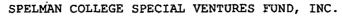
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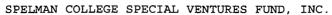
	 -	990-T	E	cempt Organization				rn	OMB No 1545-0687
	rom	330 1	For cale	tand proxy tax) Indar year 2018 or other tax year begins		der section 6033($\frac{07/01}{2}$, 2018, and endi		1 9 1 9	2018
		tment of the Treasury		► Go to www.irs.gov/Form9907					Open to Public Inspection for
		Revenue Service	▶ Do	not enter SSN numbers on this form a		y be made public if your organic ne changed and see instruction			Open to Public Inspection for 501(c)(3) Organizations Only bloyer identification number
	^ _	Check box if address changed		Name of organization (Check bo	х п пал	ne changed and see instruction	5)		oloyees' trust, see instructions)
		empt under section		SPELMAN COLLEGE SPEC			INC.		
	<u>X</u>	501(C)(3)	Print or	Number, street, and room or suite no li	faPO	box, see instructions			1561343
		408(e) 220(e) 408A 530(a)	Туре	350 SPELMAN LANE, S.	. W .				elated business activity code instructions)
		529(a)		City or town, state or province, country	, and Z	IP or foreign postal code		1	
		ok value of all assets end of year		ATLANTA, GA 30314		- N/2		5259	990
	2/	17,874,566.		up exemption number (See instruction eck organization type X 501			\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	1404/-	N to set 1
				inization's unrelated trades or busines) trust) trust Other trust ly (or first) unrelated
		ade or business her			3363				ore than one, describe the
				end of the previous sentence, cor	nplete				
		ade or business, the							
				corporation a subsidiary in an affili			controlled group?		▶ Yes X No
				identifying number of the parent cor	poratio	on ►		04\05	70 5077
		ne books are in care					e number ► (4		
				or Business Income		(A) Income	(B) Exper	ises	(C) Net
	_	Gross receipts or		c Balance ▶	1c				•
	ь 2	Less returns and allows		ule A, line 7)	2				,
	3			2 from line 1c	3				
	4a	•		ittach Schedule D)	4a	128,289.			128,289.
	b			Part II, line 17) (attach Form 4797)	4b				
	С	Capital loss dedu	ction for t	trusts	4c				
	5	Income (loss) from a p	artnership o	r an S corporation (attach statement)	5	-1,647,581.	ATCH 2		-1,647,581.
	6	Rent income (Sch	edule C)		6				
	7	Unrelated debt-fu	nanced in	come (Schedule E)	7				
	8			ents from a controlled organization (Schedule F)					
	9			1(c)(7), (9), or (17) organization (Schedule G)	9 10				
	10 11	•	-	ncome (Schedule I)	11				
	12	=		ctions, attach schedule)	12				
	13	•		ough 12	13	-1,519,292.			-1,519,292.
	Pai	t Deduction	ns Not	Taken Elsewhere (See instr	uctio	ns for limitations on o	leductions.) (Except	for contributions,
				be directly connected with t					
	14			directors, and trustees (Schedule K)					1
	15								<u> </u>
	16								
	17 18			(see instructions)					
	19	•	-						
	20	Charitable contrib	outions (See instructions for limitation rules)			ATCH 4	20	
	21			4562)					
	22			on Schedule A and elsewhere on re				22	
	23	Depletion		· · · · · · · · · · · · · · · · · · ·	. r= 1\	/CT\ · · · · · · · · · · · · · · · · · · ·		23	3
	24	Contributions to	deferred	compensation plansREC	<u>۱۲۱</u> ۰	/EU		24	
	25	Employee benefit	program	s		$ \widetilde{S} \cdot \cdot \cdot \cdot \widetilde{S} $			
	26 27	Excess exempt ex	penses (Schedule I)	·Z 9	·2020 · X · · · · ·			* *
	27 28	Other deductions	COSIS (S	schedule)		·····]፳[·····			2 540
	28 29	Total deductions	Add line	schedule)	Ή	יידטיו ו			
	30			ole income before net operating					<u> </u>
	31			ig loss arising in tax years beginning				31	
	32_			e income Subtract line 31 from line					-1,522,834.
	For F	Paperwork Reduct	ion Act I	Notice, see instructions.					Form 990-T (2018
)	UA414	¹⁰ 149331 15198	35				58816		61,15
									しいい

