION	. 174,824.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	2,284.

58-0566243 ATTACHMENT 3

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED	TAX RATE
•	
1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34).	19,555.
2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX	
COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP	2,933.
3 TAX ON LINE 1 FIGURED USING THE 21% RATE	4,107.
4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 184	
IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018	539,672.
5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181	
IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017	743,367.
6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	1,479.
7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365	
IN THE CORPORATION'S TAX YEAR	2,037.
8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	3,516.