्रान्त्रपुरुष्ट्राह्मा १००० १५ । १६५० । स्वान्त्रपुरुष्ट्राह्मा १५० । स्वान्त्रपुरुष्ट्राह्मा १००० । स्वान्त्र १९१८ वर्षे स्वान्त्रपुरुष्ट्राह्मा १९५० । स्वान्त्रपुरुष्ट्राह्मा १९५० । स्वान्त्रपुरुष्ट्राह्मा स्वान्त्रपुरु



Form	n 990-T (2018)			P	age 2
Par	rt III Total Unrelated Business Taxable Income	····			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se]		
	instructions)	· • 33 j	-1,	522,8	34.
34	Amounts paid for disallowed fringes	. 34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (se	же			
	instructions)	. 35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su	m			
	of lines 33 and 34	- 36	-1,	522,8	34.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	b. 37		1,0	000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3		<u> </u>		
	enter the smaller of zero or line 36	$\frac{7}{4}$. $\frac{1}{38}$	-1,	522,8	34.
Par	rt IV Tax Computation	() 00			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).	▶ 89	Γ		
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax of		 		
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)				
41	Proxy tax. See Instructions		 		
42	Alternative minimum tax (trusts only)				
43	Tax on Noncompliant Facility Income. See Instructions		 		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				
_	rt V Tax and Payments	-1 44	<u> </u>		
			Τ		
		┥゛	ļ		
	O Other credits (see Instructions)				
C.	General business credit. Attach Form 3800 (see instructions)				
q	1 Credit for prior year minimum tax (attach Form 8801 or 8827)		İ		
	Total credits. Add lines 45a through 45d	# A	 		
46	Subtract line 45e from line 44		ļ		
47	Other texes Check if from: Form 4255 Form 8611 Form 8697 Form 8886 Other (attach schedule		ļ		
48	Total tex. Add lines 46 and 47 (see Instructions)		ļ		0.
49	2018 net 985 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	 		
	Payments: A 2017 overpayment credited to 2018		İ		
	2018 estimated tax payments				
	Tax deposited with Form 8868	_			
đ	1 Foreign organizations: Tax paid or withheld at source (see instructions)	'			
е	Backup withholding (see instructions)	<u>8.</u>	1		
f	Credit for small employer health insurance premiums (attach Form 8941)	_	ļ		
g	Other credits, adjustments, and payments: Form 2439	-			
	Form 4136 Other Total ▶ 50g	,	1	_	
51	Total payments. Add lines 50a through 50g			4	108.
52	Estimated tax penalty (see Instructions). Check if Form 2220 is attached	52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53	ļ		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ 54			108.
55_	Enter the amount of line 54 you want: Credited to 2019 estimated tax		<u> </u>	4	108.
Par	rt VI Statements Regarding Cortain Activities and Other Information (see instruct	ions)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature		•	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may ha	ve to file	1 1	` •
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	ne foreig	n country	1	
	here >				<u> </u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fe	oreign tru	st?		Х
	If "Yes," see Instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$824.				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to ti true-correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	10 best of	my knowledge	and belle	d, it is
Sigi	In late 1/a	May the	IRS discuss	thic re	atum 1
Her			preparer s		
	Signature of officer Date Title		tions)? X Y		No
	Print/Type preparer's name Preparer's signature Of Date	heck	, PTIN		
Paid	KAVITA GADA	elf-employe	P017	73072	2
	parer Firm's name KPMG LLP	m's EIN			
USe	Firm's address > 300 NORTH GREENE STREET, SUITE 400, GREENSBORO, NC 27401	топело 3			
				90.T	

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58-1561343

Form 990-T (2018)										Page 3
Schedule A - Cost of Go		ter method	d of inventor	y valuation	<u> </u>					
1 Inventory at beginning of year	ear . 1		6	5 Inventory	at end of yea	ar	6			
2 Purchases			7	7 Cost of	goods so	ld. Subtract line				
3 Cost of labor	3			6 from	line 5 En	iter here and in	r			
4a Additional section 263A co	sts			Part I, line	2		7			
(attach schedule)	4a		8	3 Do the	espect to	Yes	No			
b Other costs (attach schedule	e) . 4b					or acquired for				'
5 Total. Add lines 1 through				to the orga	anization?	<u> </u>	<u>.</u>	<u></u>		X
Schedule C - Rent Income	(From Real P	roperty a	nd Persona	al Property	Leased V	Vith Real Prope	rty)			
(see instructions)										
1. Description of property										
(1)					•					
(2)										
(3)										
(4)										
	2 Rent recei	ved or accrue	ed							
for personal property is more than 10% but not percentage of rent f			age of rent for p					ly connected with the income nd 2(b) (attach schedule)		
(1)										
(2)					·					
(3)										
(4)										
Total		Total		-						
(c) Total income. Add totals of co	lumns 2(a) and 2(b) Enter				(b) Total deduction Enter here and or		1		
here and on page 1, Part I, line 6,	column (A)	▶				Part I, line 6, colui				
Schedule E - Unrelated De	bt-Financed I	ncome (se	e instruction	ns)						
1. Description of debt	t-financed property	•		come from or debt-financed		Deductions directly con debt-finance	ed prop	erty		
			bro	perty	(a) Straight line depreciation (attach 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 adju of or alloca debt-financed (attach sche	ble to property	4 dı	olumn vided lumn 5		income reportable n 2 x column 6)		Allocable ded umn 6 x total o 3(a) and 3(of colum	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
Totals						re and on page 1, le 7, column (A)		r here and o t I, line 7, col		
Total dividends-received deduction					<u> </u>					

Form **990-T** (2018)

Schedule F—Interest, Annu	ities, Royalties			ntrolled Org			auc	711 5 (566	: instructio	115)_	
Name of controlled organization	2 Employer identification number			ated income	4 Total payme	of spec		ıncluded	f column 4 th in the contro on's gross in	olling	6 Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations										
7. Taxable Income	8 Net unrelated in (loss) (see instruction	l l		Total of specific ayments made		ind	lude	of column in the co tion's gross	ntrolling		Deductions directly nected with income in column 10
(1)											
(2)											
(3)											
(4)											
Totals	come of a Sec		 :)(7).		▶) Orga	Er Pa	iter he art I, I	olumns 5 a ere and on ine 8, colui	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, rt I, line 8, column (B)
			1	3. Deduc	tions		····				5 Total deductions
1 Description of income (1)	2. Amount of	income		directly con (attach sch			4 Set-asides (attach schedule)		and set-asides (col 3 plus col 4)		
(2)			1								
(3)			<u> </u>							-	
(4)		 	 							-	
Totals ▶ Schedule I – Exploited Exe	Enter here and o Part I, line 9, co	olumn (A)	er Th	an Adverti	sina Ir	com	P (Se	e instru	ctions)		Enter here and on page 1 Part I, line 9, column (B)
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	4 Net inconfrom unrelated or business 2 minus collif a gain, colors 5 three	ne (loss) ed trade (column umn 3) ompute	5 (from	Fross activ	income vity that related income	orne 6 Expenses that attributable to atted		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									· · · · · · ·		
(2)						-					
(3)											
(4)									-		
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Par line 10, col	rt I,						1		Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J- Advertising In	rome (see instri	ictions)		1							
Part I Income From Per			neali	idated Par	ie						
Part Income From Fer	Duicais Report	eu on a co	115011	uateu bas	915						·
1. Name of periodical	2. Gross advertising income	3 Direct advertising o	-	gain or (los 2 minus co a gain, coi	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)			
(1)			•								
(2)	- 			1				-			-
(3)	· · · · · · · · · · · · · · · · · · ·			1							-
(4)	 			1						_	_
		·		-							
Totals (carry to Part II, line (5))								_	_		Form 990-T (2018

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SPELMAN COLLEGE SPECIAL VENTURES FUND, INC.

58-1561343

Page 5

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 ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)	•	%	
(3)		%	
(4)		%	
Total Enter here and on page 1 Part II line 14			

Form 990-T (2018)

(

SCHEDULE D (Form 1120)

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

OMB No 1545-0123

Department of the Treasury Internal Revenue Service ▶ Go to www irs gov/Form1120 for Instructions and the latest Information SPELMAN COLLEGE SPECIAL VENTURES FUND, INC.

Employer identification number

SPE	LMAN COLLEGE SPECIAL VENTURES FUN	ND, INC.			į	58-1561343
Part	Short-Term Capital Gains and Losses	(See instructions)			
	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from Forr 8949, Part I, line column (g)	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1 b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
	Totals for all transactions reported on Form(s) 8949					
-	with Box B checked					
	Totals for all transactions reported on Form(s) 8949			··		
	with Box C checked		958.			-958.
				J	Τ	
4	Short-term capital gain from installment sales from I	Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kind exchain	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	()
•	•					
	Net short-term capital gain or (loss) Combine lines			<u> </u>	7	-958.
Part		(See instructions.)	· · · · · · · · · · · · · · · · · · ·	T (=) A datmanta		(h) Coin on (lone)
	See instructions for how to figure the amounts to enter on the lines below	(d)	(e)	(g) Adjustments or loss from For		(h) Gain or (loss) Subtract column (e) from
	This form may be easier to complete if you round off cents to whole dollars	Proceeds (sales price)	Cost (or other basis)	8949, Part II, lin column (g)		column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8 b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949					
	with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	23,809.			·	23,809.
11	Enter gain from Form 4797, line 7 or 9				11	105,438.
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 37	7		12	
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
14	Capital gain distributions (see instructions)	• • • • • • • • • • •			14	
15	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	h	<u> </u>	15	129,247.
Part	III Summary of Parts I and II					
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capita	l loss (line 15)		16	
17	Net capital gain Enter excess of net long-term capit				17	128,289.
18	Add lines 16 and 17 Enter here and on Form 1120,	, page 1, line 8, or the p	proper line on other retu	ırns	18	128,289.
	Note: If losses exceed gains, see Capital losses in the	e instructions				

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018



Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

SPELMAN COLLEGE SPECIA	L VENTURE	ES FUND,	INC.	Social Sec	-	1561343	ion number
Before you check Box A, B, or C below,				or substitute state			itute
statement will have the same informati broker and may even tell you which box		99-B Either wil	l show whether you	ır basıs (usually)	our cost) was i	reported to the IRS	by your
Short-Term. Transactinstructions). For long	-term transa	actions, see	page 2	•	Ū	•	
Note: You may aggre reported to the IRS a	and for which	h no adjustr	nents or codes	are required.	Enter the to	otals directly or	1
Schedule D, line 1a; You <i>must</i> check Box A, B, <i>or</i> C be	-		•			`	
complete a separate Form 8949, properties of the boxes, com	page 1, for e	ach applicab	le box If you ha	ve more short-	term transac		
(A) Short-term transactions r (B) Short-term transactions r	eported on F	orm(s) 1099	-B showing basis	•	•	e Note above)	
X (C) Short-term transactions r	not reported t	to you on For	m 1099-B		Adjustment, if	any, to gain or loss	T
(a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	amount in column (g), de in column (f) arate instructions.	(h) Gain or (loss) Subtract column (e)
Description of property (Example 100 sh XYZ Co)	Date acquired (Mo , day, ут)	disposed of (Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
STCL FROM PARTNERSHIP INVESTMENTS	VARIOUS	VARIOUS		958			-958
-							
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and inci is checked), line	lude on your e 2 (if Box B		958			-958

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2018)

Form 8949 (2018)	Attachment Sequence No 12A Page	4
Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side	Social security number or taxpayer identification number	
SPELMAN COLLEGE SPECIAL VENTURES FUND, INC.	58-1561343	
Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B statement will have the same information as Form 1099-B. Either will show whether your broker and may even tell you which box to check	, , , , , , , , , , , , , , , , , , ,	-
Part II Long-Term. Transactions involving capital assets you hel	d more than 1 year are generally long-term (see	

8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line

more of the boxes, complete as m (D) Long-term transactions r (E) Long-term transactions r X (F) Long-term transactions r	eported on Freported on F	orm(s) 1099 orm(s) 1099-	-B showing basis -B showing basis	was reported to		e Note above)	
1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sepa		
(Example 100 sh XYZ Co)	(Mo , day, yr)	(Mo , day, yr)	(see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LTCG FROM PARTNERSHIP · INVESTMENTS	VARIOUS	VARIOUS	23,809				23,809
		_					
2 Totals. Add the amounts in columns	(d), (e), (g), and	(h) (subtract					

above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2018)

negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

Form 3800

Department of the Treasury Internal Revenue Service (99) **General Business Credit**

► Go to www.irs gov/Form3800 for instructions and the latest information.

You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No 1545-0895
2018
Attachment
Sequence No 22

Name(s) shown on return

SPELMAN COLLEGE SPECIAL VENTURES FUND. INC

Identifying number

Part I	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT (See instructions and complete Part(s) III before Parts I and II.))	
1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2018. See instructions	3	
4	Carryforward of general business credit to 2018 Enter the amount from line 2 of Part III with		
	box C checked See instructions for statement to attach	4	28,879
5	Carryback of general business credit from 2019 Enter the amount from line 2 of Part III with		
	box D checked See instructions	5	
6	Add lines 1, 3, 4, and 5	6	28,879
Part II			
7	Regular tax before credits		
	• Individuals Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2		
	(Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44		
	Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the		
	applicable line of your return	7	
	• Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G,		
	lines 1a and 1b, or the amount from the applicable line of your return \dots		
8	Alternative minimum tax		
	• Individuals Enter the amount from Form 6251, line 11		
	• Corporations Enter-0	8	,
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56		
	·		
9	Add lines 7 and 8	9	
40-	Foreign tax credit		
		1	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10c	
C	Add lines 10a and 10b	100	
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	
12 _.	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-	_	
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See		
	Instructions		_
14	Tentative minimum tax	1	
• •	• Individuals. Enter the amount from Form 6251, line 9		
	• Corporations Enter -0-		
	• Estates and trusts Enter the amount from Schedule I	1	
	(Form 1041), line 54		
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11 If zero or less, enter -0	16	
	Enter the smaller of line 6 or line 16 · · · · · · · · · · · · · · · · · ·	17	
17	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,	<u> </u>	
	or reorganization		•

For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2018)

Part	Allowable Credit (continued)		<u> </u>	_
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter	er -0- (on line 26	
18	Multiply line 14 by 75% (0.75) See instructions	18		
19	Enter the greater of line 13 or line 18	19		_
20	Subtract line 19 from line 11 If zero or less, enter -0	20	·	
21	Subtract line 17 from line 20 If zero or less, enter -0	21		
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22		12
23	Passive activity credit from line 3 of all Parts III with box B checked 23	<u>, —</u>		
24	Enter the applicable passive activity credit allowed for 2018 See instructions	24		—
25	Add lines 22 and 24	25		12
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26		
27	Subtract line 13 from line 11 If zero or less, enter -0	27	· · · · · · · · · · · · · · · · · · ·	_
28	Add lines 17 and 26	28		
29	Subtract line 28 from line 27 If zero or less, enter -0	29		
30	Enter the general business credit from line 5 of all Parts III with box A checked	30		—
31	Reserved	31		_
32	Passive activity credits from line 5 of all Parts III with box B checked 32		•	
33	Enter the applicable passive activity credits allowed for 2018. See instructions	33		_
34	Carryforward of business credit to 2018. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	3:	<u>18</u>
35	Carryback of business credit from 2019 Enter the amount from line 5 of Part III with box D checked See instructions	35		
36	Add lines 30, 33, 34, and 35	36	3:	<u>18</u>
37	Enter the smaller of line 29 or line 36	37		
38	Credit allowed for the current year. Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. Individuals Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51 Corporations Form 1120, Schedule J, Part I, line 5c			
	● Estates and trusts. Form 1041, Schedule G. line 2b	38		

Form 3800 (2018) Page 3 Name(s) shown on return ldentifying number SPELMAN COLLEGE SPECIAL VENTURES FUND, INC. 58-1561343 General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below See instructions Δ General Business Credit From a Non-Passive Activity F Reserved В F General Business Credit From a Passive Activity Reserved C Х G General Business Credit Carryforwards Eligible Small Business Credit Carryforwards D General Business Credit Carrybacks н Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked Check here if this is the consolidated Part III. (a) Description of credit (b) (c) If claiming the credit Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through amount pass-through entity entity, enter the EIN 1a Investment (Form 3468, Part II only) (attach Form 3468) 1a ATTACHMENT 28,758 Reserved 1b С 1c Low-income housing (Form 8586, Part I only) 1d ATTACHMENT 121 d 1e Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f Indian employment (Form 8845) 1g Orphan drug (Form 8820) 1h New markets (Form 8874) 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j j Employer-provided child care facilities and services (Form 8882) (see 1k Biodiesel and renewable diesel fuels (attach Form 8864) 11 1 Low sulfur diesel fuel production (Form 8896) 1_m Distilled spirits (Form 8906) n 1n ٥ 10 Energy efficient home (Form 8908) 1p Energy efficient appliance (carryforward only) 1q 1r 1s Enhanced oil recovery credit (Form 8830) 1t 1u Agricultural chemicals security (carryforward only) 1v 1w Carbon oxide sequestration (Form 8933)............ 1x Qualified plug-in electric drive motor vehicle (Form 8936)...... ٧ 1y Qualified plug-in electric vehicle (carryforward only)....... 1z aa Employee retention (Form 5884-A) 1aa bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) 1bb zz Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) 1zz Add lines 1a through 1zz and enter here and on the applicable line of Part I 28,879 2 Enter the amount from Form 8844 here and on the applicable line of Part II ATTACHMENT 3 3 12 Investment (Form 3468, Part III) (attach Form 3468) 4a Work opportunity (Form 5884) 4b Biofuel producer (Form 6478) 4c Low-income housing (Form 8586, Part II) ATTACHMENT 4d 318 Renewable electricity, refined coal, and Indian coal production (Form 8835). . . . 4e f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f 4g 4h 4i

Employer credit for paid family and medical leave (Form 8994)......

Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

5

i

318

29,209

4j

4z

5

58-1561343

ATTACHMENT 2

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

INCOME (LOSS) FROM PARTNERSHIPS

-1,647,581.

INCOME (LOSS) FROM PARTNERSHIPS

-1,647,581.



58-1561343

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEE STATE TAXES ADDBACK

5,728.

-2,186.

PART II - LINE 28 - OTHER DEDUCTIONS

3,542.

SPELMAN COLLEGE SPECIAL VENTURES FUND, INC. 58-1561343
FOR THE YEAR ENDED 6/30/2019
FORM 990-T SUPPLEMENTAL INFORMATION

FORM 3800, PART I, LINE 6 - CARRYFORWARD OF GENERAL BUSINESS CREDIT

FORM 3800, PART III, LINE 1A - REHABILITATION CREDIT AND ENERGY CREDIT

CARRYFORWARD FROM TAX YEAR 2016 (FY ENDED 6/30/2017)	28,758
GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019)	-
CREDIT AVAILABLE FOR TAX YEAR 06/30/2019	28,758
AMOUNT OF CREDIT UTILIZED IN TAX YEAR 06/30/2019	-
CREDIT CARRYFORWARD TO 06/30/2020	28,758
FORM 3800, PART III, LINE 1D - LOW-INCOME HOUSING CREDIT	
CARRYFORWARD FROM TAX YEAR 2016 (FY ENDED 6/30/2017)	121
GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019)	
CREDIT AVAILABLE FOR TAX YEAR 06/30/2019	121
AMOUNT OF CREDIT UTILIZED IN TAX YEAR 06/30/2019	-
CREDIT CARRYFORWARD TO 06/30/2020	121
FORM 3800, PART III, LINE 3 - EMPOWERMENT ZONE CREDIT	
CARRYFORWARD FROM TAX YEAR 2016 (FY ENDED 6/30/2017)	12
GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019)	_
CREDIT AVAILABLE FOR TAX YEAR 06/30/2019	12
AMOUNT OF CREDIT UTILIZED IN TAX YEAR 06/30/2019	-
CREDIT CARRYFORWARD TO 06/30/2020	12
FORM 3800. PART III. LINE 4D - LOW-INCOME HOUSING CREDIT	
CARRYFORWARD FROM TAX YEAR 2016 (FY ENDED 6/30/2017) GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019)	318
CREDIT AVAILABLE FOR TAX YEAR 06/30/2019	318
AMOUNT OF CREDIT UTILIZED IN TAX YEAR 06/30/2019	-
CREDIT CARRYFORWARD TO 06/30/2020	318